

OBCARE USER GUIDE

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REGISTERING FOR OB CARE (PART I a)

Go to obcare.optum.com

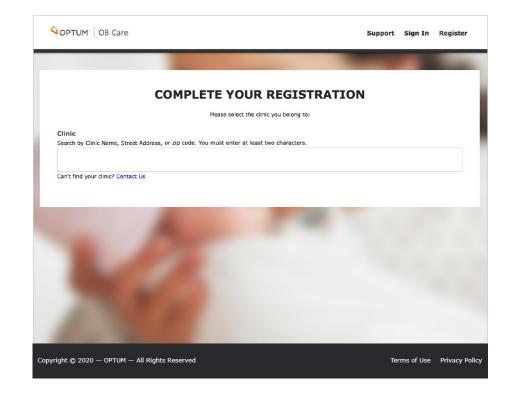
IF YOU ALREADY HAVE A ONE HEALTHCARE ID:

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.



REGISTERING FOR OB CARE (PART I b)

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."

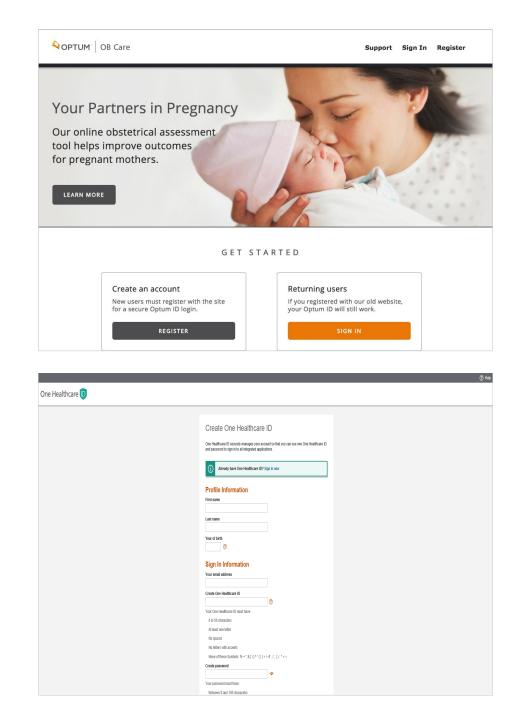
This will bring you back to One Healthcare ID. Now click "Continue."

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.



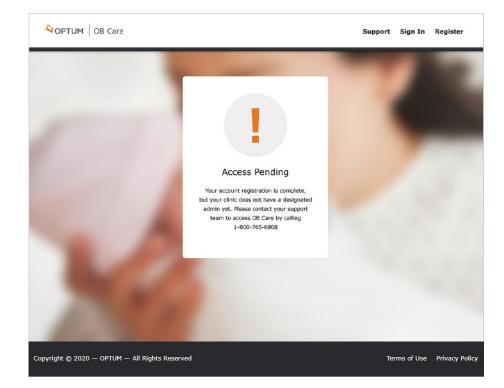
REGISTERING FOR OB CARE (PART 2)

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 OBCare.

After signing in, you will land on My Workspace.

OPTUM* ID			⑦ Help
	Sign In With Your Optum Optum ID or email address Password Sign In Forget Optum ID Forget Password	ID Additional options: Create an Optium ID Manage your Optium ID What is an Optium ID?	
© 2020 Optum, Inc. All rights reserved. Privacy Policy Terms of t		l Patient Archive Suj	Pport Account
	MY WOR	KSPAC	E
Inbox View your patients' Needs Assessment for	m Add a patient to start	a new assessment	EXAMPLE CONTRACTOR
	A update Account information	Help Learn about ONAF ap	plication

