

# OB CARE

USER GUIDE



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# REGISTERING FOR OB CARE

## (PART I a)

Go to [obcare.optum.com](https://obcare.optum.com)

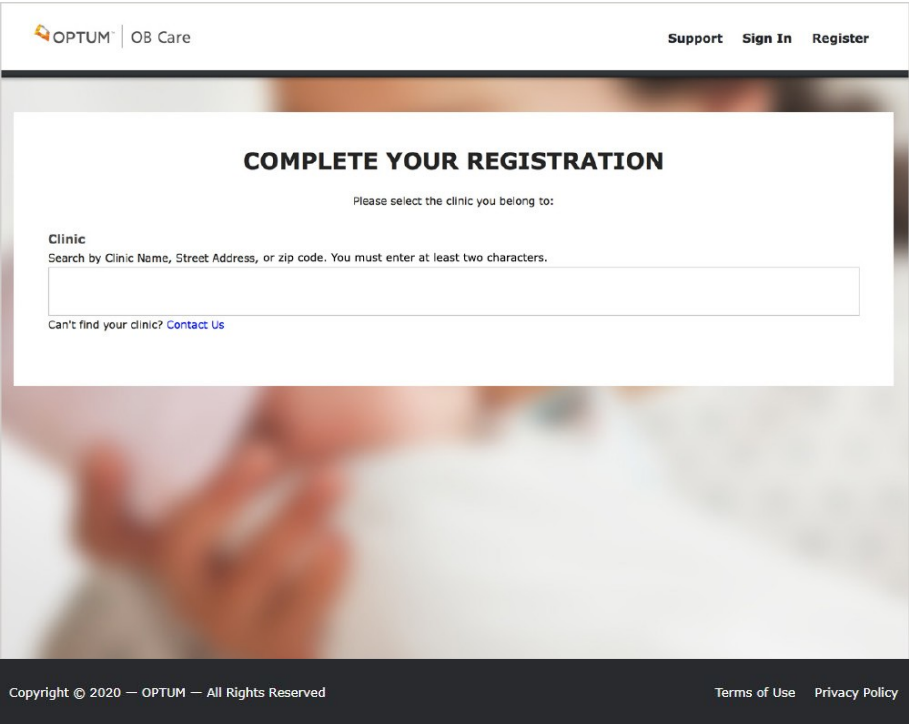
### IF YOU ALREADY HAVE A ONE HEALTHCARE ID:

Click Sign in and use your One Healthcare ID credentials to log in to OBCare.

After logging in, you will see a page asking you to “Complete Your Registration” by signing up for a clinic. Your user account is tied to a clinic, which allows you to see the patient records for patients within your clinic (or if you are solely an admin, to manage the users for your clinic).

Use the search bar to search for your clinic. Select your clinic.

Your account will be pending until your clinic admin approves your access and assigns your access level.



OPTUM<sup>®</sup> | OB Care

Support Sign In Register

### COMPLETE YOUR REGISTRATION

Please select the clinic you belong to:

**Clinic**  
Search by Clinic Name, Street Address, or zip code. You must enter at least two characters.

Can't find your clinic? [Contact Us](#)

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# REGISTERING FOR OB CARE

## (PART I b)

Go to [obcare.optum.com](https://obcare.optum.com)

### IF YOU DO NOT HAVE A ONE HEALTHCARE ID:

Click Register. You will be directed to One Healthcare ID where you will need to make an One Healthcare ID account.

Check your inbox for the email address you used to register. You will receive an email that will ask you to activate your One Healthcare ID. Click “Activate.”

This will bring you back to One Healthcare ID. Now click “Continue.”

Click “Agree” to allow One Healthcare ID to share your user credentials with OB Care. This allows you to use your One Healthcare ID to sign into OB Care.

You will be signed into OB Care automatically (just this time), and you will see a page asking you to “Complete Your Registration” by signing up for a clinic. This will allow you to see the patient records for patients within your clinic.

Use the search bar to search for your clinic. Select your clinic.

Your account will be pending until your clinic admin approves your access and assigns your access level.

OPTUM | OB Care

Support Sign In Register

## Your Partners in Pregnancy

Our online obstetrical assessment tool helps improve outcomes for pregnant mothers.

LEARN MORE

### GET STARTED

#### Create an account

New users must register with the site for a secure Optum ID login.

REGISTER

#### Returning users

If you registered with our old website, your Optum ID will still work.

SIGN IN

One Healthcare ID

Create One Healthcare ID

One Healthcare ID securely manages your account so that you can use one One Healthcare ID and password to sign in to all integrated applications.

Already have One Healthcare ID? Sign in now

#### Profile Information

First name

Last name

Year of birth

#### Sign In Information

Your email address

Create One Healthcare ID

Your One Healthcare ID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents

None of these Symbols: % \* " & { } ^ ( ) ~ < > # . / : ' " ~

Create password

Your password must have:

