

OB Care Enhancements Provider Training

October 2020

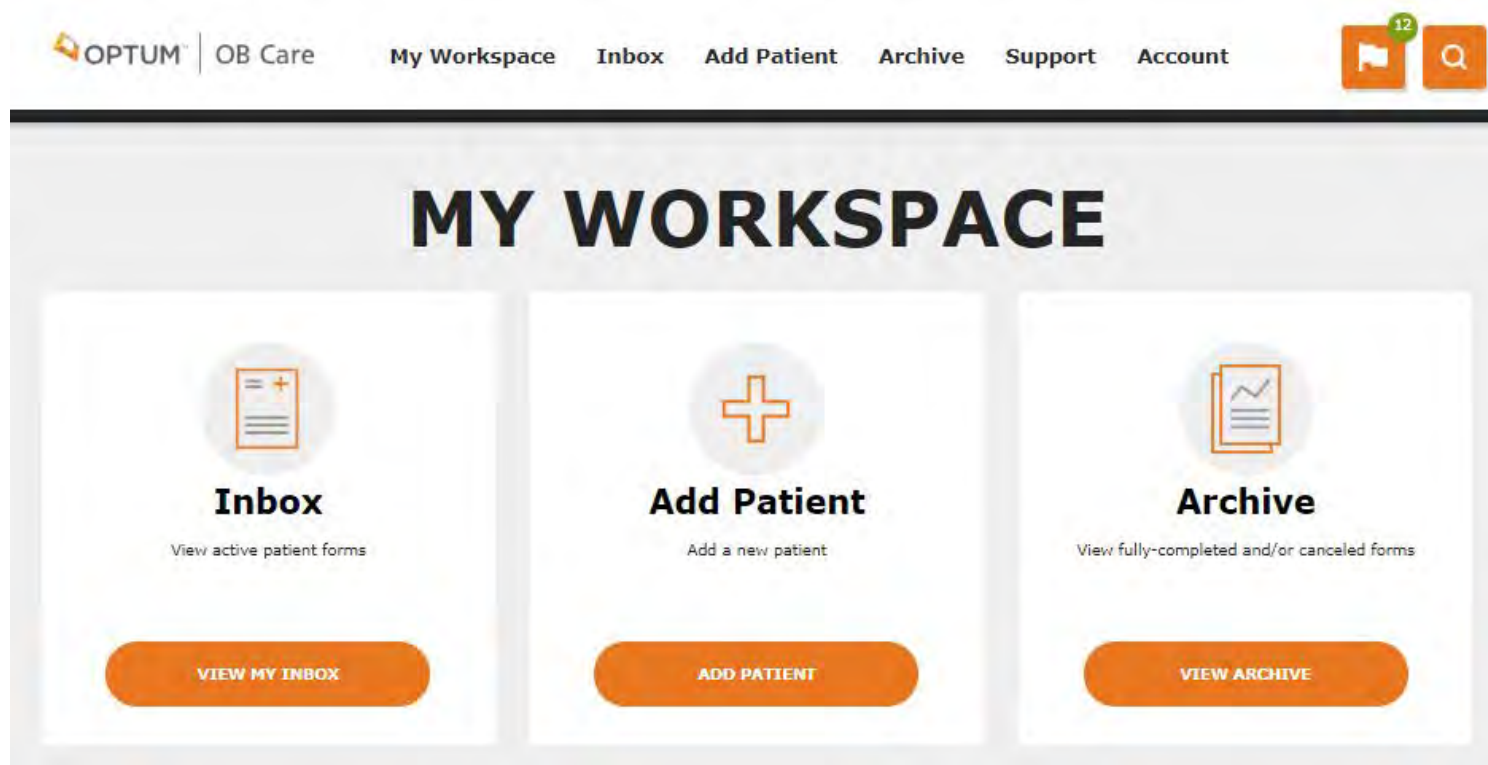
OB Care Enhancements/Features Overview

Key Enhancements

- Updated UI fields according to DHS requirements
- Corresponding updates to PDF and JSON outputs

Key New Feature

- User account expiration (90 days)



NEW FEATURE – USER ACCOUNT EXPIRATION

- OB Care automatically deactivates user accounts after 90 days of the last login date so that clinic administrators no longer need to manually deactivate unused user accounts
- Changed the inactive user error message when the user attempts to log in with an inactive account to “Your account has been made inactive. To reactivate your account, please contact your clinic admin or click the Contact Us button.”
- Added a “Contact Us” button that links the user to the ‘Contact Us’ help page.