MY WORKSPACE

OPTUM OB Care	My Workspace Inb	ox Add Patient	Archive	Support	Account	۵
	MY WO	ORKS	PA	CE		
=+		÷				
Inbox View your patients' Needs Assessm		dd Patient	ment		Archive View archived Assessment	ts
VIEW MY INBOX		ADD PATIENT			VIEW ARCHIVE	
	8					
	My Account		He Learn about Of	elp NAF application		
•	MANAGE		ASK A QI	UESTION		
Copyright © 2020 — OPTUM — All	Rights Reserved				Terms of Use	Privacy Po

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

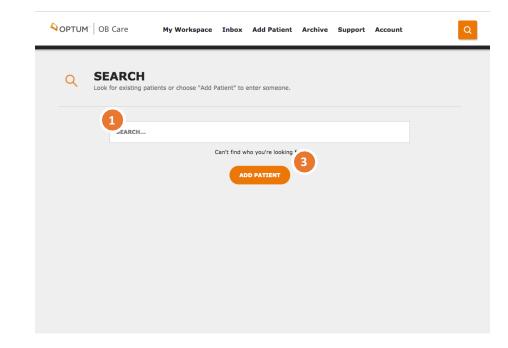
Enter a patient name in the Search box. Hit enter to return the results.

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 Patientbutton.



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.

ADD FILTE						Showin	g 1 - 1 of 1 10
FULL NAME -	ров	MEMBER MAID	SUBMITTED BY	SUBMITTED DATE	LAST VISIT TYPE	STATUS	ACTION
Jane Doe	1/8/1992	485930239		-	Prenatal	In Progress	5
2						ВАСК	3 NEXT Page 1 C

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 In	box Add Patient	Archive	Support	Account	٩
ADD PATIENT						
First Name		Last Nan	ne			
MCO Member ID		Оов				
		mm/dd	/ 9999			
	CANCEL	2	UBMIT			
	CANCEL		UBMIT			

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** JANE DOE Member Overview DOB: 1/8/1992 Age: 25 MCO Member ID: 485930239 hive patient 28-32 WEEK POSTPARTUM FIRST PRENATAL RISK 1 2 3 5 DEPRESSION & MEMBER **GENERAL HEALTH** PAST OB CURRENT RISKS INFORMATION TOBACCO COMPLICATIONS 6 8 7 9 HEALTH SOCIAL, ADDITIONAL **REVIEW FORM** CONDITIONS ECONOMIC, NOTES LIFESTYLE

FILLING OUT A FORM MEMBER INFORMATION

1. MEMBER INFORMATION

Complete member information section.

2. SELECTING THE MCO

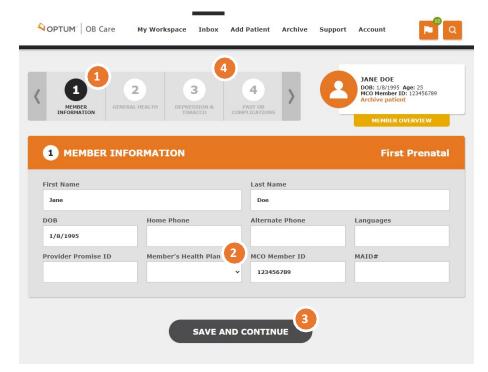
This is an important step in filling out the form. You will need to select the patient's MCO correctly, as this will determine where the ONAF will be sent when you submit it electronically though this website.

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.



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 blackor gray.

GENERAL HEALTH	3 DEPRESSION & TOBACCO	PAST OB MPLICATIO	CURRENT RIS	жs >	Ard	:: 1/8/1995 Age: 25 Member ID: 123456789 nive patient MEMBER OVERVIEW
2 GENERA	L HEALTH C	ONDITIC	ONS			First Prenata
Hospital for Delive	гу		1st Prenatal Vi	sit	Healthy Beginn Yes	ings Plus Member No
Best EDC	By L	МР	By US	US Date		GA at 1st Visit
Gravida Height (in inches)	FT PT Weight (in lbs)	SAB	TAB Livin	g		
Influenza Vaccine I		Jenza Vaccine N/A	Refused //			
Yes Gestational Wk at	No	Yes	No	Yes	No	Yes No

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?