- Between 8 and 100 characters

Help

# REGISTERING FOR OB CARE

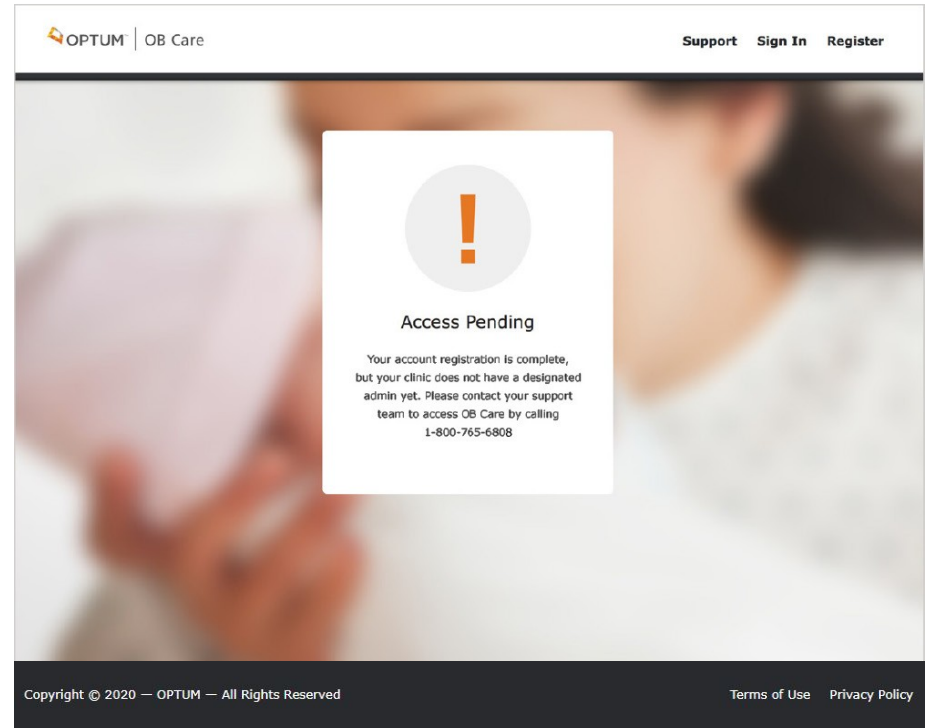
## (PART 2)

**Even if your clinic does not have a clinic admin, follow the previous steps on pages 3 or 4 for One Healthcare ID registration.**

After using search bar to search for and select your clinic, you may see a message describing that your registration is complete but your clinic does not have a designated admin yet.

This means that you are the first person to sign up for OB Care in your clinic and we will need to verify your account.

To continue with OB Care registration, contact OB Care Support.

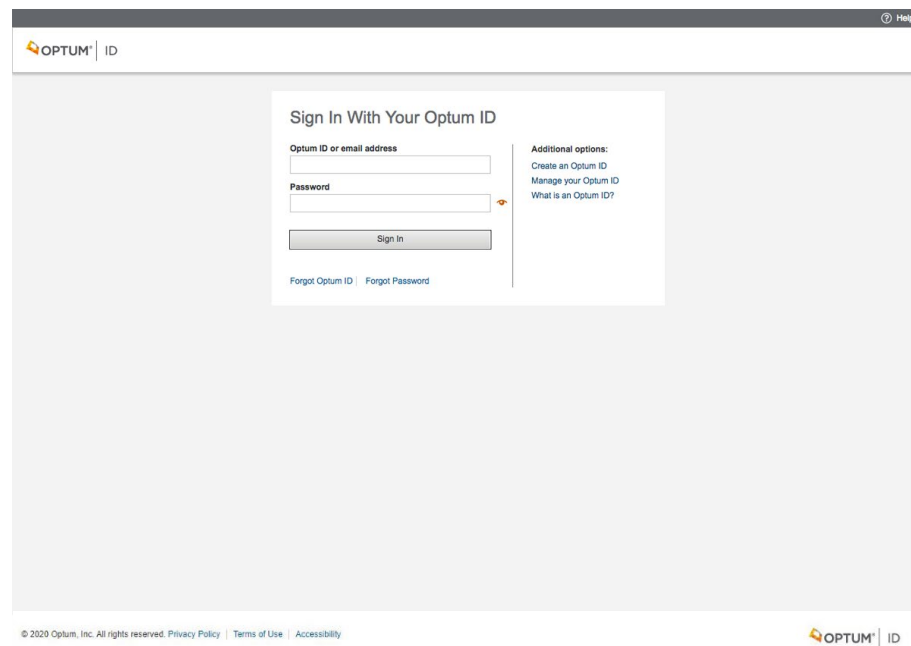


# SIGNING IN TO OB CARE

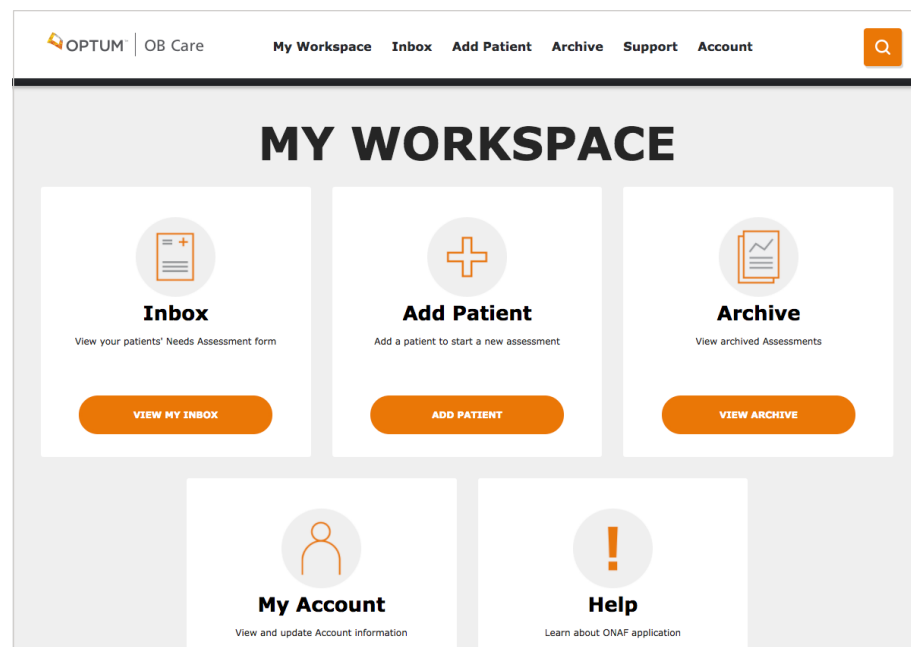
Go to [obcare.optum.com](https://obcare.optum.com)

Click Sign In and use your One Healthcare ID credentials to log in to OBCare.

After signing in, you will land on My Workspace.



