



Pennsylvania Perinatal Quality Collaborative



ONAF Training
November 10, 2020

PA Medicaid OB Needs Assessment (ONAF)

Purposes of ONAF

- Notifies PA Medicaid of a member's pregnancy, initiating enrollment in the Maternity Program
- Allows PA Medicaid to risk-strategy members and refer to care management programs

When to Complete ONAF*

- First prenatal visit ("Intake")
- 28-32 week visit
- Postpartum visit
- Or an additional risk visit

Primary Way to Complete ONAF*

- Electronic ONAF (obcare.optum.com) – *Updated Version Live on 11/13/20 after normal business hours*

Resources to Complete ONAF*

- MCOs may offer financial incentives for completing the electronic ONAF

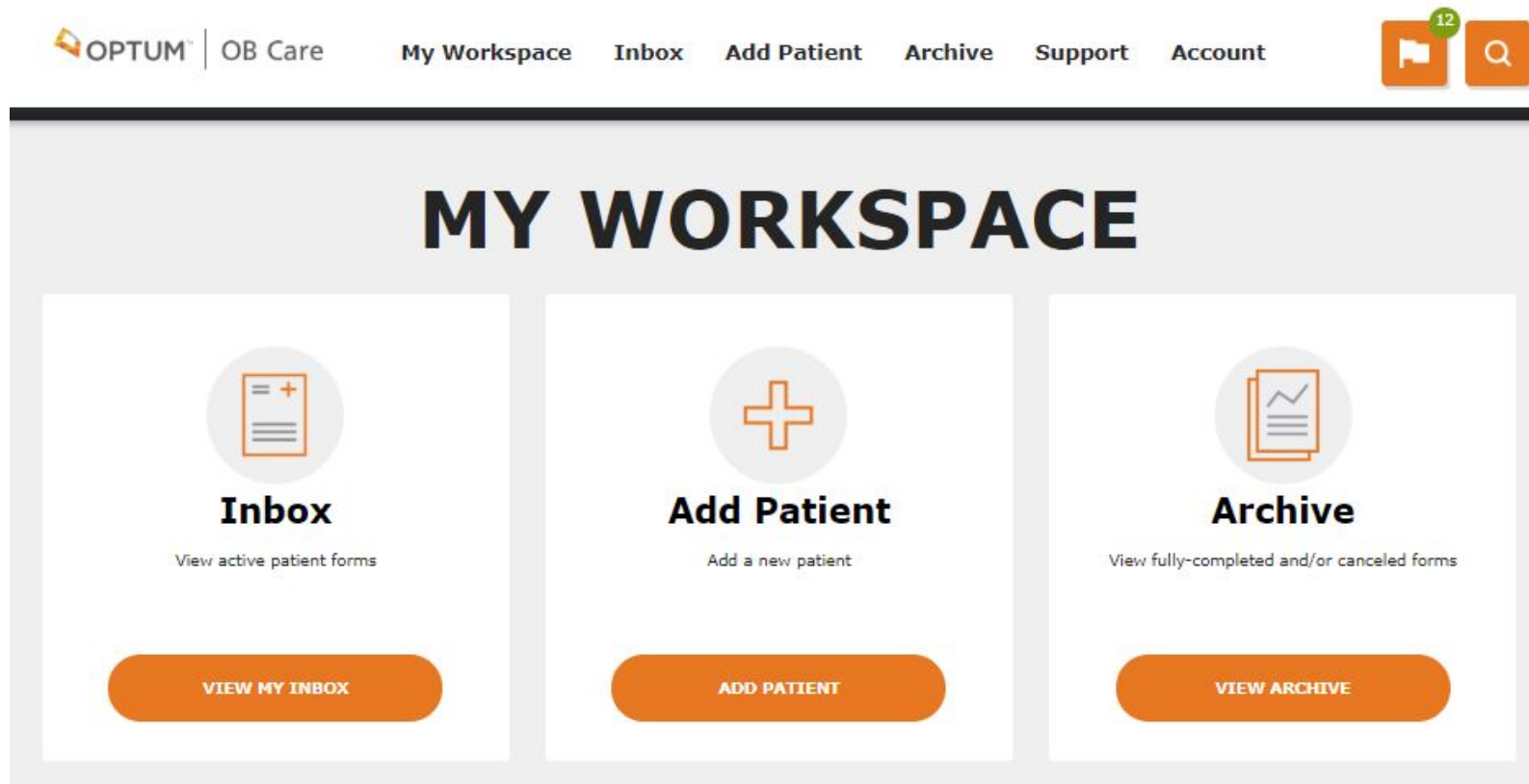
**Unless otherwise indicated by the MCO*

PA Medicaid OB Needs Assessment (ONAF)