MEMBER INFORMATION TILE

CHANGES TO THE TILE

- Changed Provider MAID to Provider Promise ID
- Changed Member MAID to MAID #

OPERATION OF THE TILE

- There are no changes to the operation of the tile

The screenshot shows the OPTUM OB Care interface. At the top, there is a navigation bar with the following items: OPTUM | OB Care, My Workspace, Inbox, Add Patient, Archive, Support, Account, and a notification icon with '10' and a search icon. Below the navigation bar is a horizontal menu with four tabs: 1 MEMBER INFORMATION (selected), 2 GENERAL HEALTH, 3 DEPRESSION & TOBACCO, and 4 PAST OB COMPLICATIONS. To the right of the tabs is a patient profile card for JANE DOE, with details: DOB: 1/8/1995, Age: 25, MCO Member ID: 123456789, and a link to 'Archive patient'. Below the profile card is a 'MEMBER OVERVIEW' button. The main content area is titled '1 MEMBER INFORMATION' and 'First Prenatal'. It contains a form with the following fields:

First Name	Jane		Last Name	Doe	
DOB	1/8/1995	Home Phone		Alternate Phone	
Provider Promise ID		Member's Health Plan		MCO Member ID	123456789
				MAID#	

At the bottom of the form is a 'SAVE AND CONTINUE' button.

GENERAL HEALTH CONDITIONS

CHANGES TO THE TILE

- Changed EDC to Best EDC – this field must be completed
- Deleted AB as an option for Gravida
- Added the following fields:
 - 'Tubal Desired?' with Yes/No check boxes
 - 'Consent Signed for Tubal?' with Yes/No check boxes
 - 'Influenza Vaccine Date' with a calendar to select the date and check boxes for 'N/A' and 'Refused'
 - 'Tdap Date' with a calendar to select the date and check boxes for N/A and Refused
 - 'Gestational Week at Tdap Administration' with a text box for the gestational week to be entered

OPERATION OF THE TILE

The operation of this tile has changed as follows:

Tubal Desired?

For the 'Tubal Desired?' question, you **MUST** click the Yes **OR** No check box. You cannot save and continue without checking one of the boxes.

Consent Signed?

For the 'Consent Signed?' question, you **MUST** click the Yes **OR** No check box. You cannot save and continue without checking one of the boxes.

Influenza Vaccine Date

For the 'Influenza Vaccine Date' question, you **MUST** enter the Influenza Vaccine Date **OR** check the box next to N/A **OR** Refused. You cannot continue without entering a date or checking one of the boxes.

Tdap Date

For the 'Tdap Date' question, you **MUST** enter the Tdap Date field **OR** check the box next to N/A **OR** Refused You cannot continue without entering a date or checking one of the boxes.

Gestational Wk at Tdap Admin

For 'Gestational Wk at Tdap Admin' question, you can enter information, but you do not have to enter information for this field to continue to the next tile.

The screenshot shows the 'GENERAL HEALTH CONDITIONS' form for Jane Doe. The form is part of a multi-step process, with 'GENERAL HEALTH' being the second step. The patient's information is displayed at the top right: JANE DOE, DOB: 1/8/1995, Age: 25, MCO Member ID: 123456789, and 'Archive patient' status. The form includes several sections with input fields and checkboxes:

- Hospital for Delivery:** A text input field.
- 1st Prenatal Visit:** A date input field.
- Healthy Beginnings Plus Member:** Checkboxes for 'Yes' and 'No'.
- Best EDC:** A date input field.
- By LMP:** A checkbox.
- By US:** A checkbox.
- US Date:** A date input field.
- GA at 1st Visit:** A text input field.
- Gravida:** A text input field.
- FT, PT, SAB, TAB, Living:** A row of checkboxes.
- Height (in inches), Weight (in lbs), BMI:** Three text input fields.
- Influenza Vaccine Date:** A date input field.
- Influenza Vaccine:** Checkboxes for 'N/A' and 'Refused'.
- Consent signed:** Checkboxes for 'Yes' and 'No'.
- Tubal Desired:** Checkboxes for 'Yes' and 'No'.
- Gestational Wk at Tdap Admin:** A text input field.