The screenshot shows the 'Sign In With Your Optum ID' page. It features a central form with two input fields: 'Optum ID or email address' and 'Password'. Below these fields is a 'Sign In' button. To the right of the form, there are links for 'Additional options: Create an Optum ID, Manage your Optum ID, What is an Optum ID?'. At the bottom left of the form, there are links for 'Forgot Optum ID' and 'Forgot Password'. The page has a dark header with the 'OPTUM ID' logo and a 'Help' link. The footer contains copyright information: '© 2020 Optum, Inc. All rights reserved. Privacy Policy | Terms of Use | Accessibility' and the 'OPTUM ID' logo.



The screenshot shows the 'My Workspace' dashboard. The header includes the 'OPTUM OB Care' logo and navigation links: 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A search icon is located on the right. The main content area is titled 'MY WORKSPACE' and contains five cards: 'Inbox' (with a document icon and a 'VIEW MY INBOX' button), 'Add Patient' (with a plus icon and an 'ADD PATIENT' button), 'Archive' (with a document icon and a 'VIEW ARCHIVE' button), 'My Account' (with a person icon and a 'View and update Account information' link), and 'Help' (with an exclamation mark icon and a 'Learn about ONAF application' link).

# MY WORKSPACE

## 1. NAVIGATION LINKS

Select any of the navigation links on the top header to go to the respective section of the application.

## 2. TILES

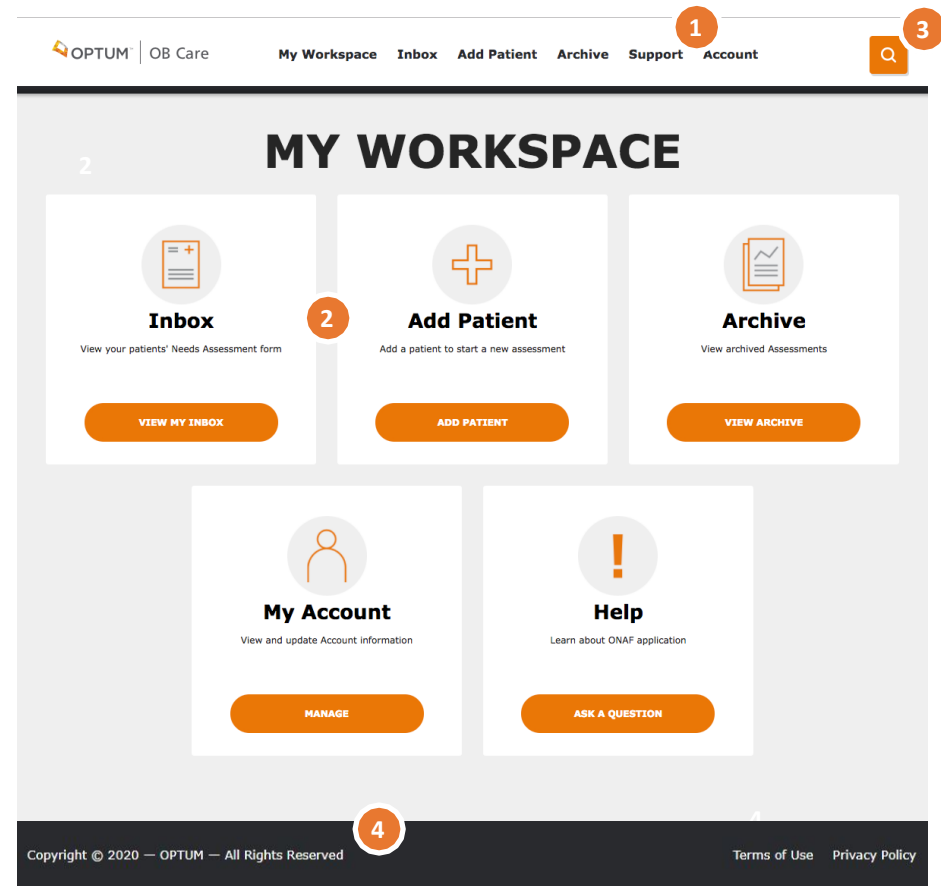
Select any of the tiles on the Workspace and you will also get to the respective section of the application.

## 3. SEARCH

Select the button for 'Search' to navigate to the Search screen where you can search for a patient record.

## 4. FOOTER

Use the footer to navigate to the Terms and Conditions and the Privacy Policy.



# SEARCH

Click the search icon in the top left corner of the workspace.

## 1. SEARCH CRITERIA

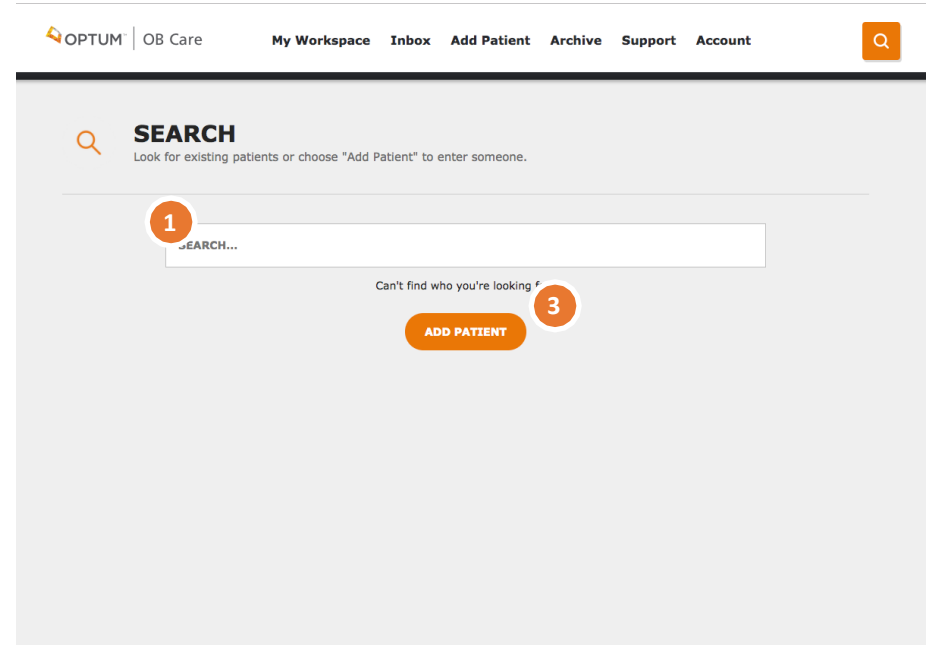
Enter a patient name in the Search box. Hit enter to return the results.