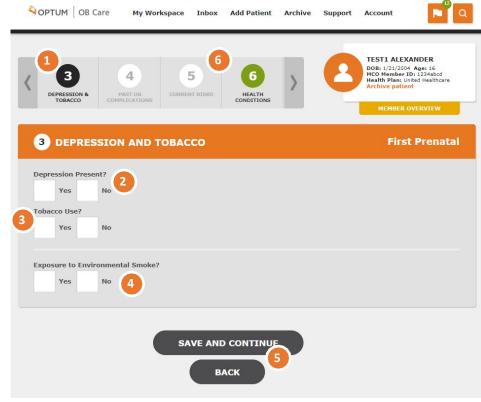
Check 'Yes' if the patient has been exposed to environmental smoke. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 17.

5. SAVE DATA

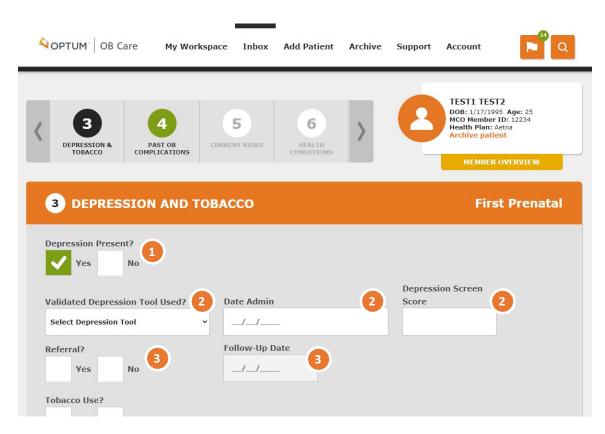
Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

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.



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.

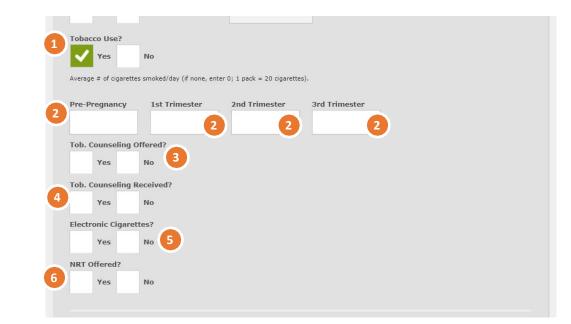
2. Validated Depression Tool Used?

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.

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.

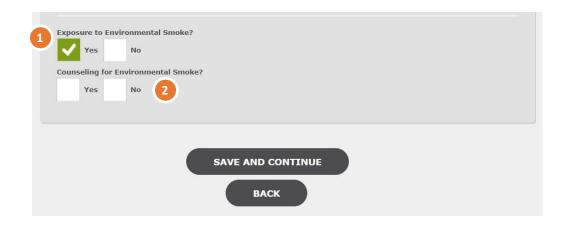
4. Electronic Cigarettes?

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.

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.' $\,$



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.

4 5 6 5 COMPLICATIONS CLEMEENT RESES	ALL FORWARK				
4 PAST OB COMPLICATIONS	First Prenata				
No Past OB Complications in section header.	or current problems; If member has had no Past OB Complications, check				
2 No Past OB Complications					
Postpartum Depression	RH Incompatibility				
Hx of DVT/PE	Gestational Diabetes				
Cervical Insufficiency	IUGR				
Pregnancy Induced Hypertension (PIH)	Premature ROM				
Preterm Labor/Delivery < 32 weeks	Preterm Labor/Delivery 32-36 weeks				
Fetal Demise/Hx 2nd/3rd Tri Loss	Previous C-Section				
ther Past OB Complications:					

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.

