

OB Care Enhancements Provider Training

October 2020

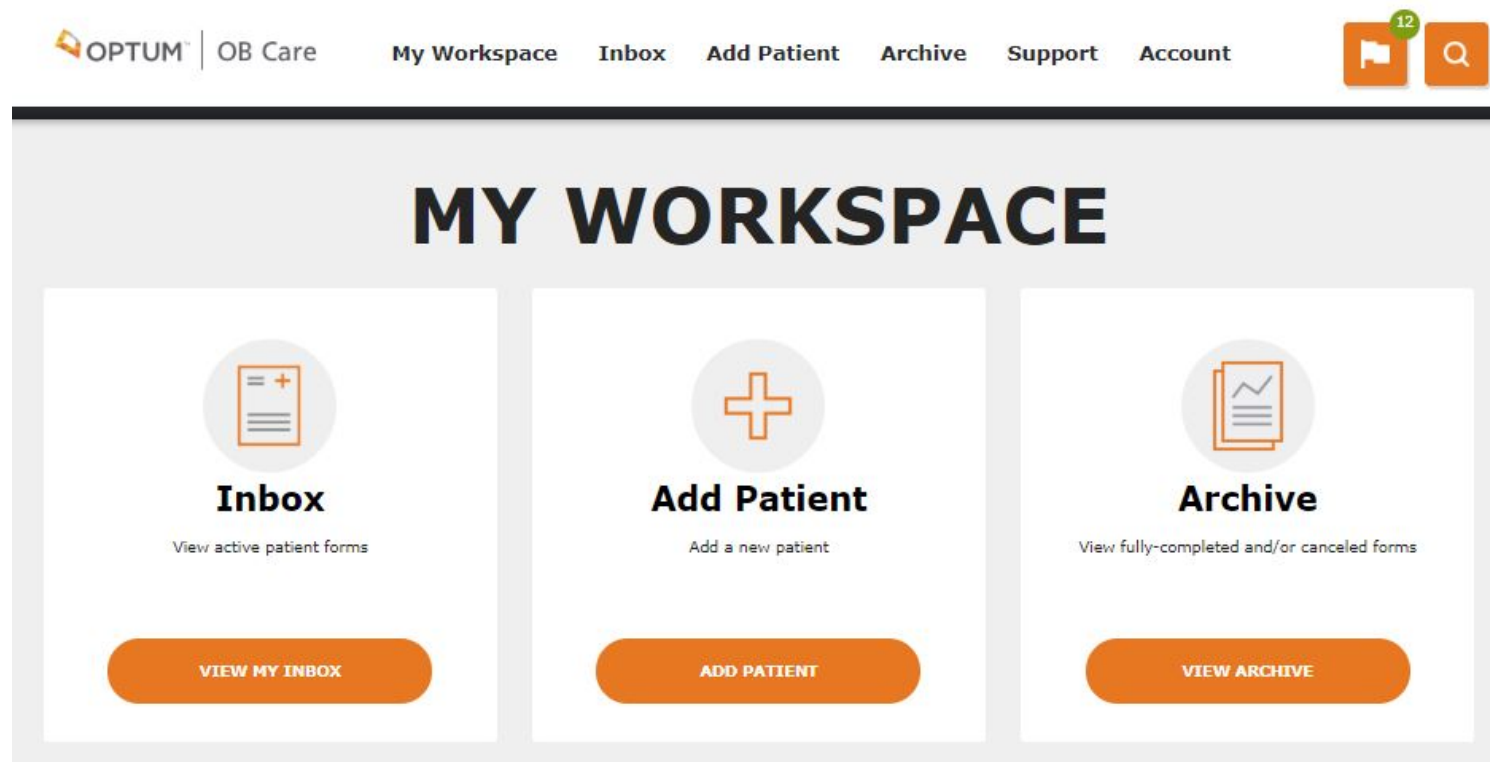
OB Care Enhancements/Features Overview

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 web interface. At the top 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 of the navigation bar are two icons: a flag with the number '10' and a magnifying glass. Below the navigation bar is a horizontal tab bar 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 summary card for 'JANE DOE' with her DOB (1/8/1995), Age (25), MCO Member ID (123456789), and a link to 'Archive patient'. Below the patient summary card is a yellow button labeled 'MEMBER OVERVIEW'. The main content area has an orange header with '1 MEMBER INFORMATION' and 'First Prenatal'. Below this header is a form with the following fields: 'First Name' (Jane), 'Last Name' (Doe), 'DOB' (1/8/1995), 'Home Phone', 'Alternate Phone', 'Languages', 'Provider Promise ID', 'Member's Health Plan' (a dropdown menu), 'MCO Member ID' (123456789), and 'MAID#'. At the bottom of the form is a dark grey button labeled 'SAVE AND CONTINUE'.

