

OB CARE

USER GUIDE



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REGISTERING FOR OB CARE

(PART I a)

Go to 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 | 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 1b)

Go to 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 Help

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

REGISTERING FOR OB CARE

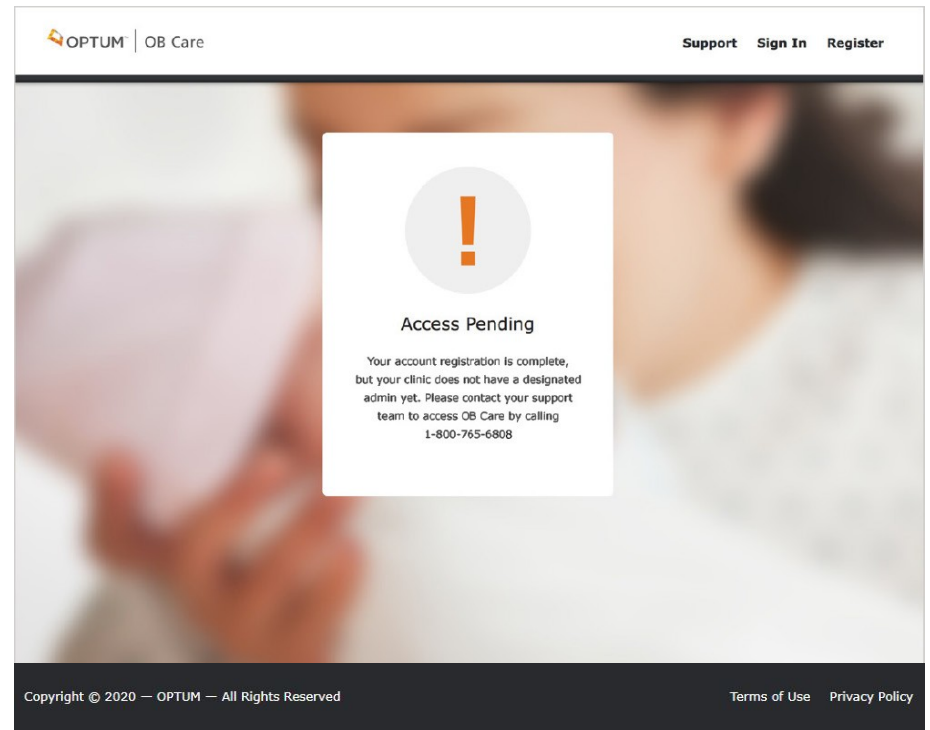
(PART 2)

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.

