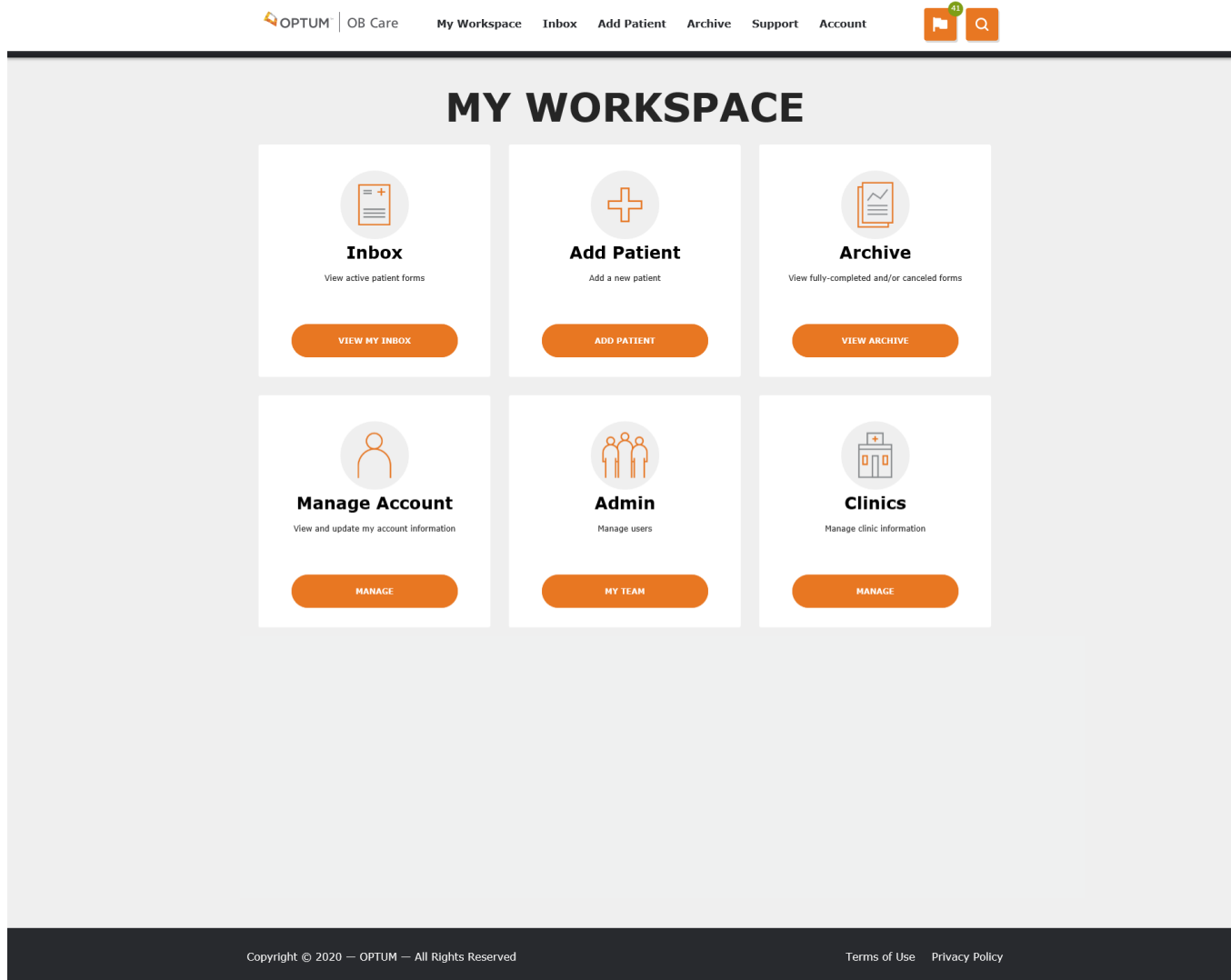




OB Care Form / UI Changes

My Workspace



Patient Overview

OPTUM® | OB Care

My Workspace

Inbox

Add Patient

Archive

Support

Account



Please Select a Visit

Patient Overview

FIRST PRENATAL

28-32 WEEK

RISK

POSTPARTUM



MARY TEST

DOB: 1/20/1994 Age: 26

MCO Member ID: 99999999

Health Plan: United Healthcare

[Archive patient](#)