Preview the updated ONAF, training materials, and user guide on the PA PQC Resources Page (<https://www.whamglobal.org/resources>)

The recording of today's training will be posted on this site

OB Care Enhancements/Features Overview



NEW FEATURE – USER ACCOUNT EXPIRATION

OB Care automatically deactivates user accounts after 90 days of the last login

MEMBER INFORMATION TILE

Changed Provider MAID to Provider Promise ID

Changed Member MAID to MAID #

The screenshot shows the 'MEMBER INFORMATION' tile in the OPTUM OB Care system. The interface includes a top navigation bar with links like 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. Below this is a tabbed interface 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 member profile card for 'JANE DOE' with her DOB, age, MCO Member ID, and a link to 'Archive patient'. A 'MEMBER OVERVIEW' button is also present. The main form area is titled '1 MEMBER INFORMATION' and 'First Prenatal'. It contains several input fields: 'First Name' (Jane), 'Last Name' (Doe), 'DOB' (1/8/1995), 'Home Phone', 'Alternate Phone', 'Languages', 'Provider Promise ID', 'Member's Health Plan' (with a dropdown arrow), 'MCO Member ID' (123456789), and 'MAID#'. A 'SAVE AND CONTINUE' button is at the bottom.

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

12

1 MEMBER INFORMATION 2 GENERAL HEALTH 3 DEPRESSION & TOBACCO 4 PAST OB COMPLICATIONS

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

Estimated Date of Confinement is now “Best EDC” (required)

Added the following fields:

- ‘Tubal Desired?’ with Yes/No check boxes
 - **MUST** click the Yes **OR** No check box
- ‘Consent Signed for Tubal?’ with Yes/No check boxes
 - **MUST** click the Yes **OR** No check box.
- ‘Influenza Vaccine Date’ with a calendar to select the date and check boxes for ‘N/A’ and ‘Refused’
 - **MUST** enter the Vaccine Date **OR** check the box next to N/A **OR** Refused
- ‘Tdap Date’ with a calendar to select the date and check boxes for N/A and Refused
 - **MUST** enter the Date field **OR** check the box next to N/A **OR** Refused
- ‘Gestational Week at Tdap Administration’ with a text box for the gestational week to be entered
 - You can enter information

The screenshot shows the 'GENERAL HEALTH CONDITIONS' form for Jane Doe, a 25-year-old MCO member. The form is part of a 'First Prenatal' visit. It includes fields for Hospital for Delivery, 1st Prenatal Visit, Healthy Beginnings Plus Member status, Best EDC, By LMP, By US, US Date, GA at 1st Visit, Gravida, FT, PT, SAB, TAB, Living, Height, Weight, BMI, Influenza Vaccine Date, Influenza Vaccine status (N/A or Refused), Dental Visit Last 6 Months?, 17P Candidate status, Consent Signed?, Tubal Desired?, and Gestational Week at Tdap Admin. The form has a 'SAVE AND CONTINUE' button and a 'BACK' button.

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

MEMBER OVERVIEW

2 GENERAL HEALTH CONDITIONS First Prenatal

Hospital for Delivery 1st Prenatal Visit Healthy Beginnings Plus Member
Best EDC By LMP By US US Date GA at 1st Visit

Gravida FT PT SAB TAB Living
Height (in inches) Weight (in lbs) BMI

Influenza Vaccine Date Influenza Vaccine
Dental Visit Last 6 Months? 17P Candidate Consent Signed? Tubal Desired?
Gestational Wk at Tdap Admin

SAVE AND CONTINUE
BACK

DEPRESSION AND TOBACCO

- Changed “Depression Screen” to ‘Depression Present?’
 - Added ‘Tobacco Use?’
 - Moved ‘Exposure to Environmental Smoke?’ to this section
-
- ✓ Must check the ‘Yes’ or ‘No’ checkbox to answer each question
 - ✓ If you check ‘Yes’ to answer each question, the tile will expand to provide additional information for each question.

The screenshot displays the OPTUM OB Care web interface. At the top, a navigation bar includes the OPTUM logo, 'OB Care', and links for '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 summary card for 'TEST1 ALEXANDER' is visible, showing 'DOB: 1/21/2004', 'Age: 16', 'MCO Member ID: 1234abcd', and 'Health Plan: United Healthcare', with an 'Archive patient' link. A 'MEMBER OVERVIEW' button is also present. 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 AND TOBACCO' section is titled 'First Prenatal' and contains three questions, each with 'Yes' and 'No' checkboxes: 'Depression Present?', 'Tobacco Use?', and 'Exposure to Environmental Smoke?'. At the bottom of the form are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

DEPRESSION AND TOBACCO – DEPRESSION SCREEN

If you checked 'Yes' for the 'Depression Present?' question, you will see this screen. The additional information is required.