CURRENT RISKS	AL NOTES	DOB: MCO Arch	E DOE 1/8/1995 Age: 25 Member ID: 122456789 ive patient
5 CURRENT RISKS			First Prenatal
Identifies potential risks for adverse outcomes; If member has had no Co	urrent Risks, check No Curren	Risks box ir	section header.
2 No Current Risks			
Hx Leep/Cone Biopsy			
Late and/or Inconsistent Prenatal Care	1st Tri	2nd Tri	3rd Tri
Abnormal Ultrasound	1st Tri	2nd Tri	3rd Tri
Abnormal Placenta	1st Tri	2nd Tri	3rd Tri
Gestational Diabetes	1st Tri	2nd Tri	3rd Tri
2nd/3rd Trimester Bleeding		2nd Tri	3rd Tri
Multiple Gestation			
Daviadantal Disaasa	1st Tri	2nd Tri	3rd Tri
Cervical Insufficiency			
Other Current Risks:			
SAVE AND CONT			

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.

OPTUM OB Care My Workspace Inbox	Add Patient A	rchive Support	Account
CONTINUES SOCIAL, ECONOMIC, LIFESTYLE SOCIAL, ECONOMIC, ADDITIONAL NO 5	9	8	JANE DOE DOB: 1/8/1992 Age: 25 MCO Member ID: 485930239 Archive patient
6 ACTIVE HEALTH CONDITIONS			MEMBER OVERVIEW
Identifies medical/mental health condition related to the mother; Active Medical/Mental Health Conditions box in section header. Fo Cardiac, Hepatitis, Renal, Sickle Cell, STD, Thyroid. For all others,	the following condi		
2 No Active Medical/Mental Health Conditions			
	Yes No	If Yes, details	:
Autoimmune Disease(s)			
Anemia Hb < 10			
Asthma			
Cardiac Disease			
Chronic Hypertension, Pregestational			
Diabetes, Pregestational			
Hepatitis (If Yes, Indicate Type)			
Hepatitis Treated			
	11		
Thyroid Treated			
Other Conditions:			
ВАСК		т	
ppyright © 2020 — OPTUM — All Rights Reserved			Terms of Use Privacy Poli



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.



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

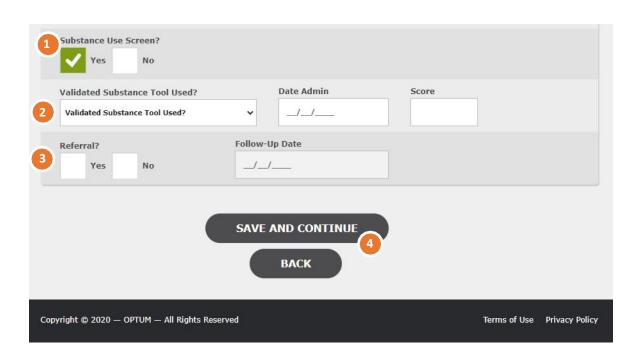
Identify the screening tool used, the date the screening was administered and the score.

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].





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

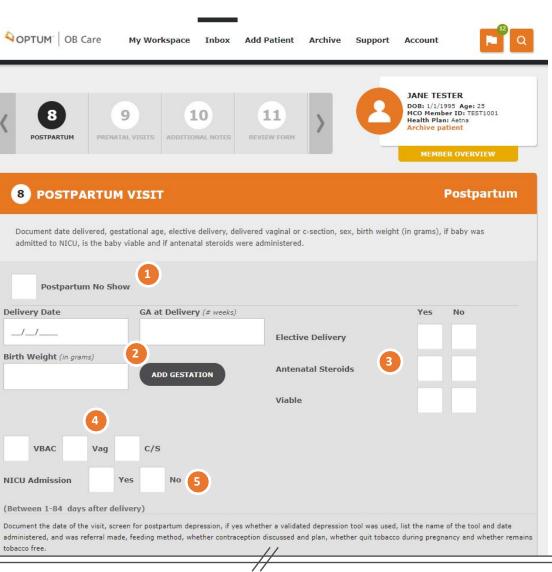
Check the 'Yes' or 'No' boxes for each of these options as appropriate to the member. You must answer 'yes' or 'no' for each option.