1

MEMBER
INFORMATION

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GENERAL HEALTH

3

DEPRESSION &
TOBACCO

4

PAST OB
COMPLICATIONS

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CURRENT RISKS

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HEALTH
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SOCIAL,
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ADDITIONAL
NOTES



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REVIEW FORM

Member Information

- Replace MAID with Provider Promise ID
- Replace Member MAID with MAID#
- Replace Date Initially Faxed with Initial Submission Date (PDF/JSON view only)
- Replace 28-32 Wks Fax Date with 28-32 Wks Submit Date (PDF/JSON view only)
- Replace Post Partum Fax Date with Post Partum Submit Date (PDF/JSON view only)


OB Care
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MEMBER INFORMATION

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GENERAL HEALTH

3
DEPRESSION & TOBACCO

4
PAST OB COMPLICATIONS



TEST - SALLY TEST - SMITH
 DOB: 1/5/1994 Age: 25
 MCO Member ID: 555555555555
 Archive patient

MEMBER OVERVIEW

1 MEMBER INFORMATION

First Name

Test - Sally

Last Name

Test - Smith

DOB

1/5/1994

Home Phone

Alternate Phone

Languages

Provider MAID

Provider Promise ID

Member's Health Plan

MCO Member ID

555555555555

Member MAID

MAID #

SAVE AND CONTINUE

General Health

Changes to page:

- Added Best to EDC
- Added Tubal Desired
- Added Consent Signed for Tubal
- Added Influenza Vaccine Date
- Added Tdap Date
- Added Gestational Week at Tdap Administration (Not required)

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TEST/SALLY TEST/SMITH
DOB: 1/5/1994 Age: 25
MCO Member ID: 555555555555
Archive patient

MEMBER OVERVIEW

2 GENERAL HEALTH CONDITIONS

First Prenatal

Hospital for Delivery:

1st Prenatal Visit:

Healthy Beginnings Plus Member: ☐ Yes ☐ No

Best EDC: By LMP: By US: US Date: GA at 1st Visit:

Gravida: FT: PT: AB: SAB: TAB: Living:

Height (in inches): Weight (in lbs): BMI:

Date/Last PAP: Date/Last Chlamydia Screen: **Influenza Vaccine Date**:

Dental Visit Last 6 Months?: ☐ Yes ☐ No 17P Candidate: ☐ Yes ☐ No **Tubal Desired?**: ☐ Yes ☐ No **Consent Signed?**: ☐ Yes ☐ No

Tdap Date

Gestational wk at Tdap admin

BACK SAVE AND CONTINUE

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Depression & Tobacco

3 DEPRESSION AND TOBACCO

~~Depression Screen?~~ Depression Present?

☒ Yes ☐ No

Validated Depression Tool Used? ☐ Date Admin Referral? ☐ Yes ☐ No

Depression Screen Score Referral Date

TEST/SALLY TEST/SMITH
DOB: 1/5/1994 Age: 25
MCO Member ID: 555555555555
Archive patient

MEMBER OVERVIEW

Changes to page:

- Change “Depression Screen?” to “Depression Present?”
- Remove Positive/Negative Result from Depression Screening
- Depression Screen Score
- Follow up date

Changes to page:

- Tobacco Use: Yes/No
- Conditional logic:
 - More question will appear below depending on if the user selects yes or no

3 DEPRESSION AND TOBACCO First Prenatal

Depression Screen?

☐ Yes ☐ No

Tobacco Use?

☐ Yes ☐ No

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Depression & Tobacco Continued...

3 DEPRESSION AND TOBACCO

First Prenatal

Tobacco Use?

☒ Yes
 ☐ No

Average # of cigarettes smoked/day (if none, enter 0; 1 pack = 20 cigarettes).

Pre-Pregnancy

1st Trimester

2nd Trimester

3rd Trimester

Tob. Counseling Offered?

☐ Yes
 ☐ No

Tob. Counseling Received?

☐ Yes
 ☐ No

Electronic Cigarettes?

☐ Yes
 ☐ No

Exposure to Environmental Smoke?

☐ Yes
 ☐ No

Counseling for Environmental Smoke?

☐ Yes
 ☐ No

NRT Offered?