## 2. SEARCH RESULTS

Navigate through search results to find the desired patient and select to enter the patient's record.

## 3. ADD PATIENT

If the patient record you searched for does not exist, you can add the patient by clicking the Add Patient button.





# INBOX

Click the 'Inbox' navigation link at the top of the page, or from 'My Workspace' select the title 'Inbox'

**NOTE :** if you are new to the OBCare tool, the Inbox will look blank until you have created your first patient record.

## 1. FILTERS

Filter works separately from search. You can select a filter from the dropdown list.

## 2. PATIENT LIST

Patient List default is All Patients and shows 10 patients per page, but this can be narrowed down by a filter or search.

## 3. PATIENT LIST NAVIGATION

The Next and Back button allow you to navigate through the Patient List (up to 10 patients displayed per page).

## 4. EDITING A PATIENT FORM

To enter a patient form and start making changes, click the pencil icon.

## 5. VIEWING A PATIENT FORM

To simply view a patient record, click the document icon from the Inbox and you can view a preview of the form submission to the MCO.

The screenshot shows the OPTUM OB Care web application. The top navigation bar includes 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. The main header area displays 'INBOX' and the subtitle 'View your Patients' Needs Assessment Form.'. Below this is a table with columns: FULL NAME, DOB, MEMBER MAID, SUBMITTED BY, SUBMITTED DATE, LAST VISIT TYPE, STATUS, and ACTION. A single patient record for 'Jane Doe' is shown. The 'ACTION' column contains two icons: a document icon and a pencil icon. The interface also features an 'ADD FILTER' button, a 'Showing 1 - 1 of 1' indicator, and 'BACK' and 'NEXT' navigation buttons. Numbered callouts (1-5) highlight the 'ADD FILTER' button, the table, the document icon, the pencil icon, and the 'NEXT' button respectively.

FULL NAME	DOB	MEMBER MAID	SUBMITTED BY	SUBMITTED DATE	LAST VISIT TYPE	STATUS	ACTION
Jane Doe	1/8/1992	485930239	--	--	Prenatal	In Progress	

# ADD PATIENT

Click the 'Add Patient' navigation link at the top of the page, or from 'My Workspace' select the tile 'Add Patient'

## 1. ADD PATIENT

Enter 'First Name,' 'Last Name,' 'MCO Member ID' and 'DOB.'

## 2. SUBMIT OR CANCEL

Click Submit to continue filling out the ONAF for a visit or click Cancel to void adding the patient.

OPTUM | OB Care

My Workspace Inbox Add Patient Archive Support Account

### ADD PATIENT

First Name Last Name

MCO Member ID DOB

mm/dd/yyyy

CANCEL SUBMIT

# VISIT TYPES

## 1 . SELECT A VISIT

Select the visit (First Prenatal, 28-32 Week, Postpartum, or an additional Risk Visit) for which the ONAF is being submitted.

The First Prenatal, 28-32 Week, and Postpartum visits can be submitted once. The Risk visit can be submitted multiple times so the user has to the opportunity to update the ONAF with changes and/or corrections. After the Postpartum has been submitted, the patient is removed from the Inbox and placed into the Archive where the patient can no longer be edited.

## 2 . FILLING OUT THE FORM

You can go to the individual sections of the form by clicking the associated button. Once the required information is collected, the button will appear green, to show the completed status.

**PLEASE NOTE:** Date display on Risk Form page is the date when User started to fill out the form and not the date when patient had the risk visit.

**OPTUM** | OB Care

My Workspace | Inbox | Add Patient | Archive | Support | Account

**Please Select a Visit**  
Member Overview

**1**

FIRST PRENATAL | 28-32 WEEK | RISK | POSTPARTUM

**JANE DOE**  
DOB: 1/8/1992 Age: 25  
MCO Member ID: 485930239  
Archive patient

**1** MEMBER INFORMATION

**2** GENERAL HEALTH

**3** DEPRESSION & TOBACCO

**4** PAST OB COMPLICATIONS

**5** CURRENT RISKS

**6** HEALTH CONDITIONS

**7** SOCIAL, ECONOMIC, LIFESTYLE

**8** ADDITIONAL NOTES

**9** REVIEW FORM

# FILLING OUT A FORM

## MEMBER INFORMATION

### 1. MEMBER INFORMATION

Complete member information section.

### 2. SELECTING THE MCO

This is an important step in filling out the form. You will need to select the patient's MCO correctly, as this will determine where the ONAF will be sent when you submit it electronically through this website.

### 3. SAVE DATA

Click 'Save and Continue' button to save the data.

### 4. SECTION STATUS

As forms are completed, you can check status by scrolling through the menu of forms at the top of the page.

After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

The screenshot shows the OPTUM OB Care web 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 message (12) and a search. Below the navigation bar, there is a horizontal menu with four items: 1. MEMBER INFORMATION (highlighted with a red circle), 2. GENERAL HEALTH, 3. DEPRESSION & TOBACCO, and 4. PAST OB COMPLICATIONS (highlighted with a red circle). To the right of the menu is a patient profile card for JANE DOE, DOB: 1/8/1995, Age: 25, MCO Member ID: 123456789, and Archive patient. Below the menu, the '1 MEMBER INFORMATION' section is active, showing a form with fields for First Name (Jane), Last Name (Doe), DOB (1/8/1995), Home Phone, Alternate Phone, Languages, Provider Promise ID, Member's Health Plan (highlighted with a red circle), MCO Member ID (123456789), and MAID#. At the bottom right of the form is a 'SAVE AND CONTINUE' button (highlighted with a red circle).