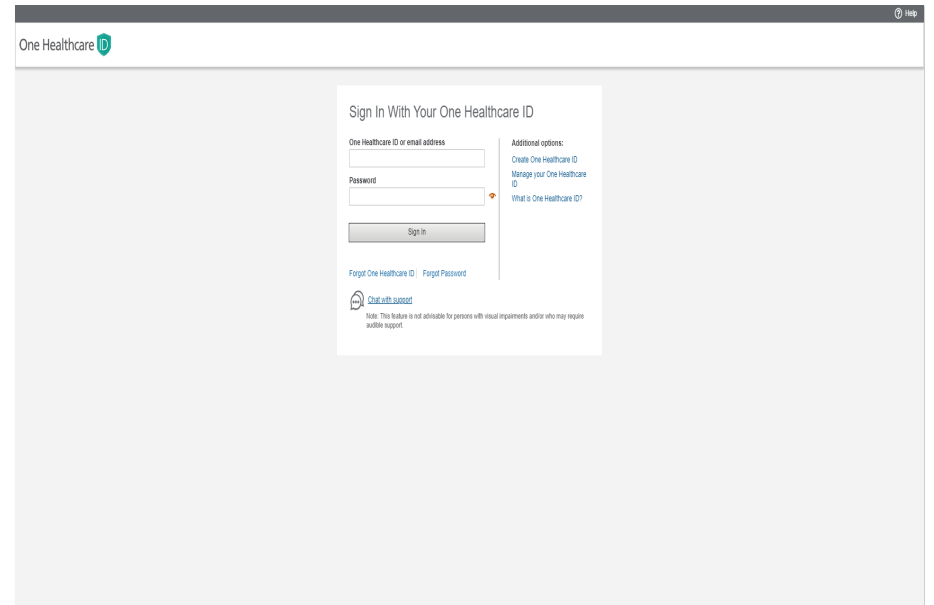


SIGNING IN TO OB CARE

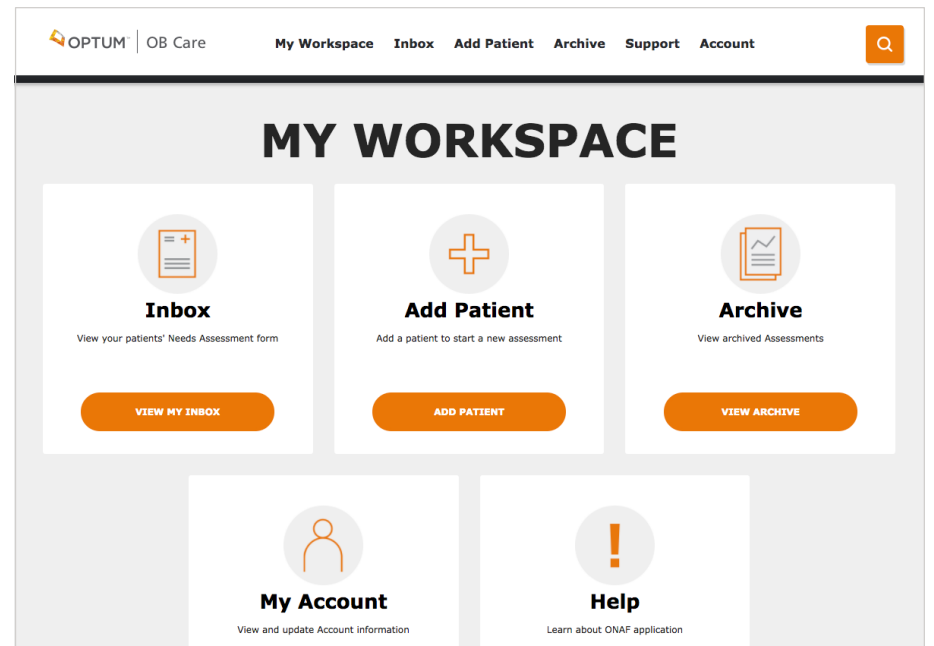
Go to obcare.optum.com

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

After signing in, you will land on My Workspace.



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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