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

JANE DOE
DOB: 1/8/1995 Age: 25
MCO Member ID: 123456789
[Archive patient](#)

MEMBER OVERVIEW

1 MEMBER INFORMATION First Prenatal

First Name: Jane Last Name: Doe

DOB: 1/8/1995 Home Phone: Alternate Phone: Languages:

Provider Promise ID: Member's Health Plan: MCO Member ID: 123456789 MAID#:

SAVE AND CONTINUE

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, a 25-year-old MCO member. The form is part of a navigation sequence with steps 2 through 5. Step 2, 'GENERAL HEALTH CONDITIONS', is currently active and titled 'First Prenatal'. The form includes several sections with input fields and checkboxes:

- Hospital for Delivery:** A text input field.
- 1st Prenatal Visit:** A date input field (MM/DD/YYYY).
- Healthy Beginnings Plus Member:** Checkboxes for 'Yes' and 'No'.
- Best EDC:** A date input field (MM/DD/YYYY).
- By LMP:** A checkbox.
- By US:** A checkbox.
- US Date:** A date input field (MM/DD/YYYY).
- GA at 1st Visit:** A text input field.
- Gravida:** A text input field.
- FT:** A checkbox.
- PT:** A checkbox.
- SAB:** A checkbox.
- TAB:** A checkbox.
- Living:** A checkbox.
- Height (in inches):** A text input field.
- Weight (in lbs):** A text input field.
- BMI:** A text input field.
- Influenza Vaccine Date:** A date input field (MM/DD/YYYY).
- 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, the navigation bar includes the OPTUM logo, 'OB Care', and links for '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 summary 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 patient card. The main content area features a horizontal tab bar with four tabs: '3 DEPRESSION & TOBACCO' (selected), '4 PAST OB COMPLICATIONS', '5 CURRENT RISKS', and '6 HEALTH CONDITIONS'. The 'DEPRESSION & TOBACCO' tab is active, displaying three questions with 'Yes' and 'No' checkboxes: 'Depression Present?', 'Tobacco Use?', and 'Exposure to Environmental Smoke?'. 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 OPTUM OB Care interface. At the top, there is a navigation bar with links: OPTUM | OB Care, My Workspace, Inbox, Add Patient, Archive, Support, and Account. On the right, there are icons for a notification (12) and a search function. Below the navigation bar, a patient profile card for TEST1 ALEXANDER is visible, showing DOB: 1/21/2004, Age: 16, MCO Member ID: 1234abcd, Health Plan: United Healthcare, and a button to 'Archive patient'. A 'MEMBER OVERVIEW' button is also present. The main content area is titled '3 DEPRESSION AND TOBACCO' and 'First Prenatal'. The 'Depression Present?' section has a 'Yes' checkbox checked with a green checkmark, and a 'No' checkbox. Below this, the 'Result' section has 'Positive' and 'Negative' checkboxes. The 'Validated Depression Tool Used?' section features a dropdown menu labeled 'Select Depression Tool'. The 'Date Admin' section has a date input field. The 'Depression Screen Score' section has a text input field. The 'Referral?' section has 'Yes' and 'No' checkboxes. The 'Follow-Up Date' section has a date input field. The 'Tobacco Use?' section is partially visible 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 displays a form titled 'Tobacco Use?'. At the top, there are two checkboxes: 'Yes' (which is checked with a green checkmark) and 'No'. Below this, a text prompt asks for the 'Average # of cigarettes smoked/day (if none, enter 0; 1 pack = 20 cigarettes)'. This is followed by four input fields labeled 'Pre-Pregnancy', '1st Trimester', '2nd Trimester', and '3rd Trimester'. The form then contains three more questions, each with 'Yes' and 'No' checkboxes: 'Tob. Counseling Offered?', 'Tob. Counseling Received?', and 'Electronic Cigarettes?'. The final question is 'NRT Offered?' with 'Yes' and 'No' checkboxes. The form is set against a light gray background.

