



## Points of Light

# Improving Maternal Health in Ohio via Interoperability & Incentivized Care

Points of Light 2026 Case Study 12

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### Executive Summary

Manual, unstandardized workflows for assessing pregnancy risk were delaying the submission of risk forms and, thus, timely care for pregnant patients. Through a jointly funded, statewide initiative, the healthcare and payer organizations in this case study partnered with Azara Healthcare to automate the creation of risk forms by populating needed data from existing EHR documentation. This automation helped standardize and scale submission of pregnancy risk forms across Ohio, leading to improved submission rates, time savings, and better maternal care.

### The Collaborators



**Location:** OH  
**Sizing:** 800 physicians



**Location:** OH  
**Sizing:** 2.3 million members



**Location:** Nationwide  
**Sizing:** 17 million members



**Headquarters:** MA  
**Segment:** Value-based care

### Points of Friction—Challenges to Be Solved

- **Manual, unstandardized workflows for pregnancy risk assessments led to low submission rates, limiting visibility into maternal risk and threatening Medicaid coverage:** Physicians were using paper-based forms or standalone web forms to submit pregnancy risk assessment forms (PRAFs), and this required them to manually locate information in the EHR and then reenter it in the PRAFs. This process routinely took 15–20 minutes per patient and was completed with patient-facing work. Further, healthcare organizations across Ohio used multiple EHRs and varying documentation practices, hindering standardization of PRAF workflows and making consistent reporting difficult to sustain across health centers. Consequently, only about 30% of PRAFs were submitted in Ohio, causing many pregnancies covered by Medicaid to not be formally reported to the state. This delayed the identification of high-risk mothers, limited timely care management, and increased the risk of care gaps during pregnancy and postpartum.
- **Fragmented systems and lack of a shared, real-time data model limited proactive maternal care coordination:** Pregnancy-related data was not exchanged efficiently across healthcare organizations, payers, and the Ohio Department of Medicaid (ODM), reducing visibility into maternal risk factors and delaying early intervention. Stakeholders lacked a scalable approach to strengthen prenatal care coordination and improve maternal and infant outcomes.

### Action Plan—How the Collaborators Worked Together to Reduce Friction

- **Ohio Association of Community Health Centers (OACHC) gathered provider, payer, and state partners to establish a shared, statewide vision to improve PRAFs:** With a commitment to reducing preterm births and equitably improving maternal and birth outcomes across Ohio, OACHC brought together community health centers, seven MCOs, the ODM, the Ohio College of Medicine Government Resource Center (GRC), and Azara Healthcare to discuss the limitations of the existing PRAF process and agree that automation was necessary to drive consistent statewide improvement.
- **Participating MCOs jointly funded and strategically supported a single electronic PRAF (ePRAF) solution to enable statewide scalability and sustainability:** The seven MCOs provided the financial resources required for the design, configuration, integration, and ongoing support of the electronic PRAF solution, ensuring that provider partners did not bear implementation costs and that the platform operated consistently across payer organizations. Beyond funding, the MCOs also evaluated how the electronic workflow could strengthen continuity of coverage, accelerate risk identification, and improve maternal and infant health outcomes. Their continued collaboration, feedback, and performance monitoring helped sustain the initiative as a scalable, statewide system benefiting mothers, providers, and Ohio's Medicaid program.
- **Azara Healthcare added a new module to the existing Ohio Data Integration Platform, powered by Azara, to automate the creation of ePRAFs using existing EHR data; the PRAF data is aggregated and securely transmitted to the state:** Leveraging the Ohio Data Integration Platform (a clinically integrated population health platform created by Azara for the collaborators), Azara identified the specific data elements required by the ODM and mapped those elements across the multiple EHRs used by community health centers across the state. In addition to technical development, Azara supported implementation and user adoption by providing training, documentation, and real-time assistance to OACHC and other participating health centers. By doing so, Azara enabled PRAFs to be prepopulated with data already

documented during routine clinical care. Then, with the Ohio Data Integration Platform, the healthcare organization supported the aggregation of PRAF data from participating health centers and facilitated secure electronic transmission of that data to the ODM's NurtureOhio portal, creating a consistent and scalable pathway for statewide reporting.

- **The stakeholders standardized workflows and established governance to sustain the Ohio Data Integration Platform:** All collaborators aligned on standardized clinical triggers (e.g., the first prenatal visit) to initiate PRAF creation and submission. They also established ongoing cross-organizational governance, training, and support to help implement ePRAF into routine workflows and maintain alignment over time.

## Points of Light—Outcomes Achieved Through Collaboration

- **Increased PRAF submission:** After implementing the Ohio Data Integration Platform, PRAF submission increased from 30% to at least 80% statewide. The number of PRAFs being submitted each week increased from about 450 to 840–850.
- **PRAF submission time was reduced from 15–20 minutes to 5–7 minutes.**
- **Improved maternal care:** This collaboration has improved the continuity of Medicaid coverage through pregnancy and postpartum periods across the state. High-risk pregnancies are being identified earlier, and there are early signs of improvements to maternal and infant health outcomes.

## Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Clear, shared goals are essential for aligning diverse stakeholders:** Defining a shared goal of improving PRAF submission rates improved focus during the project and made it easier for the different stakeholders to work toward the same outcome.
- **Enable scaling through shared funding and a centralized infrastructure:** Joint payer investment in a centralized data integration model supported consistent adoption across healthcare organizations and reduced variation across the state.
- **Establish simple, ongoing governance to maintain alignment over time:** Regular cross-organization communication allowed for transparency and helped sustain momentum, address questions, and support long-term operations of the integration platform.
- **Design for adoption by reducing administrative burden:** Automating data extraction from the EHR and pre-populating the PRAF significantly reduced manual work, improved provider buy-in, and drove measurable increases in submission rates beyond what financial incentives alone achieved.
- **Start small and scale intentionally:** Piloting with select practices, validating data mapping, and refining workflows before broader rollout reduced risk and enabled smoother statewide expansion.

## What's Next?—Vision for the Future

- **Extend automation across the pregnancy continuum:** Building on the success of the initial project, the stakeholders plan to automate additional PRAF submissions triggered by changes in maternal risk, which would enable earlier interventions throughout pregnancy.
- **Integrate delivery and postpartum reporting:** The stakeholders are exploring ways to electronically capture and integrate delivery and postpartum data to create a complete, end-to-end view of maternal and infant outcomes while further reducing manual reporting.
- **Scale adoption and continuously refine workflows:** As more health centers adopt the solution, the stakeholders will continually monitor performance, iterate the workflows, and improve data quality to sustain and expand statewide impact.
- **Position the model for replication outside of Ohio:** With strong payer alignment and a scalable data platform in place, the ePRAF initiative is positioned as a replicable blueprint for other states and other Medicaid and public health reporting use cases.