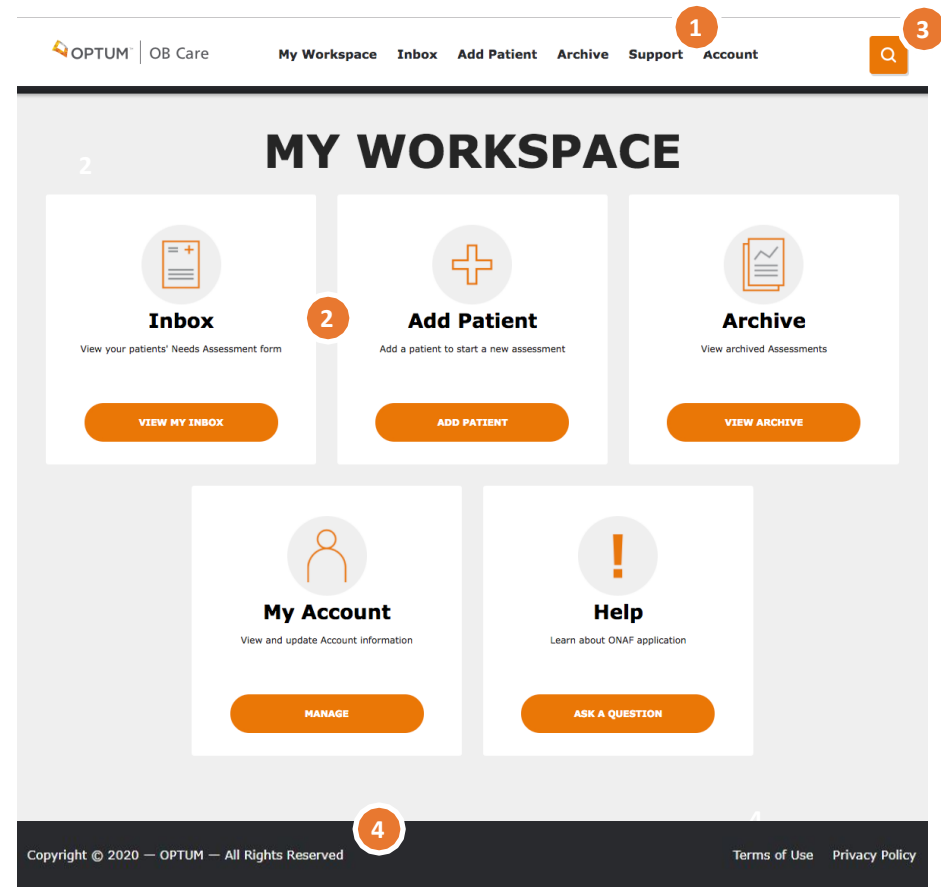
Select any of the tiles on the Workspace and you will also get to the respective section of the application.

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

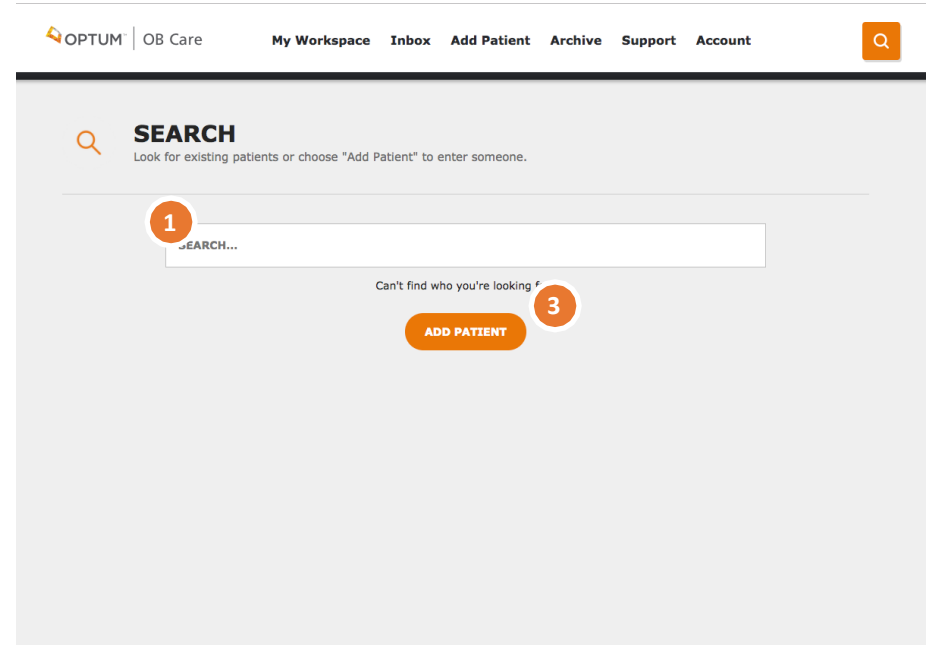
Enter a patient name in the Search box. Hit enter to return the results.

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 OB Care 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.

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

INBOX

View your Patients' Needs Assessment Form.

Showing 1 - 1 of 1 | 10

ADD FILTER

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

BACK NEXT

Page 1 of 1

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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.