# FILLING OUT A FORM

## GENERAL HEALTH CONDITIONS

### 1. GENERAL HEALTH

Complete all fields in this section with applicable information

NOTE: Putting the cursor in some fields will display a pop up with tips on what information to enter in the field.

### 2. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### 3. SECTION STATUS

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page. After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

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

**1** **2** **3** **4** **5**

**GENERAL HEALTH** | DEPRESSION & TOBACCO | PAST OB COMPLICATIONS | CURRENT RISKS

**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: ☐ Yes ☐ No

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:  N/A  Refused

Prenatal Visit Log: ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Gestational Wk at Tdap Admin:

**SAVE AND CONTINUE** **2** **BACK**

# FILLING OUT A FORM

## DEPRESSION AND TOBACCO

### 1. DEPRESSION AND TOBACCO

Check 'Yes' or 'No' to answer the three questions in this section. If you check 'Yes' to answer the question, additional information is required. See below for details.

### 2. DEPRESSION PRESENT?

Check 'Yes' if depression is present. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 15.

### 3. TOBACCO USE?

Check 'Yes' if the patient uses tobacco. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 16.

### 4. EXPOSURE TO ENVIRONMENTAL SMOKE?

Check 'Yes' if the patient has been exposed to environmental smoke. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 17.

### 5. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### 6. SECTION STATUS

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page. After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

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'. A user profile for 'TEST1 ALEXANDER' is visible on the right, with details like DOB, Age, MCO Member ID, and Health Plan. Below the navigation bar is a menu with six items: 1. DEPRESSION & TOBACCO (black), 2. PAST OB COMPLICATIONS (gray), 3. CURRENT RISKS (gray), 4. HEALTH CONDITIONS (green), 5. (gray), and 6. (gray). The main form is titled '3 DEPRESSION AND TOBACCO' and 'First Prenatal'. It contains three questions: 'Depression Present?' with 'Yes' and 'No' options, 'Tobacco Use?' with 'Yes' and 'No' options, and 'Exposure to Environmental Smoke?' with 'Yes' and 'No' options. At the bottom, there are two buttons: 'SAVE AND CONTINUE' and 'BACK'.

# FILLING OUT A FORM

## DEPRESSION AND TOBACCO— DEPRESSION SCREEN

### 1. Depression Present?

If you checked 'Yes' for the 'Depression Present?' question, you will see this screen and must complete the following information.

### 2. Validated Depression Tool Used?

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

### 3. 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.

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

TEST1 TEST2  
DOB: 1/17/1995 Age: 25  
MCO Member ID: 12234  
Health Plan: Aetna  
Archive patient

MEMBER OVERVIEW

### 3 DEPRESSION AND TOBACCO First Prenatal

Depression Present? 1  
☒ Yes ☐ No

Validated Depression Tool Used? 2  
Select Depression Tool

Date Admin 2  
\_/\_/\_\_\_

Depression Screen Score 2  
\_\_\_\_\_

Referral? 3  
☐ Yes ☐ No

Follow-Up Date 3  
\_/\_/\_\_\_

Tobacco Use?

# FILLING OUT A FORM

## DEPRESSION AND TOBACCO—TOBACCO USE

### 1. Tobacco Use?

If you checked 'Yes' for the 'Tobacco Use?' question, you will see this screen and must complete the following information.

### 2. Average Number of Cigarettes

Enter the number of cigarettes in Pre-Pregnancy and the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Trimesters as appropriate. Each pack of cigarettes = 20 cigarettes.

### 3. Tob. Counseling Offered?

Check 'Yes' if Tobacco Counseling has been offered. Check 'No' if it has not been offered.

### 4. Tob. Counseling Received?

Check 'Yes' if Tobacco Counseling has been received. Check "No" if it has not been received.

### 4. Electronic Cigarettes?

Check 'Yes' if the member uses Electronic Cigarettes. If not, check the 'No' box.

### 6. NRT offered?

Check 'Yes' if NRT has been offered. Check "No" if it has not been offered.

The screenshot shows a digital form for tobacco use assessment. It includes the following sections and callouts:

- 1. Tobacco Use?**: A question with a green checkmark in the 'Yes' box and an empty 'No' box.
- 2. Average # of cigarettes smoked/day**: A header for a table with columns for Pre-Pregnancy, 1st Trimester, 2nd Trimester, and 3rd Trimester. Each column has a text input field with a '2' callout.
- 3. Tob. Counseling Offered?**: A question with empty 'Yes' and 'No' boxes.
- 4. Tob. Counseling Received?**: A question with empty 'Yes' and 'No' boxes.
- 5. Electronic Cigarettes?**: A question with empty 'Yes' and 'No' boxes.
- 6. NRT Offered?**: A question with empty 'Yes' and 'No' boxes.

Below the form, there is a horizontal line indicating a continuation of the form.



# FILLING OUT A FORM

## DEPRESSION AND TOBACCO— ENVIRONMENTAL SMOKE

### 1. Exposure to Environmental Smoke

Check 'Yes' if the patient has been exposed to environmental smoke. If not, check 'No.' If you check 'Yes' the Counseling for Environmental Smoke? question will appear.

### 2. Counseling for Environmental Smoke?

Check 'Yes' if the patient has been given counseling for environmental smoke. If not, check 'No.'

The screenshot shows a digital form interface. At the top, a question is preceded by an orange circle with the number '1'. The question has two radio button options: 'Yes' (which is selected, indicated by a green checkmark) and 'No'. Below this, a second question is preceded by an orange circle with the number '2'. This second question also has 'Yes' and 'No' radio button options. At the bottom of the form, there are two dark gray buttons: 'SAVE AND CONTINUE' and 'BACK'.