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.



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?

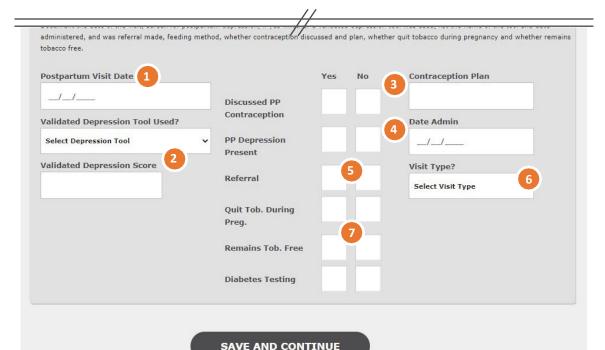
Select a Visit Type for the postpartum visit from the drop-down list of values in the 'Visit Type?' field. You cannot until you select a visit type.

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].



BACK

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

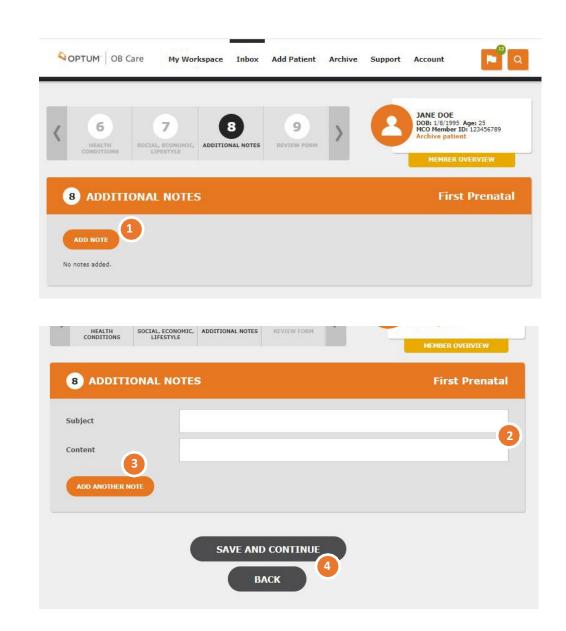
Once you click 'Add Note' enter a Subject for the note that is easily recognizable and the content of the note.

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.



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 yourknowledge.

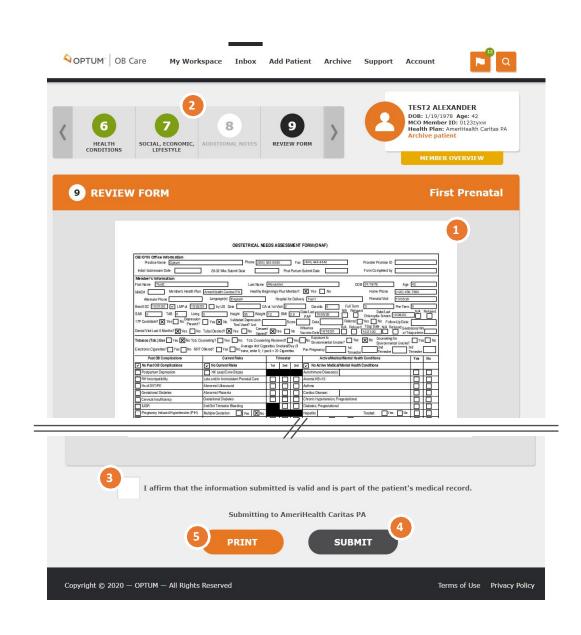
4. SUBMIT

Once all information is validated and attestation is checked, click the 'Submit' to send the form to the selected MCO. Textabove 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 additionalpage.



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.