The screenshot shows the 'ADD PATIENT' form in the OPTUM OB Care system. The form is titled 'ADD PATIENT' in an orange header. It contains four input fields: 'First Name', 'Last Name', 'MCO Member ID', and 'DOB'. The 'DOB' field has a placeholder 'mm/dd/yyyy'. A red circle with the number '1' is positioned over the 'First Name' field. Below the form are two buttons: a dark grey 'CANCEL' button and an orange 'SUBMIT' button. A red circle with the number '2' is positioned over the 'SUBMIT' button. The top navigation bar includes 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account', along with a search icon.

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.

The screenshot shows the OPTUM OB Care interface. At the top, there is a navigation bar with the OPTUM logo, 'OB Care', and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A search icon is in the top right corner. Below the navigation bar, the main content area is titled 'Please Select a Visit' with a sub-header 'Member Overview'. On the right side, there is a patient profile card for 'JANE DOE' with details: 'DOB: 1/8/1992 Age: 25' and 'MCO Member ID: 485930239'. Below the profile card, there is a row of four buttons: 'FIRST PRENATAL' (highlighted in orange), '28-32 WEEK', 'RISK', and 'POSTPARTUM'. A red circle with the number '1' is positioned above the 'RISK' button. Below this row is a grid of nine numbered buttons (1-9) representing different form sections: 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, and 9. REVIEW FORM. A red circle with the number '2' is positioned above the 'DEPRESSION & TOBACCO' button.

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 interface. At the top, there is a navigation bar with 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. On the right, there are icons for a notification (12) and a search function. Below the navigation bar is a menu with four items: '1 MEMBER INFORMATION' (highlighted in orange), '2 GENERAL HEALTH', '3 DEPRESSION & TOBACCO', and '4 PAST OB COMPLICATIONS'. To the right of the menu is a patient profile for 'JANE DOE' with details: 'DOB: 1/8/1995', 'Age: 25', 'MCO Member ID: 123456789', and 'Archive patient'. A 'MEMBER OVERVIEW' button is located below the profile. 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 and a '2' in a circle), 'MCO Member ID' (123456789), and 'MAID#'. At the bottom of the form is a 'SAVE AND CONTINUE' button with a '3' in a 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.

The screenshot displays the OPTUM OB Care interface. At the top, there is a navigation bar with 'OPTUM | OB Care' and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A user profile for 'JANE DOE' is visible, including her DOB (1/8/1995), Age (25), MCO Member ID (123456789), and status as an 'Archive patient'. A 'MEMBER OVERVIEW' button is also present.

The main content area is titled '2 GENERAL HEALTH CONDITIONS' and 'First Prenatal'. The form includes the following fields and options:

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

At the bottom of the form, there are two buttons: 'SAVE AND CONTINUE' and 'BACK'. A red circle with the number '2' is placed over the 'SAVE AND CONTINUE' button.

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 displays the OPTUM OB Care interface for patient TEST1 ALEXANDER. At the top, there is a navigation bar with 'OPTUM | OB Care' and 'My Workspace' followed by 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A notification icon with '12' is also present. Below the navigation bar is a menu of sections: '1 DEPRESSION & TOBACCO' (black), '3 PAST OB COMPLICATIONS' (black), '4 CURRENT RISKS' (black), '5 HEALTH CONDITIONS' (green), and '6' (black). A patient profile card on the right shows 'TEST1 ALEXANDER' with details: 'DOB: 1/21/2004 Age: 16', 'MCO Member ID: 1234abcd', 'Health Plan: United Healthcare', and 'Archive patient'. A 'MEMBER OVERVIEW' button is below the card. The main content area is titled '3 DEPRESSION AND TOBACCO' with a sub-header 'First Prenatal'. It contains three sections: 'Depression Present?' with 'Yes' and 'No' radio buttons (2), 'Tobacco Use?' with 'Yes' and 'No' radio buttons (3), and 'Exposure to Environmental Smoke?' with 'Yes' and 'No' radio buttons (4). At the bottom, there are two buttons: 'SAVE AND CONTINUE' (5) 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.

