

## **REPORT OF PREGNANCY (ROP) FAQ**

### **Q: What is an ROP?**

**A:** The purpose of the Report of Pregnancy (ROP) form is to capture a Medicaid patient's pregnancy as soon as possible to assist with eligibility and care coordination. At the first identification of pregnancy, an ROP should be completed and submitted on behalf of the patient. The goal is to connect the patient to appropriate services, resources and care in a timely manner. Submission of the ROP will help to ensure Medicaid coverage throughout pregnancy and the post-partum period to optimize health care access and health outcomes for the mother and infant.

### **Q: Who can complete and submit an ROP?**

**A:** Non – obstetrical providers such as primary care providers, emergency department providers, local health department clinics, etc. should submit an ROP. The ROP submission via NurtureOhio can be completed by non-clinical staff based on clinical information.

### **Q: How do I submit an ROP**

**A:** ROPs are submitted electronically via the NurtureOhio system at <https://nurtureohio.com/>. NurtureOhio users will need a provider Medicaid ID assigned to their OHID by their PNM administrator. If you need technical assistance, email the Ohio Department of Medicaid at [MomsandBabies@Medicaid.ohio.gov](mailto:MomsandBabies@Medicaid.ohio.gov).

Videos for support:

[How To Log In With An Existing OHID](#)

[How To Create An OHID Account](#)

### **Q: What is the role of the ROP?**

**A:** The ROP acts as a catalyst to help connect patients to appropriate services, resources and care during their pregnancy and post-partum period. It allows for partnership and collaboration between providers and Managed Care Entities (MCE) to best address each patient's needs and risks through early identification of pregnancy.

#### For Patients, the ROP:

- Assists in the initiation of timely health care with an obstetrical care provider.
- Maintains Medicaid eligibility without disruption in coverage through the post-partum period of 12 months post-delivery.
- Allows for the connection to added services, resources and care coordination in a timely manner.

#### For Providers, the ROP:

- Allows MCEs to directly assist patients with getting needed services, resources and care.
- Prevents delays in payment due to Medicaid coverage continuation through pregnancy and post-partum period.
- Can be used as a tool to assess risk and needs to help improve maternal and infant health outcomes.

### **Q: How do I refer my patient to an Obstetrical Care Provider?**

**A:** Within the ROP there is a field to indicate that the patient needs to be connected to an obstetrical care provider. Please check the box if you would like assistance connecting your patient with obstetrical care. Additionally, the MCEs do not require referrals to be made for patients to access obstetrical services. Network providers can be found in the MCEs' Provider Directories or by having the patient contact Member Services.

### **Q: Can I get reimbursed for submitting an ROP?**

**A:** Yes. The reimbursement rate for an ROP is \$30. Please see the ROP Submission Instructions based on your provider type for details.

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