1 Exposure to Environmental Smoke?

☒ Yes ☐ No

Counseling for Environmental Smoke?

☐ Yes ☐ No 2

SAVE AND CONTINUE

BACK

# FILLING OUT A FORM

## PAST OB COMPLICATIONS

### 1. PAST OB COMPLICATIONS

Complete all fields on the sections with applicable information

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

### 3. OTHER OB COMPLICATIONS

You may add additional information here about other OB Complications the patient has.

### 4. SAVE DATA

Select the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### 5. SECTION STATUS

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.

After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

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

# FILLING OUT A FORM

## CURRENT RISKS

### 1. CURRENT RISKS

Complete all fields in the section with applicable information.

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

### 3. OTHER CURRENT RISKS

You may add additional information here about other Current Risks the patient has.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### 5. SECTION STATUS

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.

After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

**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

**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

	1st Tri	2nd Tri	3rd Tri
Late and/or Inconsistent Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestational Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd/3rd Trimester Bleeding		<input type="checkbox"/>	<input type="checkbox"/>
Multiple Gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Cervical Insufficiency

Other Current Risks:

**SAVE AND CONTINUE** **BACK**

# FILLING OUT A FORM

## ACTIVE HEALTH CONDITIONS

### 1. ACTIVE HEALTH CONDITIONS

Complete all fields on the form with applicable information.

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

### 3. OTHER CONDITIONS

You may add freeform text here about other Conditions the patient has.

### 4. SAVE DATA

Select the 'Next' or 'Back' button to save the data and navigate to the previous form [Back] or the next form [Next].

### 5. SECTION STATUS

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.

After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

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

**6** HEALTH CONDITIONS    **7** SOCIAL, ECONOMIC, LIFESTYLE    **8** ADDITIONAL NO.    **5** REVIEW FORM    **9**

**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.

**2** ☐ 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**    **4** **NEXT**

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# FILLING OUT A FORM

## SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS

### 1. SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS

Complete all fields in the section with applicable information

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

### 3. SUBSTANCE USE SCREEN

For details on the Substance Use Screen section, see page 22 of this user guide.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### 5. SECTION STATUS

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.

After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

**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

**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.

**2** No Social, Economic, Lifestyle Conditions

	Hx	1st Tri	2nd Tri	3rd Tri
Mental / Physical / Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs/Challenges		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Insecurity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Insecurity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Other	<input type="text"/>			
Opioid Therapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3** Substance Use Screen?  
☐ Yes ☐ No

**4** **SAVE AND CONTINUE**    **BACK**

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# FILLING OUT A FORM

## SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS — SUBSTANCE USE SCREEN

### 1. SUBSTANCE USE SCREEN

If you check 'Yes' for 'Substance Use Screen' you must complete all fields in the section with applicable information.

### 2. SUBSTANCE USE SCREEN TOOL

Identify the screening tool used, the date the screening was administered and the score.

### 3. 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.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

The screenshot shows a digital form titled "Substance Use Screen?". It includes the following elements:

- Step 1:** A green checkmark icon next to the "Yes" radio button for "Substance Use Screen?".
- Step 2:** A dropdown menu labeled "Validated Substance Tool Used?", a date input field labeled "Date Admin" with a placeholder "\_\_\_/\_\_\_/\_\_\_", and a text input field labeled "Score".
- Step 3:** Radio buttons for "Referral?" with "Yes" and "No" options, and a date input field labeled "Follow-Up Date" with a placeholder "\_\_\_/\_\_\_/\_\_\_".
- Step 4:** Two dark grey buttons at the bottom: "SAVE AND CONTINUE" and "BACK".

The footer of the form contains the text "Copyright © 2020 — OPTUM — All Rights Reserved" and links for "Terms of Use" and "Privacy Policy".

# FILLING OUT A FORM

## POSTPARTUM VISIT

### 1. Postpartum No Show

If the member does not show for the postpartum visit, check this box.

### 2. Delivery Date, GA at Delivery, Birth Weight

Enter the information for this delivery. Click 'Add Gestation' if the pregnancy resulted in multiple births. Each time you click 'Add Gestation' you can enter the baby's birth weight for each additional birth. You must complete these fields.

### 3. Elective Delivery, Antenatal Steroids, Viable

Check the 'Yes' or 'No' boxes for each of these options as appropriate to the member. You must answer 'yes' or 'no' for each option.

### 4. VBAC, Vag, C/S

Check the box next to the type of delivery. You must check one of these options.

### 5. NICU Admission

Check the 'Yes' or 'No' box to indicated if a NICU admission occurred after the delivery. You must answer 'yes' or 'no' to continue to the next tile.

OPTUM OB Care My Workspace Inbox Add Patient Archive Support Account

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)

Birth Weight (in grams)

ADD GESTATION

Elective Delivery

Antenatal Steroids

Viable

Yes No

VBAC Vag C/S

NICU Admission Yes No

(Between 1-84 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.

# FILLING OUT A FORM

## POSTPARTUM VISIT (Continued)

### 1. Postpartum Visit Date

Enter the postpartum visit date. You must enter a date to continue to the next tile.

### 2. Validated Depression Tool Used?/Validate Depression Score

Select the depression tool used from the 'Validated Depression Tool Used?' dropdown. Enter the Validated Depression Score.

### 3. Discussed PP Contraception?/Contraception Plan

Check 'Yes' or 'No' if you discussed PP contraception. If you checked 'Yes,' Summarize the plan in the 'Contraception Plan' field.

### 4. PP Depression Present/Date Admin

Check the 'Yes' or 'No' check box and the date the Validated Depression Tool in number 2 was administered.

### 5. 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.

### 6. Visit Type?

Select a Visit Type for the postpartum visit from the drop-down list of values in the 'Visit Type?' field. You cannot until you select a visit type.