The screenshot shows the OPTUM OB Care interface. At the top, there is a navigation bar with 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. On the right, there are icons for a notification (14) and a search function. Below the navigation bar, there is a patient overview card for 'TEST1 TEST2' with details: 'DOB: 1/17/1995 Age: 25', 'MCO Member ID: 12234', and 'Health Plan: Aetna'. A yellow 'MEMBER OVERVIEW' button is below the card. A horizontal menu below the card shows four tabs: '3 DEPRESSION & TOBACCO' (selected), '4 PAST OB COMPLICATIONS', '5 CURRENT RISKS', and '6 HEALTH CONDITIONS'. The main form area is titled '3 DEPRESSION AND TOBACCO' and 'First Prenatal'. The form contains the following fields and callouts:

- Depression Present?** (1): Radio buttons for 'Yes' (checked) and 'No'.
- Validated Depression Tool Used?** (2): A dropdown menu labeled 'Select Depression Tool'.
- Date Admin** (2): A date input field with a calendar icon.
- Depression Screen Score** (2): A text input field.
- Referral?** (3): Radio buttons for 'Yes' and 'No'.
- Follow-Up Date** (3): A date input field with a calendar icon.
- Tobacco Use?**: A partially visible section at the bottom.

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 1st, 2nd and 3rd 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 form titled 'Tobacco Use?'. It includes a 'Yes' checkbox with a green checkmark and a 'No' checkbox. Below this is a text input field for 'Average # of cigarettes smoked/day (if none, enter 0; 1 pack = 20 cigarettes)'. There are four input fields for 'Pre-Pregnancy', '1st Trimester', '2nd Trimester', and '3rd Trimester'. Below these are three more 'Yes/No' questions: 'Tob. Counseling Offered?', 'Tob. Counseling Received?', and 'Electronic Cigarettes?'. At the bottom is an 'NRT Offered?' question. Numbered callouts (1-6) point to each of these sections.

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 with two questions. The first question, 'Exposure to Environmental Smoke?', is marked with a red circle containing the number '1'. It has a green checkmark in a box next to 'Yes' and an empty box next to 'No'. The second question, 'Counseling for Environmental Smoke?', is marked with a red circle containing the number '2'. It has empty boxes next to both 'Yes' and 'No'. Below the questions are two dark grey buttons: 'SAVE AND CONTINUE' and '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.

The screenshot displays the OPTUM OB Care interface. At the top, there is a navigation bar with the OPTUM logo, 'OB Care', and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A user profile card for 'JANE DOE' is visible, showing her DOB (1/8/1995), Age (25), and MCO Member ID (123456789). Below the navigation bar, a menu of numbered tabs (4, 5, 6, 7) is shown, with tab 4 highlighted. The main content area is titled '4 PAST OB COMPLICATIONS' and includes a sub-header 'First Prenatal'. The form contains a checkbox for 'No Past OB Complications' and a grid of checkboxes for various complications: Postpartum Depression, Hx of DVT/PE, Cervical Insufficiency, Pregnancy Induced Hypertension (PIH), Preterm Labor/Delivery < 32 weeks, Fetal Demise/Hx 2nd/3rd Tri Loss, RH Incompatibility, Gestational Diabetes, IUGR, Premature ROM, Preterm Labor/Delivery 32-36 weeks, and Previous C-Section. A text input field for 'Other Past OB Complications' is also present. At the bottom, there are two buttons: 'SAVE AND CONTINUE' and '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

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

	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			
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

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 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.

The screenshot displays the OPTUM OB Care interface. At the top, there is a navigation bar with 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A user profile for 'TEST1 ALEXANDER' is shown in the top right, with details: 'DOB: 1/21/2004 Age: 16', 'MCO Member ID: 1234abcd', 'Health Plan: United Healthcare', and 'Archive patient'. A 'MEMBER OVERVIEW' button is below the profile.

The main content area is titled '7 SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS' with a sub-header 'First Prenatal'. Below this, a text box explains: '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.'