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

Tip:

If a person is screened for depression with a validated tool and depression is not present, check the "No" box for 'Depression Present' and add notes to OB Care

The screenshot shows the 'DEPRESSION AND TOBACCO' screen in the OPTUM OB Care system. The patient is TEST1 ALEXANDER, DOB: 1/21/2004, Age: 16, MCO Member ID: 1234abcd, Health Plan: United Healthcare. The screen 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. The 'Result' section has 'Positive' and 'Negative' checkboxes. The 'Validated Depression Tool Used?' section has 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 has a checkbox.

DEPRESSION AND TOBACCO – TOBACCO USE

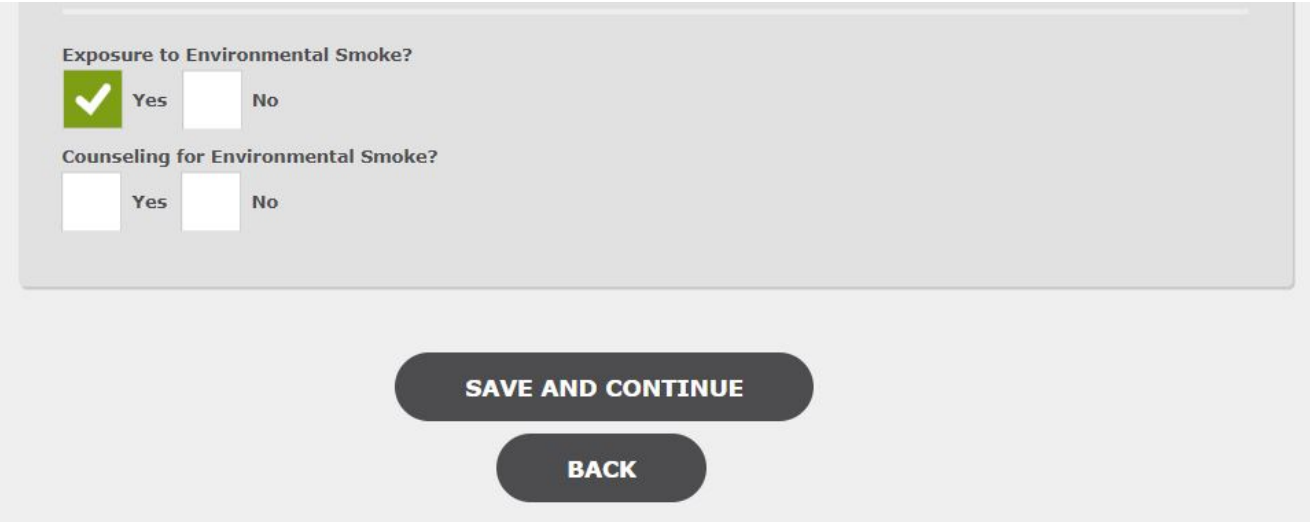
If you checked 'Yes' for the 'Tobacco Use?' question, you will see this screen. The additional information is required.

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

The screenshot shows a digital form titled "Tobacco Use?". At the top, there are two radio buttons: "Yes" (which is selected, indicated by 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". Below these fields are three more questions, each with "Yes" and "No" radio buttons: "Tob. Counseling Offered?", "Tob. Counseling Received?", and "Electronic Cigarettes?". At the bottom, there is a question "NRT Offered?" with "Yes" and "No" radio buttons. The form is set against a light gray background.

DEPRESSION AND TOBACCO – ENVIRONMENTAL SMOKE

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



Exposure to Environmental Smoke?

☒ Yes ☐ No

Counseling for Environmental Smoke?

☐ Yes ☐ No

SAVE AND CONTINUE

BACK

PAST OB COMPLICATIONS

There are no changes to this tile.

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

The screenshot shows the 'Past OB Complications' section of the OPTUM OB Care interface. At the top, a navigation bar includes 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A user profile for 'JANE DOE' (DOB: 1/8/1995, Age: 25, MCO Member ID: 123456789) is visible with a 'MEMBER OVERVIEW' button. Below this is a tabbed interface with four tabs: '4 PAST OB COMPLICATIONS' (selected), '5 CURRENT RISKS', '6 HEALTH CONDITIONS', and '7 SOCIAL, ECONOMIC, LIFESTYLE'. The 'PAST OB COMPLICATIONS' tab is highlighted in orange and contains the following 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.' Below this text is a form with a grid of checkboxes for various complications. The first row has a checkbox for 'No Past OB Complications'. The subsequent rows have checkboxes for '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', and 'Previous C-Section'. At the bottom of the form is a text input field labeled 'Other Past OB Complications:'. Below the form are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