At the bottom of the form, there are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

DEPRESSION AND TOBACCO

CHANGES TO THE TILE

- Three questions are presented when the tile opens:
 - ‘Depression Present?’ – this was changed from ‘Depression Screen?’ The detailed information required for this section does not appear unless the ‘Yes’ box is checked.
 - ‘Tobacco Use?’ – this is a new question. The detailed information required for this section does not appear unless the ‘Yes’ box is checked.
 - ‘Exposure to Environmental Smoke?’ – this was in the ‘Tobacco Use’ section previously

OPERATION OF THE TILE

The operation of this tile has changed as follows:

- You must check the ‘Yes’ or ‘No’ checkbox to answer each of the three questions.
- If you check ‘Yes’ to answer each question, the tile will expand to allow you to provide additional information for each question.

The screenshot displays the OPTUM OB Care interface. At the top, there is a navigation bar with 'OPTUM | OB Care' and several menu items: 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A notification icon with the number '12' is also present. Below the navigation bar, a patient profile card for 'TEST1 ALEXANDER' is shown, including their DOB (1/21/2004), Age (16), MCO Member ID (1234abcd), and Health Plan (United Healthcare). A 'MEMBER OVERVIEW' button is located below the profile card. The main content area features a horizontal navigation bar with four tabs: '3 DEPRESSION & TOBACCO', '4 PAST OR CURRENT COMPLICATIONS', '5 CURRENT RISKS', and '6 HEALTH CONDITIONS'. The 'DEPRESSION & TOBACCO' tab is selected and highlighted in orange. Below this tab, the 'First Prenatal' section contains three questions, each with 'Yes' and 'No' checkboxes:

- Depression Present? Yes No
- Tobacco Use? Yes No
- Exposure to Environmental Smoke? Yes No

At the bottom of the form, there are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

DEPRESSION AND TOBACCO – DEPRESSION SCREEN

CHANGES TO THE TILE

If you checked 'Yes' for the 'Depression Present?' question, you will see this screen. The following changes have been made:

- Added the 'Positive/Negative Result' check boxes
- Added a 'Depression Screen Score' field
- Added a 'Follow-Up Date' field

OPERATION OF THE TILE

The details for this section only appear if you checked 'Yes' for the 'Depression Present?' question. You must complete the following information:

Result

Check the 'Positive' or 'Negative' box.

Validated Depression Tool

- Select the depression tool used from the 'Select Depression Tool' dropdown
- Enter the date the depression tool was administered
- Enter the Depression Screen Score

Referral?

- If a depression referral has been made, check the 'Yes' box and enter the referral 'Follow-Up Date.'
- If not, check the 'No' box.

The screenshot displays the 'DEPRESSION AND TOBACCO' section of the patient's record. The patient is identified as TEST1 ALEXANDER, DOB: 1/21/2004, Age: 16, MCO Member ID: 1234abcd, Health Plan: United Healthcare, and is marked as an 'Archive patient'. The section is titled '3 DEPRESSION AND TOBACCO' and 'First Prenatal'. The form includes the following fields:

- Depression Present?**: A green checkmark is in the 'Yes' box, and the 'No' box is empty.
- Result**: Both 'Positive' and 'Negative' checkboxes are empty.
- Validated Depression Tool Used?**: A dropdown menu with 'Select Depression Tool' as the current selection.
- Date Admin**: A date input field with a placeholder '___/___/___'.
- Depression Screen Score**: A text input field.
- Referral?**: Both 'Yes' and 'No' checkboxes are empty.
- Follow-Up Date**: A date input field with a placeholder '___/___/___'.
- Tobacco Use?**: A partially visible field at the bottom.

DEPRESSION AND TOBACCO – TOBACCO USE

CHANGES TO THE TILE

If you checked 'Yes' for the 'Tobacco Use?' question, you will see this screen. The following changes have been made:

- Added Electronic Cigarettes with Yes/No check boxes
- Added NRT Offered with Yes/No check boxes

OPERATION OF THE TILE

The details for this section only appear if you checked 'Yes' for the 'Tobacco Use?' question. You must complete the following new information:

Electronic Cigarettes?

This is a new question. Check 'Yes' if the member uses Electronic Cigarettes. If not, check the 'No' box.