☐ Yes
 ☐ No

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Changes to page:

- If Tobacco use “Yes” is checked, user will see all additional questions.
- Add Electronic Cigarettes (yes/no)
- Add NRT offered (yes/no)



3 DEPRESSION AND TOBACCO

First Prenatal

Depression Screen?

☐ Yes
 ☐ No

Tobacco Use?

☐ Yes
 ☒ No

Exposure to Environmental Smoke?

☐ Yes
 ☐ No

Counseling for Environmental Smoke?

☐ Yes
 ☐ No

BACK

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Changes to page:

- If Tobacco use “No” is checked, user will see only environmental smoke questions



Past OB Complications

No Changes added

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PAST OB COMPLICATIONS

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SOCIAL, ECONOMIC, LIFESTYLE

>

TEST/SALLY TEST/SMITH

DOB: 1/5/1994 Age: 25

MCO Member ID: 555555555555

Archive patient

MEMBER OVERVIEW

4 PAST OB COMPLICATIONS

First Prenatal

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.

☐ 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

Other Past OB Complications:

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Current Risks

No Changes added

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CURRENT RISKS

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ADDITIONAL NOTES

>



TEST/SALLY TEST/SMITH
DOB: 1/5/1994 Age: 25
MCO Member ID: 555555555555
Archive patient

MEMBER OVERVIEW

5

CURRENT RISKS

First Prenatal

Identifies potential risks for adverse outcomes; If member has had no Current Risks, check No Current Risks box in section header.

☐

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

Poor Weight Gain

1st Tri

2nd Tri

3rd Tri

IUGR

1st Tri

2nd Tri

3rd Tri

PIH

1st Tri

2nd Tri

3rd Tri

Preterm Dilation of Cervix/Preterm Labor

1st Tri

2nd Tri

3rd Tri

Previous Delivery w/in 1yr of EDC

1st Tri

2nd Tri

3rd Tri

☐

Cervical Insufficiency

Other Current Risks:

BACK

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9

Health Conditions

To be added:

- **Thalassemia**
 - Alpha (x next to it if yes)
 - Beta (x next to it if yes)
- **Rearrange conditions in this order**
(Depression, Eating Disorder, Bipolar, Schizophrenia)
- **Add eating disorder plus description**
- **Change STD to STI**

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

6 HEALTH CONDITIONS | 7 SOCIAL, ECONOMIC, LIFESTYLE | 8 ADDITIONAL NOTES | 9 REVIEW FORM

TEST/SALLY TEST/SMITH
DOB: 1/5/1994 Age: 25
MCO Number ID: 555555555555
Archives patient

MEMBER OVERVIEW

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"/>	
HIV	<input type="checkbox"/>	<input type="checkbox"/>	
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	
Renal Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease <input type="checkbox"/> Trait <input type="checkbox"/> Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Bipolar	<input type="checkbox"/>	<input type="checkbox"/>	
STD STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thyroid Treated	<input type="checkbox"/>	<input type="checkbox"/>	
Other Conditions:	<input type="text"/>		

