

Postpartum Care and HEDIS scores - Information, Resources and Tips for Improvement

WHY IS POSTPARTUM CARE IMPORTANT – HEALTHY MOMS AND HEALTHY BABIES!

The goals of the routine postpartum visit are to assess the physical and behavioral health of the mother, to evaluate mother-infant bonding and breast feeding; and to discuss family planning options, contraception and safety related issues (danger of second hand smoke, use of car seats, etc.) Additionally, it is important to identify women at risk for Postpartum Depression (PPD). Risk factors include a past history of psychopathology, antenatal depression or anxiety, poor relationships or lack of social supports. Screening tools for depression are effective at detecting patients who may need treatment for PPD.

WHEN SHOULD THE POSTPARTUM VISIT OCCUR?

The routine postpartum care visit should occur 3 to 8 weeks after delivery. Depending on the clinical and psychosocial needs of the mother, earlier visits are appropriate (e.g., for the management of hypertension, postoperative care, or diabetes). The American Diabetes Association and ACOG recommend postpartum glucose-tolerance testing for women diagnosed with gestational diabetes mellitus during pregnancy.

RESOURCES

Edinburgh Postnatal Depression Scale

<http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

MDPH approved screening tools for Postpartum Depression (MDPH's validation grid)

<http://www.mass.gov/eohhs/docs/dph/com-health/postpartum-depression/screening-tool-grid.pdf>

Massachusetts Child Psychiatry Access Project (MCPAP for Moms)

Promoting maternal mental health during and after pregnancy
<https://www.mcpapformoms.org/Default.aspx>

American College of Obstetrics and Gynecology - Tool for postpartum gestational diabetes mellitus follow up (in English and Spanish)

<http://www.acog.org/About-ACOG/ACOG-Departments/Public-Health-and-Social-Issues/Tool-for-Postpartum-GDM-Follow-up>

American Academy of Family Practitioners

An approach to the postpartum office visit <http://www.aafp.org/afp/2005/1215/p2491.pdf>

American Academy of Pediatrics

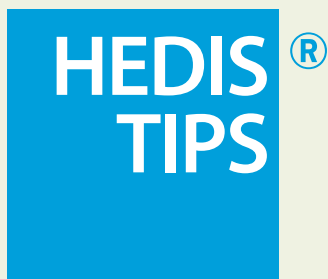
Incorporating recognition and management of perinatal and postpartum depression into pediatric practice
<http://pediatrics.aappublications.org/content/126/5/1032.full>

Massachusetts Health Quality Partners

2014 Guidelines for perinatal care <http://www.mhqp.org/guidelines/perinatalPDF/MHQP%202014%20Perinatal%20Guidelines.pdf>

NHP Clinical Programs – To make a referral, call the NHP Provider Service Center at 855-444-4647. The hours are 8:00 a.m. to 6:00 p.m. Monday through Friday.

Beacon Health Options (NHP Behavioral Health Partner) – To make a referral call 800-414-2820



What is the HEDIS measure description?

Postpartum Care – The percentage of women who deliver a live newborn between November 6th of the year prior to the measurement year and November 5th of the measurement year, and who have a postpartum visit between **21 and 56 days following the delivery**.

Did you know?

- In addition to OB's/GYN's, family medicine physicians, advance practice nurses including nurse midwives, and NP's as well as PA's can conduct a postpartum visit.
- Visits occurring before 21 days (i.e., wound checks, staple removal, etc.) are not compliant with HEDIS requirements for a postpartum visit. Patient should return before 8 weeks.
- The date that the postpartum visit occurred must be documented on the claim in order to be compliant with the HEDIS measure. Providers should use the CPT II code (0503F) or diagnosis codes to indicate a postpartum visit. These are not reimbursable codes.
- New DPH regulation requires providers and health plans to report PPD screenings. Refer to information about properly coding claims.

What should be documented in a postpartum care visit?

The date of the postpartum visit and one of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts and abdomen (notation of "breastfeeding" or "breast check" is acceptable)
- Notation of "postpartum care" or "pp check" or "6 week check"
- The name and credentials of the person who conducted the postpartum visit

Tips to meet the measure

- Make an appointment for the patient's postpartum visit while she is in her last trimester (perhaps 4 to 5 weeks before the expected delivery date).
- Schedule postpartum visit early in the post 21-56 day interval to allow time for rescheduling missed or canceled appointments.
- Schedule postpartum visit back-to-back with newborn visits if at same site.
- Ask pediatric care providers to remind new moms about the importance of their own follow up.

- Identify women who fall into high risk categories for missing appointments (no prenatal care or late registration for care).
- Track postpartum visits. Conduct active outreach to "no shows" and high risk patients.
- Prevent missed opportunities to conduct the postpartum assessment. Collaborate with your patient's PCP and other providers. PCP's can conduct a postpartum visit.

MDPH Reporting Information for Providers Who Screen Patients for Postpartum Depression

Postpartum Depression (PPD) screening data must be reported to the Massachusetts Department of Public Health. Beginning in March 2016 for calendar year 2015, NHP will be reporting Postpartum Depression Screening claims directly to the All Payer Claims Database.

HCSPS code + Diagnosis Code + MDPH Modifier

Providers may report PPD screening to NHP by using the following combination of codes:

- The HCPCS code of S3005 (Performance Measurement, Evaluation of Patient Self-Assessment, Depression)
- Plus a diagnosis code for Postpartum care and examination
 - Z39.0 immediately after delivery
 - Z39.1 Lactating mother
 - Z39.2 Routine postpartum follow-up
- With a modifier as designated by the MDPH
 - For a positive PPD screen use U1
 - For a negative screen use U2

For more information call NHP Provider Service at **855-444-4647**