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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

☐ Postpartum Depression ☐ RH Incompatibility

☐ Hx of DVT/PE ☐ Gestational Diabetes

☐ Cervical Insufficiency ☐ IUGR

☐ Pregnancy Induced Hypertension (PIH) ☐ Premature ROM

☐ Preterm Labor/Delivery < 32 weeks ☐ Preterm Labor/Delivery 32-36 weeks

☐ Fetal Demise/Hx 2nd/3rd Tri Loss ☐ Previous C-Section

Other Past OB Complications:

SAVE AND CONTINUE

BACK

CURRENT RISKS

There are no changes to this 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

Residential Disease

1st Tri

2nd Tri

3rd Tri

☐

Cervical Insufficiency

Other Current Risks:

SAVE AND CONTINUE

BACK

13

ACTIVE HEALTH CONDITIONS

- 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 Thalassemia, with Alpha and Beta check boxes and Yes/No check boxes to the right of Thalassemia.
- The tile displays Eating Disorder, along with Yes/No check boxes and a text box to the right of Eating Disorder.

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.

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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

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

- 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

Other

- If the patient has a history of substance use that has not been captured in the tile, you can enter it here.
- You can type anything relevant to the patient's social, economic or lifestyle changes.

The screenshot shows the 'Social, Economic, Lifestyle Conditions' form in the OPTUM OB Care system. The patient is TEST1 ALEXANDER, DOB: 1/21/2004, Age: 16, MCO Member ID: 1234abcd, Health Plan: United Healthcare. The form is titled '7 SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS' and 'First Prenatal'. It includes a 'No Social, Economic, Lifestyle Conditions' checkbox, a 'Mental / Physical / Sexual Abuse' section with a history checkbox and 1st, 2nd, and 3rd trimester checkboxes, a 'Special Needs/Challenges' section with 1st, 2nd, and 3rd trimester checkboxes, a 'Housing Insecurity' section with 1st, 2nd, and 3rd trimester checkboxes, a 'Specify Other' section with a text box, an 'Opioid Therapy' section with 1st, 2nd, and 3rd trimester checkboxes, and a 'Substance Use Screen?' section with 'Yes' and 'No' checkboxes. The form has 'SAVE AND CONTINUE' and 'BACK' buttons at the bottom.

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

MEMBER OVERVIEW

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

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

Special Needs/Challenges 1st Tri 2nd Tri 3rd Tri

Housing Insecurity 1st Tri 2nd Tri 3rd Tri

Specify Other

Opioid Therapy 1st Tri 2nd Tri 3rd Tri

Substance Use Screen?
☐ Yes ☐ No

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SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS – SUBSTANCE USE SCREEN

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

The screenshot shows a web form titled "Substance Use Screen?". It contains several input fields and checkboxes. The "Substance Use Screen?" section has a green checkmark icon and "Yes" selected, with "No" as an option. Below this, there are three main sections: "Validated Substance Tool Used?" with a dropdown menu, "Date Admin" with a date input field, and "Score" with a text input field. The "Referral?" section has "Yes" and "No" checkboxes, with "Yes" selected. Next to it is a "Follow-Up Date" input field. At the bottom of the form are two large buttons: "SAVE AND CONTINUE" and "BACK". The footer of the page contains copyright information and links to "Terms of Use" and "Privacy Policy".

Substance Use Screen?

☒ Yes ☐ No

Validated Substance Tool Used? Date Admin Score

Referral? ☒ Yes ☐ No Follow-Up Date

SAVE AND CONTINUE

BACK

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Postpartum Visit

- 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 (required)
- Added Validated Depression Score and a corresponding text box to enter the score
- Added Referral Follow-Up Date field (required if applicable)
- Added 'Diabetes Testing?' and corresponding Yes/No check boxes
- Delete Vertex and the corresponding Yes/No check boxes

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12

8 POSTPARTUM 9 PRENATAL VISITS 10 ADDITIONAL NOTES 11 REVIEW FORM

JANE TESTER
DOB: 1/1/1995 Age: 25
MCO Member ID: TEST1001
Health Plan: Aetna
Archive patient

MEMBER OVERVIEW

8 POSTPARTUM VISIT Postpartum

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.

☐ 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"/>	Viable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VBAC <input type="checkbox"/> Vag <input type="checkbox"/> C/S	<input type="text"/>	Referral	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Quit Tob. During Preg.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Remains Tob. Free	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Diabetes Testing	<input type="checkbox"/>	<input type="checkbox"/>

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Q&A MCO Panel

Aetna Better Health

AmeriHealth Caritas

Gateway Health Plan

Geisinger Health Plan

Health Partners Plans

Keystone First

United Healthcare

UPMC for You