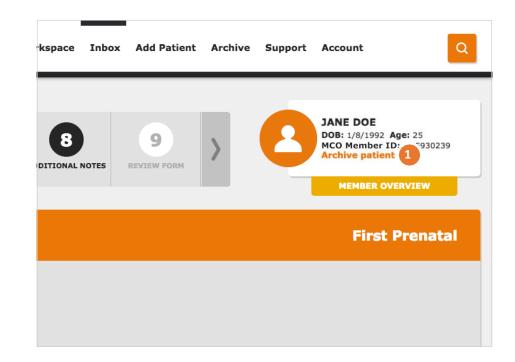
The archive section contains all patient records that have been archived, and those patient records that have been completed for the entire pregnancy (including the post-partum form).

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

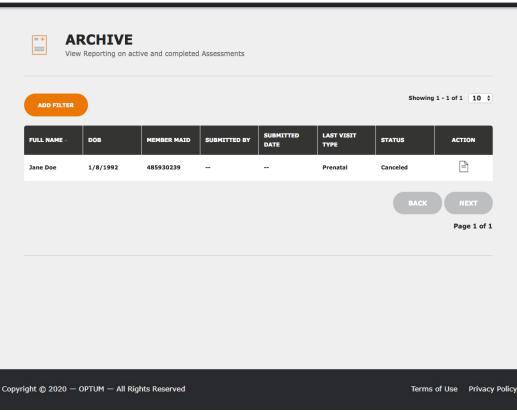
Use the 'Archive' navigation link at the top of the page, or from 'My Workspace' click the tile 'Archive.'

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.



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).

OPTUM OB Care My Workspace Inbox Add Patient Archive Support Account JANE DOE 5 DOB: 1/8/1992 Age: 25 MCO Member ID: 485930239 6 7 8 CURRENT RISKS **5** CURRENT RISKS 28-32 Week 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 1st Tri 2nd Tri 3rd Tri Abnormal Ultrasound \checkmark 1st Tri 2nd Tri 3rd Tri Abnormal Placenta 1st Tri 2nd Tri 3rd Tri **Gestational Diabetes** 2nd Tri 3rd Tri 2nd/3rd Trimester Bleeding Yes No **Multiple Gestation** 1st Tri 2nd Tri 3rd Tri **Periodontal Disease** Other Current Risks ВАСК NEXT Copyright © 2017 - OPTUM - All Rights Reserved Terms of Use 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 colorcoded 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 userroles.

PROVIDER – can access and edit patient data.
STAFF – can also access and edit patient data.
AD M IN – can approve users to the clinic.

OPTUM[®] OB Care My Workspace Inbox Add Patient Archive Support Account ADMIN Manage Users Showing 1 - 10 of 80 10 💠 USERNAME POLES EMAIL CLINIC STATUS NAME CENTRAL SuperAdmir debra.gordon37@ OUTREACH Ď Active 1 Staff example.com WELLNESS CENTER sheila.jimenez33@ Ø Sheila Jimene: damien Provide ABC Medical Active example.com SuperAdmi erik.coleman62@ ß Erik Colemar gratis Clinic Active Admin example.com clinton.hernandez@ Pending Not Ø Clinton Hernandez venice OPTUM OB Care Q My Workspace Inbox Add Patient Archive Support Account EDIT USER Name UserName Debra Gordon anton Email Status Active debra.gordon27@example.com Roles Super Admin Admir Provide Staff Clinic CENTRAL OUTREACH WELLNESS CENTER SUBMIT CANCEL Copyright © 2020 - OPTUM - All Rights Reserved Terms of Use Privacy Policy



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 the MCOs.

The contact information is provided on this page.

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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 Bright Start Program Commonwealth Towers 303 Walnut Street, 9th Floor Harrisburg, PA 17101

Phone: 1-800-537-8862 Fax: 717-705-8391

Health Partners Of Philadelphia

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

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

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

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

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

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

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

Fax: 877-683-7354

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

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