NRT offered?

This is a new question. Check 'Yes' if NRT has been offered. Check "No" if it has not been offered.

The screenshot shows a form titled "Tobacco Use?". At the top, there is a "Tobacco Use?" question with a green checkmark in a box next to "Yes" and an empty box next to "No". Below this is a text input field for "Average # of cigarettes smoked/day (if none, enter 0; 1 pack = 20 cigarettes)".

Pre-Pregnancy	1st Trimester	2nd Trimester	3rd Trimester
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Below the table are four more questions, each with "Yes" and "No" checkboxes:

- Tob. Counseling Offered? Yes No
- Tob. Counseling Received? Yes No
- Electronic Cigarettes? Yes No
- NRT Offered? Yes No

DEPRESSION AND TOBACCO – ENVIRONMENTAL SMOKE

CHANGES TO THE TILE

If you checked 'Yes' for the 'Exposure to Environmental Smoke?' question, you will see this screen.

OPERATION OF THE TILE

The details for this section only appear if you checked 'Yes' for the 'Exposure to Environmental Smoke?' question. Check 'Yes' if the patient has been given counseling for environmental smoke. If not, check 'No.'

The screenshot shows a form with two sections. The first section is titled "Exposure to Environmental Smoke?" and has a green checkmark in a box next to the "Yes" label, and an empty box next to the "No" label. The second section is titled "Counseling for Environmental Smoke?" and has empty boxes next to both "Yes" and "No" labels. Below the form are two buttons: "SAVE AND CONTINUE" and "BACK".

PAST OB COMPLICATIONS

CHANGES TO THE TILE

There are no changes to this tile.

OPERATION OF THE TILE

Reminder: You **MUST** check 'No Past OB Complications' **OR** you must check those complications that apply to this patient.

The screenshot displays the OPTUM OB Care interface. At the top, there is a navigation bar with the OPTUM logo, 'OB Care', and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. On the right side of the navigation bar, there are icons for a chat window and a search function.

Below the navigation bar, there is a patient information section for 'JANE DOE'. It includes her date of birth (DOB: 1/8/1995), age (Age: 25), MCO Member ID (123456789), and a status of 'Archive patient'. A 'MEMBER OVERVIEW' button is located below this information.

The main content area is titled '4 PAST OB COMPLICATIONS' and 'First Prenatal'. Below the title, there is a descriptive text: 'Identifies members whose past complications increase their risk for current problems; If member has had no Past OB Complications, check No Past OB Complications in section header.'

The form contains a grid of checkboxes for various complications:

- No Past OB Complications
- Postpartum Depression
- Hx of DVT/PE
- Cervical Insufficiency
- Pregnancy Induced Hypertension (PIH)
- Preterm Labor/Delivery < 32 weeks
- Fetal Demise/Hx 2nd/3rd Tri Loss
- RH Incompatibility
- Gestational Diabetes
- IUGR
- Premature ROM
- Preterm Labor/Delivery 32-36 weeks
- Previous C-Section

At the bottom of the form, there is a text input field labeled 'Other Past OB Complications:'.

Below the form, there are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

CURRENT RISKS

CHANGES TO THE TILE

There are no changes to this tile.

OPERATION OF THE TILE

Reminder: You **MUST** check 'No Current Risks' **OR** you must check those risks that apply to this patient.

The screenshot shows the 'CURRENT RISKS' section of a patient's record in the OPTUM OB Care system. The patient is JANE DOE, DOB: 1/8/1995, Age: 25, MCO Member ID: 123456789. The form is titled '5 CURRENT RISKS' and 'First Prenatal'. It includes a header with navigation tabs (5, 6, 7, 8) and a 'MEMBER OVERVIEW' button. The main content area contains several risk categories with checkboxes and input fields:

- No Current Risks
- Hx Leep/Cone Biopsy
- Late and/or Inconsistent Prenatal Care: 1st Tri, 2nd Tri, 3rd Tri
- Abnormal Ultrasound: 1st Tri, 2nd Tri, 3rd Tri
- Abnormal Placenta: 1st Tri, 2nd Tri, 3rd Tri
- Gestational Diabetes: 1st Tri, 2nd Tri, 3rd Tri
- 2nd/3rd Trimester Bleeding: 2nd Tri, 3rd Tri
- Multiple Gestation
- Periodontal Disease: 1st Tri, 2nd Tri, 3rd Tri
- Cervical Insufficiency