The form contains several sections, each with a 'Hx' checkbox and three triage columns (1st Tri, 2nd Tri, 3rd Tri):

- No Social, Economic, Lifestyle Conditions** (highlighted with a red circle 2): Includes a checkbox.
- Mental / Physical / Sexual Abuse**: Includes a 'Hx' checkbox and three triage columns.
- Special Needs/Challenges**: Includes three triage columns.
- Housing Insecurity** (highlighted with a red circle 2): Includes three triage columns.
- Food Insecurity**: Includes three triage columns.
- Substance Use Disorder**: Includes a 'Hx' checkbox and three triage columns.

Below these sections is a 'Specify Other' field. Further down is the 'Substance Use Screen?' section (highlighted with a red circle 3), which includes a 'Yes' checkbox and a 'No' checkbox.

At the bottom of the form are two buttons: 'SAVE AND CONTINUE' (highlighted with a red circle 4) and 'BACK'.

The footer contains 'Copyright © 2020 — OPTUM — All Rights Reserved' and 'Terms of Use Privacy Policy'.

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 for a substance use screen. It is divided into three main sections, each with a numbered callout:

- 1. Substance Use Screen?**: A question with a green checkmark icon and two radio buttons labeled 'Yes' and 'No'. The 'Yes' button is selected.
- 2. Validated Substance Tool Used?**: A dropdown menu with the text 'Validated Substance Tool Used?' and a downward arrow. To its right are two date input fields: 'Date Admin' and 'Score', both with a placeholder '___/___/___'.
- 3. Referral?**: A question with two radio buttons labeled 'Yes' and 'No'. To its right is a date input field labeled 'Follow-Up Date' with a placeholder '___/___/___'.

At the bottom of the form are two large, dark buttons: 'SAVE AND CONTINUE' and 'BACK'. A callout '4' is placed over the 'SAVE AND CONTINUE' button.

At the very bottom of the page, there is a dark footer bar containing the text: 'Copyright © 2020 — OPTUM — All Rights Reserved' on the left, and 'Terms of Use Privacy Policy' on the right.

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

	Yes	No
Elective Delivery	<input type="checkbox"/>	<input type="checkbox"/>
Antenatal Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Viable	<input type="checkbox"/>	<input type="checkbox"/>

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.

	Yes	No
Discussed PP Contraception	<input type="checkbox"/>	<input type="checkbox"/>
PP Depression Present	<input type="checkbox"/>	<input type="checkbox"/>
Referral	<input type="checkbox"/>	<input type="checkbox"/>
Quit Tob. During Preg.	<input type="checkbox"/>	<input type="checkbox"/>
Remains Tob. Free	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Testing	<input type="checkbox"/>	<input type="checkbox"/>

1 Postpartum Visit Date

2 Validated Depression Score

3 Contraception Plan

4 Date Admin

5 Referral

6 Visit Type?

7 Quit Tob. During Preg.

8 SAVE AND CONTINUE / BACK

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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 shows the top navigation bar with 'OPTUM | OB Care' and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. A user profile for 'JANE DOE' is visible, including DOB (1/8/1995), Age (25), and MCO Member ID (123456789). Below the navigation, there are tabs for 'HEALTH CONDITIONS', 'SOCIAL, ECONOMIC, LIFESTYLE', 'ADDITIONAL NOTES' (selected), and 'REVIEW FORM'. The 'ADDITIONAL NOTES' section is titled '8 ADDITIONAL NOTES' and 'First Prenatal'. A red button labeled 'ADD NOTE' with a red circle and the number 1 is highlighted.

This screenshot shows the 'ADDITIONAL NOTES' form for 'First Prenatal'. It includes a 'Subject' field and a 'Content' field, both highlighted with red circles and the number 2. Below the fields is a red button labeled 'ADD ANOTHER NOTE' with a red circle and the number 3. At the bottom of the form are two dark buttons: 'SAVE AND CONTINUE' (highlighted with a red circle and the number 4) and 'BACK'.

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.