### 7 Quit Tob. During Preg., Remains Tob. Free, Diabetes Testing

You can check a 'Yes' or 'No' check box next to each of these options. You do not have to check a box to continue to the next tile.

### 8. Save Data

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

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	1	Yes	No	3	Contraception Plan
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
Validated Depression Tool Used?				4	Date Admin
Select Depression Tool					<input type="text"/>
Validated Depression Score	2			5	Visit Type?
<input type="text"/>					Select Visit Type
				7	

Discussed PP Contraception

PP Depression Present

Referral

Quit Tob. During Preg.

Remains Tob. Free

Diabetes Testing

SAVE AND CONTINUE

BACK

8

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# ADDITIONAL NOTES

These sections are exclusive to OB Care and allow the physician or provider to add additional information that is not explicitly asked in the ONAF.

In the Current Risks or Active Conditions sections, or in the separate Notes section, you will find the option to add freeform notes.

## 1. ADD NOTE

Select the button to 'Add Note' if you have more information regarding the member that is not already captured within the forms.

## 2. SUBJECT AND CONTENT

Once you click 'Add Note' enter a Subject for the note that is easily recognizable and the content of the note.

## 3. ADD ANOTHER NOTE

Add another note as applicable and follow the same steps as outlined in Step #2 above.

## 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue] to review the final form.

The screenshot displays 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 patient profile card for 'JANE DOE' (DOB: 1/8/1995, Age: 25, MCO Member ID: 123456789) is visible. Below the navigation bar, a series of tabs (6-9) are shown, with '8 ADDITIONAL NOTES' selected. The main section is titled '8 ADDITIONAL NOTES' and 'First Prenatal'. A red circle with the number '1' highlights the 'ADD NOTE' button. Below this, the 'Subject' and 'Content' input fields are shown, with a red circle with the number '2' highlighting the 'Content' field. A red circle with the number '3' highlights the 'ADD ANOTHER NOTE' button. At the bottom, a red circle with the number '4' highlights the 'SAVE AND CONTINUE' and 'BACK' buttons.

# REVIEWING AND SUBMITTING A FORM

After completing the form, review the form before submitting.

## 1. REVIEW THE FORM FOR ACCURACY

Review the data entered on previous screens to ensure accuracy and completeness.

## 2. EDIT FORM

After review of the completed form, if any changes are needed, these can be done by navigating back via the section status menu and selecting the appropriate section.

## 3. ATTESTATION

Select the box to attest that the information is true and correct to the best of your knowledge.

## 4. SUBMIT

Once all information is validated and attestation is checked, click the 'Submit' to send the form to the selected MCO. Text above the submit button will remind you once more to which MCO this form will be submitted. After clicking submit, you are automatically returned to the home page and a message displays at the top indicating the form has been submitted.

## 5. PRINTING THE FORM

If you wish to print the form, you may do so at the end, by clicking the Print button.

**NOTE:** Any "additional notes" added in the additional notes section will be submitted with the form. It will not appear on the form but on an additional page.

The screenshot displays 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'. A user profile for 'TEST2 ALEXANDER' is shown on the right. Below the navigation bar, a series of numbered tabs (6, 7, 8, 9) represent different sections: 'HEALTH CONDITIONS', 'SOCIAL, ECONOMIC, LIFESTYLE', 'ADDITIONAL NOTES', and 'REVIEW FORM'. The 'REVIEW FORM' tab is active, showing a 'First Prenatal' assessment form. The form is titled 'OBSTETRICAL NEEDS ASSESSMENT FORM (ONAF)' and contains various sections for patient information, medical history, and current risks. A 'SUBMIT' button is visible at the bottom right. A copyright notice at the bottom reads 'Copyright © 2020 — OPTUM — All Rights Reserved'.

# ARCHIVING A PATIENT

If a patient record for any reason must be moved from the inbox (e.g. transferred care to another clinic, miscarriage, pregnancy terminated) you can choose to archive the patient. This will move them into the Archive section of the application.

The archive section contains all patient records that have been archived, and those patient records that have been completed for the entire pregnancy (including the post-partum form).

## 1. TO ARCHIVE A PATIENT RECORD:

Click on the patient record from the Inbox. In the mini-profile on the upper right, click “Archive patient.”

You will be asked to select the reason for archiving the patient before clicking submit.

This will move the patient record to the archive.

The screenshot displays a web application interface for patient management. At the top, a navigation bar includes links for 'Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account', along with a search icon. Below the navigation bar, the main content area features a mini-profile for 'JANE DOE' with details: 'DOB: 1/8/1992', 'Age: 25', and 'MCO Member ID: 7930239'. A prominent orange button labeled 'Archive patient' with a red circle containing the number '1' is visible. To the left of the profile, there are two tabs: '8 ADDITIONAL NOTES' and '9 REVIEW FORM'. Below the profile, a yellow button labeled 'MEMBER OVERVIEW' is present. The bottom section of the interface has a large orange header with the text 'First Prenatal'.

# ARCHIVE

## 1. ARCHIVE

Use the 'Archive' navigation link at the top of the page, or from 'My Workspace' click the tile 'Archive.'

If a patient has discontinued their care at the clinic, had a miscarriage, completed the pregnancy, or for any other reason their record needs to be removed from the inbox, you move them to the Archive. You cannot edit a patient again after it has been archived, this is a permanent action. In the archive, you may view these archived patient records.

This feature may also be used in the event that there is an error which caused the ONAF to be returned back to the provider. The provider may archive the patient and create a patient to submit the correct visit type with the needed changes.

The filters, numbers of results and pages work in the same way as the Inbox.

To view an archived patient record, click the document icon.

