



Nurture Ohio PRAF 2.0 Updates

7/1/2024

Enhanced Features include:

- Maternal Mental Health Screenings
- Additional Language options
- Practice naming convention
- Homepage updates (these were recent updates prior to July 1)
 - Last Modified By
 - Site
 - In process PRAF daily reminder emails

- EHR token information for those who use MPRT
- Estimated date of confinement changed to estimated due date
- Clinic name can be added in addition to practice name if different
- Practice MCID auto pulls in from the PNM
- Cell phone/permission to text

Removed:

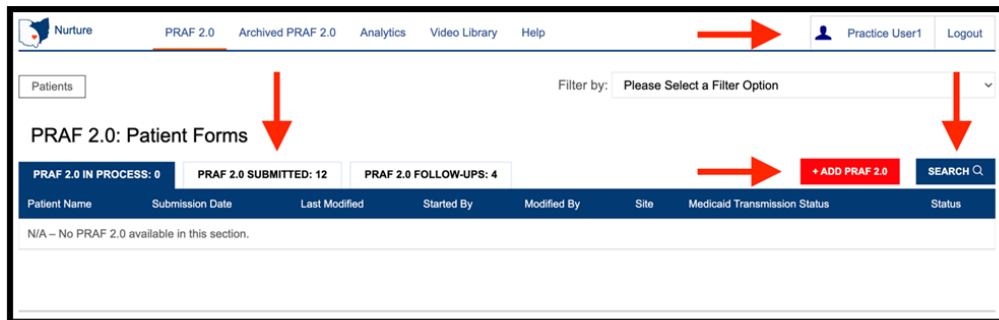
- Progesterone information
- Prescriber information

Home page updates

Last modified date as well as started by and modified by- this is helpful for EHR PRAFs as well as sites who have multiple users submitting.

Site- allows an additional way to see which site submitted a PRAF- helpful for data/tracking as well as those users who submit for multiple sites

*Users will also receive automated daily emails if they have in process PRAFs that have not been submitted. These in process PRAFs will be automatically removed after 21 days if not completed and will need to be resubmitted.



Estimated Due Date

Changed from estimated date of confinement

The screenshot shows the 'Patient Validation for PRAF 2.0' form. At the top, there is a navigation bar with 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. On the right, there is a user profile for 'Practice User1' and a 'Logout' button. Below the navigation bar, there is a 'Patients' filter dropdown. The main content area is titled 'Patient Validation for PRAF 2.0'. It features a blue banner with 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 the banner, there are several input fields: 'Patient Medicaid ID', 'Patient First Name*', 'Patient Last Name*', 'Patient Social Security Number (9 digit - no dashes)', 'Patient Date Of Birth*', and 'Estimated Due Date*'. To the right of the input fields, there is a list of required fields for validation: 'Patient First Name', 'Patient Last Name', 'Patient Date of Birth', 'Estimated Due Date', and 'at least one of the following: Patient Medicaid ID, Patient Social Security (9-Digit)'. Below the list, there is a '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, there is a red button labeled 'SUBMIT FOR VALIDATION'.

Practice Naming Convention

Clinic name has been added as an optional field- this will be useful for practices who use a different name for each clinic other than what comes over from the PNM.

Last updated 07.01.2024

The Provider Medicaid ID also now comes over from the PNM without the user needing to manually enter.

Pregnancy Risk Assessment Form (PRAF) 2.0

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

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

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

*Practice Name: Clinic Name Name of the clinic your practice is located

*Practice Street

*Practice City

*Practice State

*Practice Zip Code

Provider Billing NPI

*Provider Medicaid ID

FQHC Site?
Unknown

*Date of Service
MM/DD/YYYY

NEXT
SAVE FOR LATER

EHR token

This is only for EHR users. Please see MPRT user guide for more information on how to use this token.

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)
██████████ ADENA MEDICAL GROUP LLC @ 272 HOSPITAL RD - Copy to Clipboard

USER INFORMATION (Provided by OHID)

First Name Practice <input type="text"/>	Last Name User1 <input type="text"/>
User Type Practice <input type="text"/>	Group(s) None <input type="text"/>
Email / Username ██████████ <input type="text"/>	

Cell Phone/Permission to text- Additional Language options

When entering the patient's phone number users will be prompted to select whether or not this is a cell phone number. If this is selected an additional box will ask if permission to text has been granted. This is helpful for connection with certain resources.

New languages have been added to the selection list when the user selects that the patient's primary language is not English. If there is an additional language needed that is not shown users can select other and type in the preferred primary language.

To protect PHI and maintain Medicaid during pregnancy, please check that you are correctly choosing the patient's current county of residence. For patients from outside the state of Ohio, please select "Other..."

Choose One ▾

*Patient Phone
(614) 555-5555

Cell Phone Permission for MCO to text patient

Patient Alternate Phone (Optional)

Cell Phone

*Primary Language is English?
Choose One ▾

*How does the patient describe their ethnicity?
Choose One ▾

*How does the patient describe their race?
Choose One ▾

Patient Email (Optional)

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

Maternal Mental Health Screenings/ Additional Patient Risks

The first section of Patient Risk information allows users to select various screening tools used for Maternal mental health and behavioral health risks. Users can select from the most common screeners. If the user/practice uses a screening tool that is not listed users can select other and type in what screener is used.

*This is a required field, but users also have the option to select "Not Screened, Unsure, or N/A"

*If a patient screens positive for any of these the user should select the corresponding box in the section that follows which will allow the MCP to assist with connection to resources. We would like users to select this box for positive screenings even if the practice has resources built in as a way to collect data on positive screenings.

There is also a section for prior pregnancy risks.

Pregnancy Risk Assessment Form (PRAF) 2.0

Provider Contact

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

Choose One

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

*Practice Phone Number:

*Practice Email Address:

*Practice Fax Number:

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

Patient Risk Information

*Screening tool used for anxiety	Date of Anxiety Referral	Date Anxiety Service Received
Choose One	MM/DD/YYYY	MM/DD/YYYY
*Screening tool used for depression	Date of Depression Referral	Date Depression Service Received
Choose One	MM/DD/YYYY	MM/DD/YYYY
*Screening tool used for postpartum depression	Date of Postpartum Depression Referral	Date Postpartum Depression Service Received
Choose One	MM/DD/YYYY	MM/DD/YYYY
*Screening tool used for substance use	Date of Substance Use Referral	Date Substance Use Service Received
Choose One	MM/DD/YYYY	MM/DD/YYYY
*Screening tool used for health related social needs	Date of Health Related Social Needs Referral	Date Health Related Social Needs Service Received
Choose One	MM/DD/YYYY	MM/DD/YYYY

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

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

For Medicaid Application Assistance call 1-844-640-OHIO.

For questions about Medicaid Programs, covered services or managed care call 1-800-324-8680.

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

*Current Gestational Diabetes Mellitus (GDM) Diagnosis?

Choose One

*Previous diagnosis of GDM during Pregnancy?

Choose One

*Is patient currently smoking or using tobacco products?

Choose One

Prior Pregnancy Risks. Check all that apply.

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

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

My patient would benefit from a referral to WIC.

My patient would benefit from a referral for Home Visiting.

BACK

SAVE FOR LATER SUBMIT