Other Current Risks:

Buttons: SAVE AND CONTINUE, BACK

ACTIVE HEALTH CONDITIONS

CHANGES TO THE TILE

- The tile displays the list of Medical/Mental Health Conditions in the order required by DHS
- The column heading to the right of Yes and No columns, displays 'If yes, details:' instead of 'If yes, details:'
- All references to STD have been changed to STI
- The tile displays "Hepatitis" instead of "Hepatitis (If Yes, indicate type)"
- The tile displays Thalassemia (this is a new condition), with Alpha and Beta check boxes and Yes/No check boxes to the right of Thalassemia.
- The tile displays Eating Disorder (this is a new condition), along with Yes/No check boxes and a text box to the right of Eating Disorder.

OPERATION OF THE TILE

Reminder: You **MUST** check 'No Active Medical/Mental Health Conditions' **OR** you must check 'Yes' or 'No' for those risks that apply to this patient.

Thalassemia

- If the member has Thalassemia, check the Alpha **OR** Beta check boxes and the 'Yes' check box. If the member does not have Thalassemia, check the 'No' check box.

Eating Disorder

- If the member has an eating disorder, check the 'Yes' check box and describe the eating disorder in the text box. If the member does not have an eating disorder, check the 'No' check box.

6 ACTIVE HEALTH CONDITIONS First Prenatal

Identifies medical/mental health condition related to the mother; If member has had no Active Medical/Mental Health Conditions, check No Active Medical/Mental Health Conditions box in section header. For the following conditions, list specific disease type(s): Autoimmune, Cardiac, Hepatitis, Renal, Sickle Cell, STD, Thyroid. For all others, check Y/N.

No Active Medical/Mental Health Conditions			
	Yes	No	If Yes, details:
Autoimmune Disease(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Anemia Hb < 10	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chronic Hypertension, Pregestational	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes, Pregestational	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis (If Yes, Indicate Type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hepatitis Treated	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid Treated	<input type="checkbox"/>	<input type="checkbox"/>	
Other Conditions:	<input type="text"/>		

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SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS

OPTUM | OB Care My Workspace Inbox Add Patient Archive Support Account

TEST1 ALEXANDER
DOB: 1/21/2004 Age: 16
MCO Member ID: 1234abcd
Health Plan: United Healthcare
Archive patient

MEMBER OVERVIEW

7 SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS First Prenatal

Identifies lifestyle issues that can lead to adverse outcomes: If member has had no Social, Economic, Lifestyle indicators, check 'No Social, Economic, Lifestyle Conditions' box in section header.

No Social, Economic, Lifestyle Conditions

Mental / Physical / Sexual Abuse Hx

1st Tri	2nd Tri	3rd Tri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs/Challenges

1st Tri	2nd Tri	3rd Tri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing Insecurity

1st Tri	2nd Tri	3rd Tri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify Other

Opioid Therapy

1st Tri	2nd Tri	3rd Tri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use Screen?

Yes No

SAVE AND CONTINUE

BACK

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CHANGES TO THE TILE

- Replaced 'Homelessness' with 'Housing Insecurity'
- Replaced 'Intellectual Impairment' with 'Special Needs/Challenges'
- Added 'Food Insecurity'
- Removed 'Eating Disorder'
- Changed 'Substance Abuse' to 'Substance Use Screen?' with yes/no check boxes
- Changed 'Rx' to 'Opioid'
- Replaced 'Street' with 'Marijuana/THC'
- Added 'Other' with History, 1st, 2nd, 3rd check boxes
- Added 'Specify Other' with free form text box

OPERATION OF THE TILE

Reminder: You **MUST** check 'No Social, Economic, Lifestyle Conditions' **OR** you must check those risks that apply to this patient.

Other

- If the patient has a history of substance use that has not been captured in the tile, you can enter it here.

Specify Other

- You can type anything relevant to the patient's social, economic or lifestyle changes here.

Substance Use Screen

- Check the 'Yes' or 'No' checkbox to answer the 'Substance Use Screen?' question.
- If you check 'Yes' to this question, the tile will expand to allow you to provide additional information for the substance use screen.

SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS – SUBSTANCE USE SCREEN

CHANGES TO THE TILE

If you checked 'Yes' for the 'Substance Use Screen?' question, you will see this screen.

OPERATION OF THE TILE

The details for this section only appear if you checked 'Yes' for the 'Substance Use Screen?' question. You must complete the following information:

Validated Substance Tool Used?

- Select the substance use tool used from the 'Validated Substance Tool Used?' dropdown
- Enter the date the substance use tool was administered
- Enter the substance use screen score

Substance Use Screen Referral?

If a referral was made due to the substance use screen, check the 'Yes' box and the Follow-Up Date for the referral. If a referral was not made, check the 'No' box. You will not be required to enter a follow-up date in the 'No' box has been checked.

The screenshot shows a web form titled "Substance Use Screen?". At the top, there is a question "Substance Use Screen?" with two radio buttons: "Yes" (which is selected and highlighted in green) and "No". Below this, the form is divided into three sections. The first section is "Validated Substance Tool Used?" with a dropdown menu, "Date Admin" with a date input field (format: __/__/__), and "Score" with a text input field. The second section is "Referral?" with two radio buttons: "Yes" and "No". To the right of these is "Follow-Up Date" with a date input field (format: __/__/__). At the bottom of the form, there are two large, dark buttons: "SAVE AND CONTINUE" and "BACK". The footer of the page contains the text "Copyright © 2020 — OPTUM — All Rights Reserved" on the left and "Terms of Use Privacy Policy" on the right.

Postpartum Visit

CHANGES TO THE TILE

- Added VBAC and a corresponding check box
- Changed 'Between 21-56 days of delivery' to 'Between 1-84 days of delivery'
- Added 'Visit Type' with a drop-down list of values to select from
- Added Validated Depression Score and a corresponding text box to enter the score
- Added Referral Follow-Up Date field
- Added 'Diabetes Testing?' and corresponding Yes/No check boxes
- Delete Vertex and the corresponding Yes/No check boxes

OPERATION OF THE TILE

You must complete the following new information:

VBAC

You can check the VBAC check box, but do not have to check the box to continue to the next tile.

Visit Type

You can select a Visit Type from the drop-down list of values in the Visit Type field. You cannot continue unless you select a visit type.

Validated Depression Score

You can enter a score in the Validated Depression Score field, but you do not have to enter a score to continue to the next tile.

Referral Follow-Up Date

You can enter a date in the Referral Follow-Up Date field. You cannot continue unless you enter a date.

Diabetes Testing?

You can check a Yes OR No check box next to 'Diabetes Testing?,' but you do not have to check a box to continue to the next tile.

The screenshot shows the OPTUM OB Care interface for a Postpartum Visit. At the top, there is a navigation bar with 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. On the right, there is a user profile for 'JANE TESTER' with details: 'DOB: 1/1/1995 Age: 25', 'MCO Member ID: TEST1001', 'Health Plan: Aetna', and 'Archive patient'. Below this is a 'MEMBER OVERVIEW' button.

The main content area is titled '8 POSTPARTUM VISIT' and 'Postpartum'. It contains a text field for 'Document date delivered, gestational age, elective delivery, delivered vaginal or c-section, sex, birth weight (in grams), if baby was admitted to NICU, is the baby viable and if antenatal steroids were administered.'

Below this is a 'Postpartum No Show' checkbox. The form is divided into several sections:

- Delivery Date**: A date input field.
- GA at Delivery (# weeks)**: A text input field with an 'ADD GESTATION' button.
- Birth Weight (in grams)**: A text input field.
- Elective Delivery**: A checkbox.
- Antenatal Steroids**: A checkbox.
- Viable**: A checkbox.
- VBAC**: A checkbox.
- Vag**: A checkbox.
- C/S**: A checkbox.
- NICU Admission**: A section with 'Yes' and 'No' checkboxes.
- Referral**: A checkbox.
- Quit Tob. During Preg.**: A checkbox.
- Remains Tob. Free**: A checkbox.
- Diabetes Testing**: A checkbox.
- Select Visit Type**: A dropdown menu.

At the bottom of the form, there are two buttons: 'SAVE AND CONTINUE' and 'BACK'. The footer contains 'Copyright © 2020 — OPTUM — All Rights Reserved', 'Terms of Use', and 'Privacy Policy'.