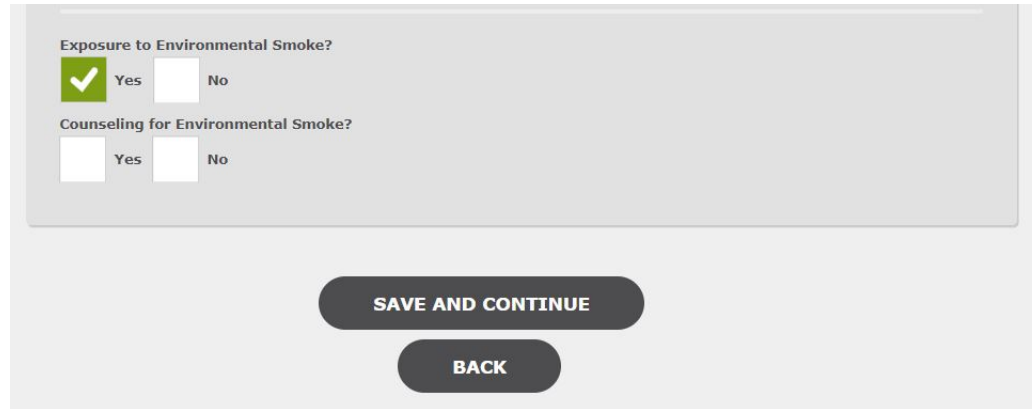
DEPRESSION AND TOBACCO – ENVIRONMENTAL SMOKE

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 contains a green checkmark in a box, followed by 'Yes' and 'No' options. The second section is titled 'Counseling for Environmental Smoke?' and contains two empty checkboxes, followed by 'Yes' and 'No' options. At the bottom of the form are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

| Exposure to Environmental Smoke? | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

| Counseling for Environmental Smoke? | |
|-------------------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

SAVE AND CONTINUE

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 web interface. At the top, a navigation bar includes links for 'OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A user profile for Jane Doe is visible in the top right corner, showing her DOB (1/8/1995), Age (25), MCO Member ID (123456789), and a status of 'Archive patient'. Below the navigation bar, a series of tabs are shown: '4 PAST OB COMPLICATIONS' (selected), '5 CURRENT RISKS', '6 HEALTH CONDITIONS', and '7 SOCIAL, ECONOMIC, LIFESTYLE'. The main content area is titled '4 PAST OB COMPLICATIONS' with a sub-header 'First Prenatal'. A descriptive text states: '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.' Below this, there are two columns of checkboxes for various complications. The first column includes 'No Past OB Complications', 'Postpartum Depression', 'Hx of DVT/PE', 'Cervical Insufficiency', 'Pregnancy Induced Hypertension (PIH)', 'Preterm Labor/Delivery < 32 weeks', and 'Fetal Demise/Hx 2nd/3rd Tri Loss'. The second column includes 'RH Incompatibility', 'Gestational Diabetes', 'IUGR', 'Premature ROM', 'Preterm Labor/Delivery 32-36 weeks', and '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'.

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

JANE DOE
DOB: 1/8/1995 Age: 25
MCO Member ID: 123456789
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

| | |
|---|---|
| <input type="checkbox"/> Postpartum Depression | <input type="checkbox"/> RH Incompatibility |
| <input type="checkbox"/> Hx of DVT/PE | <input type="checkbox"/> Gestational Diabetes |
| <input type="checkbox"/> Cervical Insufficiency | <input type="checkbox"/> IUGR |
| <input type="checkbox"/> Pregnancy Induced Hypertension (PIH) | <input type="checkbox"/> Premature ROM |
| <input type="checkbox"/> Preterm Labor/Delivery < 32 weeks | <input type="checkbox"/> Preterm Labor/Delivery 32-36 weeks |
| <input type="checkbox"/> Fetal Demise/Hx 2nd/3rd Tri Loss | <input type="checkbox"/> Previous C-Section |

Other Past OB Complications:

SAVE AND CONTINUE

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.

OPTUM

OB Care

My Workspace

Inbox

Add Patient

Archive

Support

Account

12

5

CURRENT RISKS

6

HEALTH CONDITIONS

7

SOCIAL, ECONOMIC, LIFESTYLE

8

ADDITIONAL NOTES

JANE DOE

DOB: 1/8/1995 Age: 25

MCO Member ID: 123456789

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

1st Tri

2nd Tri

3rd Tri

Periodontal Disease

1st Tri

2nd Tri

3rd Tri

Cervical Insufficiency

Other Current Risks:

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, list specific disease type(s):' 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.

OB Care

My Workspace
Inbox
Add Patient
Archive
Support
Account

6
HEALTH CONDITIONS

7
SOCIAL, ECONOMIC, LIFESTYLE

8
ADDITIONAL NOTES

9
REVIEW FORM

JANE DOE
DOB: 1/8/1992 Age: 25
MCO Member ID: 485930239
Archive 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"/> | |
| Thyroid Treated | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Conditions: | <input type="text"/> | | |

BACK

NEXT

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SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS

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.