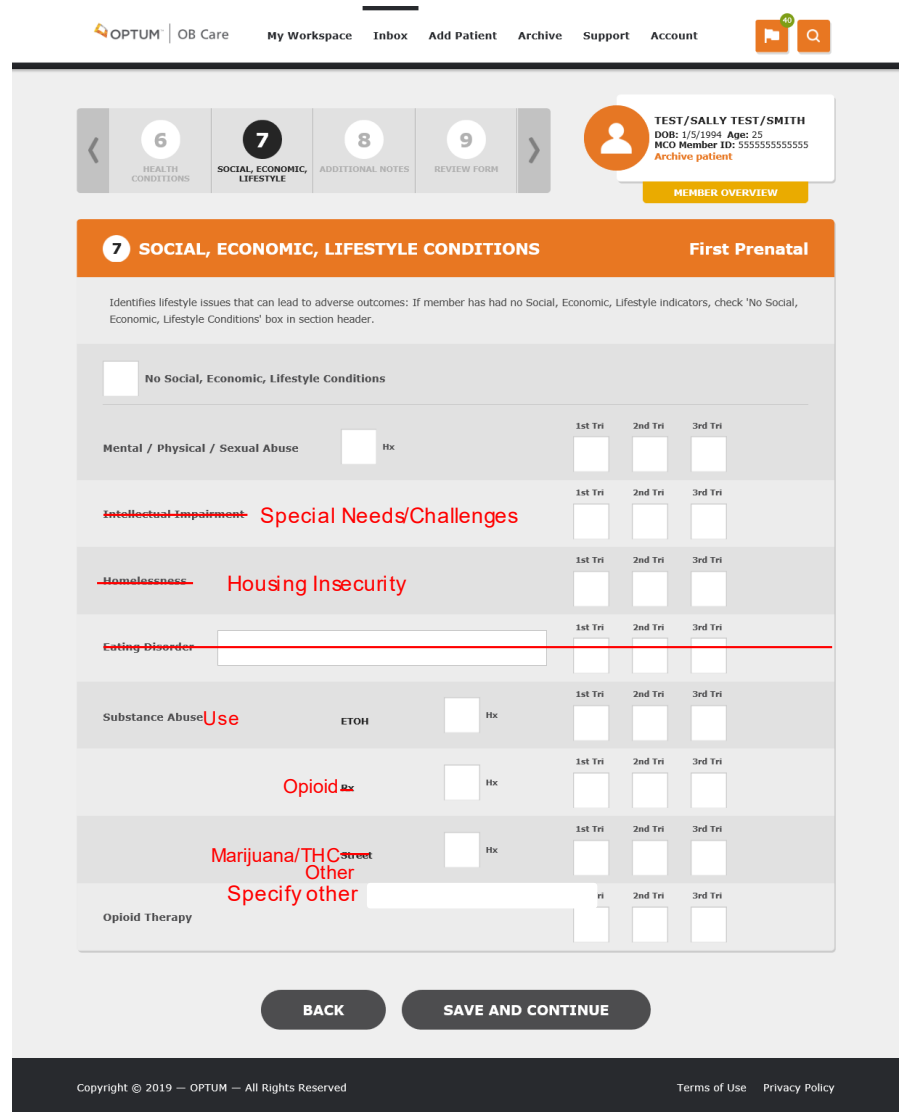
BACK SAVE AND CONTINUE

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Social, Economic, Lifestyle

Change to page:

- Replace Homelessness with Housing Insecurity
- Replace Intellectual Impairment with Special Needs/Challenges
- Add Food Insecurity
- Remove eating disorder
- Change Substance Abuse to Substance use
- Change Rx to Opioid
- Replace Street with Marijuana/THC
- Add Other with Hx, 1st, 2nd, 3rd check boxes
- Add Specify Other with free form text box




The screenshot shows the OPTUM OB Care interface. At the top, there's a navigation bar with 'OPTUM OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. Below this is a patient header for 'TEST/SALLY TEST/SMITH' with DOB: 1/5/1994, Age: 25, and HCO Member ID: 555555555555. The main content area is titled '7 SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS' and 'First Prenatal'. It includes a section for 'No Social, Economic, Lifestyle Conditions' and a table for tracking various conditions over three trimesters (1st Tri, 2nd Tri, 3rd Tri). The conditions listed are: Mental / Physical / Sexual Abuse, Intellectual Impairment (crossed out), Special Needs/Challenges, Homelessness (crossed out), Housing Insecurity, Eating Disorder (crossed out), Substance Abuse (crossed out), Use, ETOH, Opioid Rx, Marijuana/THC Street, Other, and Specify other. At the bottom, there are 'BACK' and 'SAVE AND CONTINUE' buttons.



Postpartum

Changes to page:

- Add VBAC check box next to Vag and C/S
- Change static text from 21-56 days to 1-84 days
- Add visit type dropdown list under visit date. (get provided list from PA)
- Add score validated depression screen
- Add follow-up date to depression referral (hidden conditional logic, only shows if referral is Yes)
- Add diabetes testing (Yes/No)
- Remove Vertex (Yes/No)


 OB Care

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8 POSTPARTUM

9 PRENATAL VISITS

10 ADDITIONAL NOTES

11 REVIEW FORM



TEST/SALLY TEST/SMITH
 DOB: 1/5/1994 Age: 25
 MCO Member ID: 555555555555
 Archive patient

MEMBER OVERVIEW

8 POSTPARTUM VISIT

Postpartum

Document date delivered, gestational age, elective delivery, delivered vaginal or c-section, delivered vertex, sex, birth weight (in grams), if baby was admitted to NICU, is the baby viable and if antenatal steroids were administered.