OBSTETRICAL NEEDS ASSESSMENT FORM (ONAF)

OB/GYN Office Information

Practice Name: Phone: (555) 555-5555 Fax: (555) 444-4444 Provider Promise ID:
 Initial Submission Date: 28-32 Wks Submit Date: Post Partum Submit Date: Form Completed By:

Member's Information

First Name: Last Name: DOB: Age:
 MDC# Member's Health Plan: Healthy Beginnings Plus Member? Yes No Home Phone:
 Alternate Phone: Language(s): Hospital for Delivery: Prenatal Visit:
 BAREDC: LMP of by OB: Gestate: Full Term: Pre-Term:
 S&B: Yes Lines: Height: Weight: Date Last PAP: Chlamydia Screen: Rubella:
 179 Candidate? Yes No Depression: Yes No Validated Depression: Yes No
 Tool Used? Last: Score: Date: History: No Follow-Up Date:
 Dental Visit Last 6 Months? Yes No Tubal Dissect? Yes No Consent: Yes No
 Vaccines Date: Influenza: N/A Rubella: Hepatitis B: Hepatitis C:
 Tobacco (Tab.) Use: Yes No No Tob. Counseling? Yes No Environmental Smoke? Yes No Counseling for Environmental Smoke? Yes No
 Electronic Cigarettes: Yes No NRT Used? Yes No Average # of Cigarettes Smoked/Day: Pkg./Pregnancy: Cigarettes/Week: Trimester:

Past OB Complications	Current Risks	Trimester	Active Medical/Mental Health Conditions	Yes	No
<input checked="" type="checkbox"/> No Past OB Complications	<input type="checkbox"/> No Current Risks	1st 2nd 3rd	<input checked="" type="checkbox"/> No Active Medical/Mental Health Conditions		
<input type="checkbox"/> Postpartum Depression	<input type="checkbox"/> NR, Large Clots/ Bleeds		<input type="checkbox"/> Autoimmune Disease(s)		
<input type="checkbox"/> Placental Abnormalities	<input type="checkbox"/> Labor and/or Inconsistent Prenatal Care		<input type="checkbox"/> Anemia HB<10		
<input type="checkbox"/> No-OB/PE	<input type="checkbox"/> Abnormal Ultrasound		<input type="checkbox"/> Asthma		
<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Abnormal Placenta		<input type="checkbox"/> Cardiac Disease		
<input type="checkbox"/> Cervical Insufficiency	<input type="checkbox"/> Gestational Diabetes		<input type="checkbox"/> Chronic Hypertension, Pregestational		
<input type="checkbox"/> IUGR	<input type="checkbox"/> 2nd/3rd Trimester Bleeding		<input type="checkbox"/> Diabetes, Pregestational		
<input type="checkbox"/> Pregnancy Induced Hypertension (PIH)	<input type="checkbox"/> Multiple Gestation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Hepatitis	Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3 I affirm that the information submitted is valid and is part of the patient's medical record.

Submitting to AmeriHealth Caritas PA

5 PRINT **4** SUBMIT

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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.