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

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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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?". It contains several input fields and checkboxes. At the top, there is a "Substance Use Screen?" section with a green checkmark icon and "Yes" selected, and a "No" option. Below this is a "Validated Substance Tool Used?" section with a dropdown menu showing "Validated Substance Tool Used?". To the right of the dropdown are two input fields: "Date Admin" with a date picker (showing __/__/__) and "Score" with a text input field. Below these is a "Referral?" section with "Yes" and "No" checkboxes. To the right of the checkboxes is a "Follow-Up Date" input field with a date picker (showing __/__/__). At the bottom of the form are two large buttons: "SAVE AND CONTINUE" and "BACK". The footer of the page contains the text "Copyright © 2020 — OPTUM — All Rights Reserved" and links for "Terms of Use" and "Privacy Policy".

Substance Use Screen?

☒ Yes ☐ No

Validated Substance Tool Used?

Validated Substance Tool Used? ▾

Date Admin: __/__/__

Score:

Referral?

☐ Yes ☐ No

Follow-Up Date: __/__/__

SAVE AND CONTINUE

BACK

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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. The top navigation bar includes links for My Workspace, Inbox, Add Patient, Archive, Support, and Account. A patient profile for JANE TESTER is displayed on the right, including her DOB, age, MCO Member ID, and health plan. The main form is titled '8 POSTPARTUM VISIT' and includes a 'Postpartum' sub-header. The form contains several input fields and checkboxes for patient information, including Delivery Date, GA at Delivery, Birth Weight, Elective Delivery, Antenatal Steroids, Viable, VBAC, Vag, C/S, NICU Admission, and Diabetes Testing. A 'SAVE AND CONTINUE' button is prominently displayed at the bottom of the form. The footer of the page contains copyright information and links to 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 <u>Optum</u> | Phone <u>(555) 555-5555</u> Fax <u>(444) 444-4444</u> |
| Initial Submission Date <u> </u> | 28-32 Wks Submit Date <u> </u> Post Partum Submit Date <u> </u> |
| Provider Promise ID <u> </u> Form Completed by <u> </u> | |
| Member's Information | |
| First Name <u>Lane</u> | Last Name <u>Tester</u> DOB <u>01/01/95</u> Age <u>25</u> |
| MAID# <u>#012</u> | Member's Health Plan <u>Aetna</u> Healthy Beginnings Plus Member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Home Phone <u>(111) 111-1111</u> |
| Alternate Phone <u> </u> | Language(s) <u>english</u> Hospital for Delivery <u>ABC</u> Prenatal Visit <u>08/11/20</u> |
| Best EDC <u>08/11/20</u> <input checked="" type="checkbox"/> LMP of <u>08/11/20</u> <input type="checkbox"/> by US Date <u> </u> GA at 1st Visit <u>8</u> Gravida <u>2</u> Full Term <u>2</u> Pre-Term <u>0</u> | Date/Last PAP <u> </u> N/A Refused <u> </u> Chlamydia Screen <u> </u> N/A Refused <u> </u> |
| SAB <u>0</u> TAB <u>0</u> Living <u>2</u> Height <u>63</u> Weight <u>115</u> BMI <u>20.4</u> | 17P Candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Depression Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Validated Depression Tool Used? List: <u> </u> Score <u> </u> Date <u> </u> Referral <u> </u> Yes <input type="checkbox"/> No Follow-Up Date <u> </u> |
| Dental Visit Last 6 Months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tubal Desired? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Consent Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No Influenza Vaccine Date <u> </u> N/A Refused <u> </u> Tdap Date <u> </u> N/A Refused <u> </u> Gestational Wk at Tdap admin <u> </u> | |
| Tobacco (Tob.) Use <input type="checkbox"/> Yes <input type="checkbox"/> No Tob. Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No Tob. Counseling Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure to Environmental Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Counseling for Environmental Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Electronic Cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No NRT Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No Average # of Cigarettes Smoked/Day (if none, enter 0, 1 pack = 20 Cigarettes) <u> </u> Pre-Pregnancy <u> </u> 1st Trimester <u> </u> 2nd Trimester <u> </u> 3rd Trimester <u> </u> | |
| Past OB Complications | Current Risks |
| <input type="checkbox"/> No Past OB Complications | <input type="checkbox"/> No Current Risks |
| <input type="checkbox"/> Postpartum Depression | <input type="checkbox"/> HX Leep/Cone Biopsy |