ONAF PDF

The new ONAF includes all the information collected in the OB Care tiles.

OBSTETRICAL NEEDS ASSESSMENT FORM (ONAF)


OB/GYN Office Information
 Practice Name: Optum Phone: (555) 555-5555 Fax: (444) 444-4444 Provider Promise ID: _____
 Initial Submission Date: _____ 28-32 Wks Submit Date: _____ Post Partum Submit Date: _____ Form Completed By: _____

Member's Information
 First Name: Jane Last Name: Traster DOB: 01/01/95 Age: 25
 MAID#: 4012 Member's Health Plan: Actua Healthy Beginnings Plus Member? Yes No Home Phone: (111) 111-1111
 Alternate Phone: _____ Language(s): English Hospital for Delivery: ABC Prenatal Visit: 08/1/20
 Best EDC: 09/11/20 LMP of: 08/11/20 by US Date: _____ GA at last visit: 8 Gravida: 2 Full Term: Pre-Term:
 SAB: TAI: Living: Height: 53 Weight: 115 BMI: 20.4 D/AA/Ad: _____ PAF: _____ N/A Refused: _____ Date/Last: _____ N/A Refused: _____
 (7E Candidate)? Yes No Depression Present? Yes No Validated Depression Tool Used? List: _____ Score: _____ Date: _____ Referral: Yes No Follow-Up Date: _____
 Dental Visit Last 6 Months? Yes No Tubal Desired? Yes No Consent Signed? Yes No Influenza Vaccine Date: _____ N/A Refused: _____ Tdap Date: _____ N/A Refused: _____ Gestational Wt: _____ at 1st admin: _____

Tobacco (Tob.) Use Yes No Tob. Counseling? Yes No Tob. Counseling Received? Yes No Exposure to Environmental Smoke? Yes No Counseling for Environmental Smoke? Yes No
 Electronic Cigarettes? Yes No NRT Offered? Yes No Average # of Cigarettes Smoked/Day (if none, enter 0, 1 pack = 20 Cigarettes) Pre-Pregnancy: _____ 1st Trimester: _____ 2nd Trimester: _____ 3rd Trimester: _____

Past OB Complications	Current Risks	Trimester			Active/Medical/Mental Health Conditions	
		1st	2nd	3rd	Yes	No
<input type="checkbox"/> No Past OB Complications	<input type="checkbox"/> No Current Risks				<input type="checkbox"/> No Active Medical/Mental Health Conditions	
<input type="checkbox"/> Postpartum Depression	<input type="checkbox"/> HX Lemp/Conc Bxpsy				Autoimmune Disease(s)	
<input type="checkbox"/> RH Incompatibility	Late and/or Inconsistent Prenatal Care				Anemia Hb <10	
<input type="checkbox"/> Hx of DVT/PE	Abnormal Ultrasound				Asthma	
<input type="checkbox"/> Gestational Diabetes	Abnormal Placenta				Cardiac Disease	
<input type="checkbox"/> Cervical Insufficiency	Gestational Diabetes				Chronic Hypertension, Pre-gestational	
<input type="checkbox"/> IUGR	2nd/3rd Trimester Bleeding				Diabetes, Pre-gestational	
<input type="checkbox"/> Pregnancy Induced Hypertension (PIH)	Multiple Gestation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Hepatitis Treated <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Premature ROM	Periodontal Disease				Thalassemia - <input type="checkbox"/> Alpha <input type="checkbox"/> Beta	
<input type="checkbox"/> Premature Labor/Delivery <32 wks	Poor Weight Gain				HIV	
<input type="checkbox"/> Preterm Labor/Delivery 32-36 wks	IUGR				Renal Disease	
<input type="checkbox"/> Fetal Demise/Stillb. 2nd/3rd Tr. Loss	PIH				Seizure Disorder	
<input type="checkbox"/> Previous C-Section # _____	Preterm/Dilation of Cervix/Preterm Labor				Sickle Cell Disease: <input type="checkbox"/> Trait <input type="checkbox"/> Disease	
Classical Incision <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous delivery with 1 yr of EDC				Depression	
Prenatal Visits	Social, Economic, Lifestyle	1st	2nd	3rd	Eating Disorder	
	<input type="checkbox"/> No Social, Economic, Lifestyle				Bipolar	
	Mental/Physical/Sexual Abuse: <input type="checkbox"/> Hx <input type="checkbox"/> No				Schizophrenia	
	Housing Instability				STI	
	Food Insecurity				Thyroid Treated <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Needs/Challenges				Other Conditions	
	Substance Use Disorder					
	ETOH <input type="checkbox"/> Hx <input type="checkbox"/> No				Delivery Date: _____ at _____ Wks Gestation	Elig. Del. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Opioid <input type="checkbox"/> Hx <input type="checkbox"/> No				<input type="checkbox"/> vBAC <input type="checkbox"/> Vag. <input type="checkbox"/> CIS	Birth Weight: _____
	Marjuana/THC <input type="checkbox"/> Hx <input type="checkbox"/> No				<input type="checkbox"/> ACOU Admi. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Viable <input type="checkbox"/> Yes <input type="checkbox"/> No	Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other <input type="checkbox"/> Hx <input type="checkbox"/> No				Postpartum Visit (between 1-61 days after delivery)	
	Specify Other: _____				Visit Date: _____	Visit Type? List: _____
	Opoid Therapy: _____				Substania Use screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Feeding Method <input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Both <input type="checkbox"/> Contraceptive Plan
	Validated Substance Tool Used? List: _____				Validated Depression Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Validated Depression Tool Used? List: _____ Score: _____
	Date Admin: _____				Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up Date: _____
	Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No				Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up Date: _____
					PP Diabetes Testing (PPDM) <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Gut Tox: During Preg. <input type="checkbox"/> Yes <input type="checkbox"/> No	Remains Tox: Free <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Signature: _____
 Date signed: _____