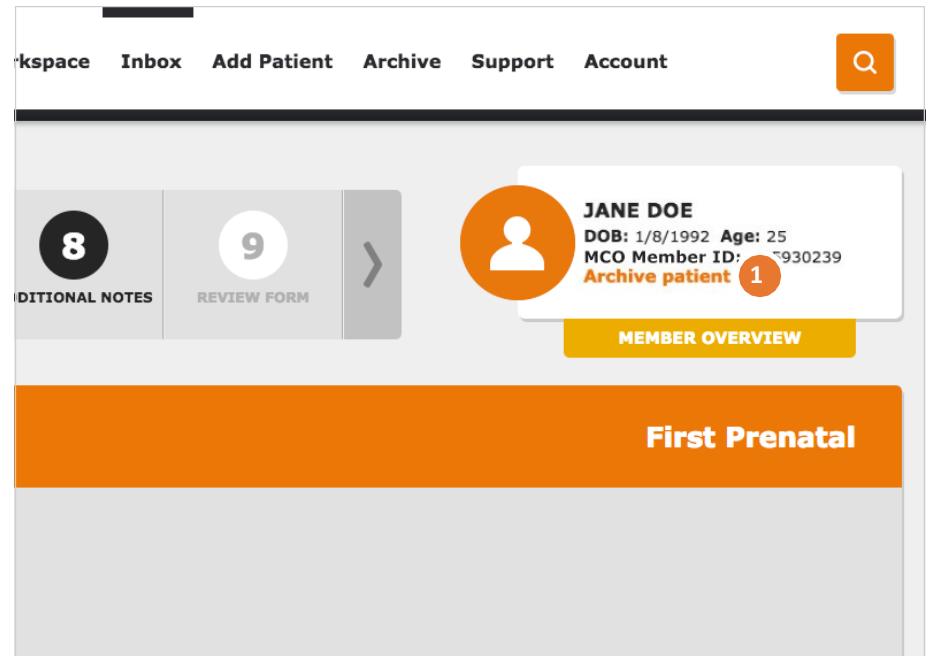
The archive section contains all patient records that have been archived, and those patient records that have been completed for the entire pregnancy (including the post-partum form).

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.



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.

The screenshot displays the 'ARCHIVE' section of the OPTUM OB Care interface. At the top, the navigation bar includes 'OPTUM | OB Care', 'My Workspace', 'Inbox', 'Add Patient', 'Archive' (highlighted with a red circle and the number 1), 'Support', and 'Account'. Below the navigation, the 'ARCHIVE' title is followed by the subtitle 'View Reporting on active and completed Assessments'. A filter button labeled 'ADD FILTER' is on the left, and a pagination indicator 'Showing 1 - 1 of 1' with a dropdown for '10' is on the right. The main content is a table with the following data:

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

Below the table are 'BACK' and 'NEXT' buttons, and a 'Page 1 of 1' indicator. The footer contains 'Copyright © 2020 — OPTUM — All Rights Reserved' and links for 'Terms of Use' and 'Privacy Policy'.

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 displays the 'CURRENT RISKS' section of the OPTUM OB Care application. At the top, the patient's name 'JANE DOE' and MCO Member ID '485930239' are visible. The form is for a '28-32 Week' visit. Below the section header, there is a note: 'Identifies potential risks for adverse outcomes; If member has had no Current Risks, check No Current Risks box in section header.' The form contains several risk categories with checkboxes for each trimester (1st Tri, 2nd Tri, 3rd Tri):

Risk Category	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"/>

At the bottom of the form, there is a text input field for 'Other Current Risks:' and two buttons: 'BACK' and 'NEXT'. The footer contains the copyright notice 'Copyright © 2017 — OPTUM — All Rights Reserved' and links for 'Terms of Use' and 'Privacy Policy'.

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 shows the 'ADMIN' interface for 'Manage Users'. At the top, there's a navigation bar with 'OPTUM | OB Care' and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. Below the navigation, there's a header with the 'ADMIN' title and 'Manage Users' subtitle. A table lists users with columns for NAME, USERNAME, ROLES, EMAIL, CLINIC, and STATUS. 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	1
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	

The screenshot shows the 'EDIT USER' interface. At the top, there's a navigation bar with 'OPTUM | OB Care' and links for 'My Workspace', 'Inbox', 'Add Patient', 'Archive', 'Support', and 'Account'. Below the navigation, there's a header with the 'EDIT USER' title. The form contains fields for Name, Username, Email, Status, Roles, and Clinic. A red circle with the number '2' highlights the Status dropdown menu, and a red circle with the number '3' highlights the Roles section. At the bottom, there are 'CANCEL' and 'SUBMIT' buttons.

EDIT USER

Name: Debra Gordon

Username: anton

Email: debra.gordon27@example.com

Status: Active 2

3 Roles:
 Super Admin
 Admin
 Provider
 Staff

Clinic: CENTRAL OUTREACH WELLNESS CENTER

CANCEL **SUBMIT**

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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

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

1-855-819-5909

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

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

- 1-855-819-5909
- 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