| <input type="checkbox"/> RH Incompatibility | <input type="checkbox"/> Late and/or Inconsistent Prenatal Care |
| <input type="checkbox"/> Hx of DVT/PE | <input type="checkbox"/> Abnormal Ultrasound |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Abnormal Placenta |
| <input type="checkbox"/> Cervical Insufficiency | <input type="checkbox"/> Gestational Diabetes |
| <input type="checkbox"/> IUGR | <input type="checkbox"/> 2nd/3rd Trimester Bleeding |
| <input type="checkbox"/> Pregnancy Induced Hypertension (PIH) | <input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Premature ROM | <input type="checkbox"/> Periodontal Disease |
| <input type="checkbox"/> Premature Labor/Delivery < 32 wks | <input type="checkbox"/> Poor Weight Gain |
| <input type="checkbox"/> Preterm Labor/Delivery 32-36 wks | <input type="checkbox"/> IUGR |
| <input type="checkbox"/> Fetal Demise/Hx 2nd/3rd Tr Loss | <input type="checkbox"/> PIH |
| <input type="checkbox"/> Previous C-Section # <u> </u> | <input type="checkbox"/> Preterm Dilatation of Cervix/Preterm Labor |
| <input type="checkbox"/> Classical Incision <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Previous delivery w/in 1 yr of EDC |
| Prenatal Visits | Social, Economic, Lifestyle |
| | <input type="checkbox"/> No Social, Economic, Lifestyle |
| | <input type="checkbox"/> Mental/Physical/Sexual Abuse Hx <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Housing Insecurity |
| | <input type="checkbox"/> Food Insecurity |
| | <input type="checkbox"/> Special Needs/Challenges |
| | <input type="checkbox"/> Substance Use Disorder ETOH Hx <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Opioid Hx <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Marijuana/THC Hx <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Other Hx <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Specify Other: <u> </u> |
| | Opioid Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Substance Use Screen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Validated Substance Tool Used? List: <u> </u> |
| | Date Admin <u> </u> Score <u> </u> |
| | Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-Up Date <u> </u> |
| | Active/Medical/Mental Health Conditions |
| | <input type="checkbox"/> No Active Medical/Mental Health Conditions |
| | <input type="checkbox"/> Autoimmune Disease(s) <u> </u> |
| | <input type="checkbox"/> Anemia HB<10 <u> </u> |
| | <input type="checkbox"/> Asthma <u> </u> |
| | <input type="checkbox"/> Cardiac Disease: <u> </u> |
| | <input type="checkbox"/> Chronic Hypertension, Pregestational |
| | <input type="checkbox"/> Diabetes, Pregestational |
| | <input type="checkbox"/> Hepatitis <u> </u> Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Thalassemia <input type="checkbox"/> Alpha <input type="checkbox"/> Beta |
| | <input type="checkbox"/> HIV <u> </u> |
| | <input type="checkbox"/> Renal Disease: <u> </u> |
| | <input type="checkbox"/> Seizure Disorder <u> </u> |
| | <input type="checkbox"/> Sickle Cell Disease: <input type="checkbox"/> Trait <input type="checkbox"/> Disease |
| | <input type="checkbox"/> Depression: <u> </u> |
| | <input type="checkbox"/> Eating Disorder: <u> </u> |
| | <input type="checkbox"/> Bipolar <u> </u> |
| | <input type="checkbox"/> Schizophrenia: <u> </u> |
| | <input type="checkbox"/> STI: <u> </u> |
| | <input type="checkbox"/> Thyroid <u> </u> Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Other Conditions: <u> </u> |
| | Delivery: Date <u> </u> at <u> </u> Wks Gestation <u> </u> Elect. Del <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> VBAC <input type="checkbox"/> Vag <input type="checkbox"/> C/S Birth Weight: <u> </u> |
| | NICU Admit <input type="checkbox"/> Yes <input type="checkbox"/> No Viable <input type="checkbox"/> Yes <input type="checkbox"/> No Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Postpartum Visit (Between 1-84 days after delivery) |
| | Visit Date: <u> </u> Visit Type? List: <u> </u> |
| | Feeding Method: <input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Both Contraceptive Plan: <u> </u> |
| | PP Depression Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Validated Depression Tool Used? List: <u> </u> Score: <u> </u> |
| | Date Admin <u> </u> Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-Up Date <u> </u> |
| | PP Diabetes Testing (PPDM) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Quit Tob. During Preg. <input type="checkbox"/> Yes <input type="checkbox"/> No Remains Tob. Free: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physician Signature <u> </u> | |
| Date Signed <u> </u> | |

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.