☐ Postpartum No Show

Delivery Date	GA at Delivery (# weeks)		Yes	No
<input type="text"/>	<input type="text"/>	Elective Delivery	<input type="checkbox"/>	<input type="checkbox"/>
Birth Weight (in grams)	<input type="text"/>	Antenatal Steroids	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="button" value="ADD GESTATION"/>	Vertex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vag <input type="checkbox"/> C/S <input type="checkbox"/> VBAC		Viable	<input type="checkbox"/>	<input type="checkbox"/>
NICU Admission	<input type="checkbox"/> Yes <input type="checkbox"/> No			

(Between 21-56 days after delivery)

Document the date of the visit, screen for postpartum depression, if yes whether a validated depression tool was used, list the name of the tool and date administered, and was referral made, feeding method, whether contraception discussed and plan, whether quit tobacco during pregnancy and whether remains tobacco free.

Postpartum Visit Date		Yes	No	Contraception Plan
<input type="text"/>	Discussed PP Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Visit Type	PP Depression Present	<input type="checkbox"/>	<input type="checkbox"/>	Validated Depression Tool Used?
	Referral	<input type="checkbox"/>	<input type="checkbox"/>	Select Depression Tool <input checked="" type="checkbox"/>
	Quit Tob. During Preg.	<input type="checkbox"/>	<input type="checkbox"/>	Date Admin <input type="text"/>
	Remains Tob. Free	<input type="checkbox"/>	<input type="checkbox"/>	Validated Depression Score <input type="text"/>
				Referral Follow Up Date <input type="text"/>

Diabetes Testing ☐ ☐

BACK

SAVE AND CONTINUE

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Instructions page

	weeks and > 35 weeks of gestation completed.
Postpartum Visit	Document the date of the visit, list the visit type , screen for postpartum depression, if yes whether a validated depression tool was used, list the name of tool and date administered , the depression screening score , and was referral made, referral follow-up date , and feeding method, whether contraception discussed and plan, postpartum diabetes testing , whether quit tobacco during pregnancy and whether remains tobacco free.
Prenatal Visit Dates	Complete for all visits after the first visit (first visit is already documented in the demographics section).
Attach additional information if necessary	

Questions Regarding the form contact:

Department of Human Services
Bureau of Fee for Service programs
Attn: Intense Medical Case Management Unit
Commonwealth Towers
303 Walnut Street, 9th Floor
Harrisburg, PA 17101
Phone: 1-800-537-8862
Fax: 717-705-8391

AmeriHealth Caritas Northeast -
New East Zone
Bright Start Program
8040 Carlson Road, Suite 500
Harrisburg, PA 17112
Phone : 1-888-208-9528
Fax: 1-855-809-9205

Health Partners of Philadelphia
Baby Partners Program
901 Market Street, Suite 500
Philadelphia, PA 19107
Phone: 215-967-4690
Fax: 215-967-4492

Aetna Better Health
Special Needs Case Management
2000 Market Street, Suite 850
Philadelphia, PA 19103
Phone: 215-282-3521
Fax: 877-683-7354

Gateway HealthSM
MOM Matters Program®
Four Gateway Center
444 Liberty Avenue, Suite 2100
Pittsburgh, PA 15222-1222
Phone: 1-800-392-1147
Fax: 1-888-225-2360

Keystone First Health Plan
Bright Start Program
200 Stevens Drive
Philadelphia, PA 19113
Phone: 1-800-521-6867
Fax: 1-877-353-6913

Geisinger Health Plan Family
Right From the Start Program
100 North Academy Avenue
Danville, PA 17822-3220
Phone: 570-271-5108
Fax: 570-214-1583

United Healthcare for Families
Healthy First Steps
2 Allegheny Center, Suite 600
Pittsburgh, PA 15212
Phone: 1-800-599-5985
Fax: 1-877-353-6913

AmeriHealth Caritas Pennsylvania -
Lehigh/Capital and New West Zone
Bright Start Program
8040 Carlson Drive, Suite 500
Harrisburg, PA 17112
Phone: 1-877-364-6797
Fax: 1-866-755-9935

UPMC Health Plan
Maternity Program
U.S. Steel Tower 37th Floor
600 Grant Street
Pittsburg, PA 15219
Phone: 1-866-778-6073
Fax: 412-454-8558

Thank you.

Contact information:

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952-917-8871