pennsylvania
 DEPARTMENT OF PUBLIC WELFARE

Frequently Asked Questions

Frequently Asked Questions (October 2020)

What if exact date is unknown for some fields such as flu vaccine or if the patient declines flu vaccine?

There are three options for influenza. You must enter the Influenza Vaccine Date OR check the box next to N/A OR Refused.

How is someone supposed to determine if depression is present? Is this subjective by the person completing the form or if a diagnosis of depression is listed on the problem list?

A depression assessment is not part of OB Care. If the member has been assessed using a validated depression tool and depression is present, then indicate the tool using the Select Depression Tool drop down.

What if a person is not depressed - but they were assessed using a validated depression screening tool?

If the person is not depressed, check the 'No' box in response to the 'Depression Present?' question. You can add notes to OB Care if you want to capture that person had an assessment using a validated screening tool and the results were negative. There are text fields in the Current Risks, Active Health Conditions and Notes tiles.

How do we capture that a screening was performed if the outcome was NOT depression present?

As discussed in the answer to the previous question, you can add notes in the Current Risks, Active Health Conditions and Notes tiles if you want to capture that a screening was performed if the outcome was NOT depression present.

Is there a field for NRT accepted (yes/no)?

No.

When the patient doesn't know their last menstrual period (LMP), and didn't have the ultrasound yet for dating, is that when the best EDC is used? How should this handled?

DHS requested the change of the label from EDC to Best EDC.

Why change of days? HEDIS metric is 1-84 days not 21-56.

This change was requested by DHS.

What are the types of visits available as drop down?

The visit types are "Office," "Telemedicine," and "Home Health Visit."

Is bullet two reversed on slide 15? Changed from 21-56 TO (should be 7) – 84 days for HEDIS purpose.

Yes, thank you. We have corrected the slide in this presentation.

Explain the Risk Tab, please.

The Risk Assessment is to document risk factors that have been identified. Indicate on form where appropriate and fax form at any time during pregnancy.

Is there a character length limit on the narrative fields?

There are text fields in the Current Risks, Active Health Conditions and Notes tiles. Character length limits are 100 for Current Risks and Active Health Conditions tiles and 500 for the Notes tiles.

Is the MCO # the Tax ID? (Applicable to MCOs only.)

The MCO quarterly report has a field called "Provider ID." This field is the clinic's Tax ID Number.

When will the paper/PDF version with these updates be made available? Are we required to begin submitting with updated fields on 11/13/20, regardless of submission type (Optum, fax, etc.)?

On Nov. 13, 2020, providers will only be able to access the updated OB Care.

When are these changes live?

Nov. 13, 2020, we will deploy the changes after regular business hours to minimize disruption in the provider offices.