**ARCHIVE**  
View Reporting on active and completed Assessments

Showing 1 - 1 of 1 | 10

ADD FILTER

FULL NAME	DOB	MEMBER ID	SUBMITTED BY	SUBMITTED DATE	LAST VISIT TYPE	STATUS	ACTION
Jane Doe	1/8/1992	485930239	--	--	Prenatal	Canceled	

BACK NEXT

Page 1 of 1

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# DATA CARRYOVER BETWEEN VISITS

One benefit of submitting your ONAFs through this application is that the data carries over between visits. This eliminates the need to copy over information each time you submit a patient's ONAF.

After submitting an ONAF (e.g., the First Prenatal ONAF) the subsequent form will be pre-populated with the data entered for the previous visit. Any changes to the data can be made, but are not necessary if nothing has changed (e.g., if the patient's phone number has changed, you can correct it. Otherwise you can leave it the same but the effort is spared to re-type it.)

This is the case on all sections of the form, including those that have information for all 3 trimesters (e.g., Current Risks has a check box for each trimester).

The screenshot shows the 'CURRENT RISKS' section of the OPTUM OB Care application. The patient is JANE DOE, DOB: 1/8/1992, Age: 25, MCO Member ID: 485930239. The form is for the 28-32 Week visit. The 'CURRENT RISKS' section includes a header with a back arrow, a tab indicator for '5 CURRENT RISKS', and a 'MEMBER OVERVIEW' button. Below the header, there is a section for 'No Current Risks' and 'Hx Leep/Cone Biopsy'. The main section lists various risks with checkboxes for each trimester (1st Tri, 2nd Tri, 3rd Tri). The risks listed are: Late and/or Inconsistent Prenatal Care, Abnormal Ultrasound, Abnormal Placenta, Gestational Diabetes, 2nd/3rd Trimester Bleeding, Multiple Gestation, and Periodontal Disease. The 'Other Current Risks' field is at the bottom. The form has 'BACK' and 'NEXT' buttons at the bottom. The footer includes copyright information and links to Terms of Use and Privacy Policy.

Risk	1st Tri	2nd Tri	3rd Tri
No Current Risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hx Leep/Cone Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late and/or Inconsistent Prenatal Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Ultrasound	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abnormal Placenta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestational Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd/3rd Trimester Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FOR THOSE USERS DESIGNATED AS THE CLINIC ADMIN:

From 'My Workspace' click the tile 'Admin.'

The Admin screen allows admins to manage the users within their clinic that will have access to patient data. Only admins will see the "Admin" tile on their workspace. Admins are responsible for approving other users to their clinic.

## 1. LIST OF USERS IN THE CLINIC

You will see a list of all users, active and inactive in your clinic. This list is color-coded for convenience. To edit a user's permissions, click the pencil icon.

## 2. ACTIVE/INACTIVE STATUS

To approve a user to work with patient data, change the status from 'Pending' to 'Active.' If a user no longer should be able to log into the tool and be able to access patient data (e.g., left the position), you can change their status to 'Inactive.'

**NOTE:** Users who have not logged in to their account in 90 days will be set to inactive and must be reactivated by their clinic admin.

## 3. CHANGING USER ROLES





To change a user's permissions, select one or more user roles.

**PROVIDER** – can access and edit patient data.

**STAFF** – can also access and edit patient data.

**ADMIN** – can approve users to the clinic.

The screenshot displays the OPTUM OB Care interface. The top navigation bar includes 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. The main header shows 'ADMIN Manage Users'. Below this is a table listing users in the clinic. A red circle with the number '1' highlights the pencil icon in the first row, indicating the edit function.

NAME	USERNAME	ROLES	EMAIL	CLINIC	STATUS	
Debra Gordon	anton	SuperAdmin Staff	debra.gordon37@example.com	CENTRAL OUTREACH WELLNESS CENTER	Active	
Sheila Jimenez	damien	Provider	sheila.jimenez33@example.com	ABC Medical	Active	
Erik Coleman	gratis	SuperAdmin Admin	erik.coleman62@example.com	Clinic	Active	
Clinton Hernandez	venice		clinton.hernandez@example.com		Pending Not Registered	

Below the table is the 'EDIT USER' form. A red circle with the number '2' highlights the 'Status' dropdown menu, which is currently set to 'Active'. A red circle with the number '3' highlights the 'Roles' section, which includes checkboxes for 'Super Admin', 'Admin', 'Provider', and 'Staff' (which is selected). The 'Clinic' dropdown is set to 'CENTRAL OUTREACH WELLNESS CENTER'. At the bottom of the form are 'CANCEL' and 'SUBMIT' buttons.

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# CONTACT US

From ‘My Workspace’ hover over ‘Support’ in the header and click ‘Contact Us.’

For issues, problems, or questions relating to the OB Care application:

1-800-765-6808  
[OBCare\\_support@optum.com](mailto:OBCare_support@optum.com)

For Optum ID/One Healthcare ID username or password issues, please contact the Optum ID Support team:

1-855-819-5909  
[OptumSupport@optum.com](mailto:OptumSupport@optum.com)

For questions regarding the form, you may contact DHS.

For any questions specific to an MCO (e.g., reimbursement, maternity programs), please contact theMCOs.

The contact information is provided on this page.

## CONTACT US

For issues, problems, or questions relating to the OB Care application:

- 1-800-765-6808
- [OBCare\\_support@optum.com](mailto:OBCare_support@optum.com)

For Optum ID/One Healthcare ID username or password issues, please contact the Optum ID Support team

- 1-855-819-5909
- [OptumSupport@optum.com](mailto:OptumSupport@optum.com)

## For questions regarding the form:

### Department of Human Services Bureau of Fee for Service Programs

Attn: Intense Medical Case Management Unit  
1006 Hemlock Drive  
Willow Oak Building - DGS Annex Complex  
Harrisburg, PA 17110-3595  
Phone: 1-800-537-8862 or 717-772-6777  
Fax: 717-265-8030

## MCO Contact Information

For 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 Health™  
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 15221  
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  
Pittsburgh, PA 15219  
Phone: 1-866-778-6073  
Fax: 412-454-8558