

Timeliness of Postpartum Care

Performance Measure Set: CCO Incentive Metric Medicare Star Measure

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation eCQM Survey Other

State Benchmark: Postpartum Care – 61.3% (2018 CCO statewide average)

Note: Although CCOs must submit data for timeliness of both prenatal and postpartum care, the 2020 CCO incentive measure and quality pool payments are tied to the Postpartum Care rate.

Who: Women who had a live delivery between October 8, 2019–October 7, 2020.

Why: Early preventive care during pregnancy is associated with better outcomes for both the parent and baby. It can help reduce poor birth outcomes including spontaneous abortion, low birth weight and neonatal infection. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend at least one exam during the first trimester for prenatal care in an uncomplicated pregnancy and one exam approximately 4–6 weeks after delivery for postpartum care.¹

What: A postpartum visit for a pelvic exam or postpartum care on or between 7–84 days (1–7 weeks) after delivery.

How: A postpartum visit with an OB/GYN practitioner or midwife, family practitioner or other PCP can satisfy this measure. Postpartum care provided in acute inpatient settings does not count towards this measure. Documentation of postpartum care in the medical record must include *at least one* of the following:

1. Pelvic exam.
2. Evaluation of weight, blood pressure, breasts and abdomen.
3. Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” or “6-week check;”
 - A preprinted “Postpartum Care” form in which information was documented during the visit.
4. Perineal or cesarean incision/wound check.
5. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
6. Glucose screening for women with gestational diabetes.
7. Documentation of any of the following topics:
 - Infant care or breastfeeding;
 - Resumption of intercourse, birth spacing or family planning;
 - Sleep/fatigue;
 - Resumption of physical activity and attainment of healthy weight.

Exclusions: Non-live birth and patients in hospice.

¹ (NCQA HEDIS Measures and Technical Resources: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>)

Timeliness of Postpartum Care FAQ

Q: My clinic does not provide prenatal care, does this measure affect us?

A: Yes, you should still encourage patients to seek timely prenatal care from a prenatal provider. In addition, some of the services that qualify as “prenatal care” are appropriate for primary care and may even improve the quality of the referral to OB/GYN.

Q: We only offer RN visits during the first trimester; will that count for the measure?

A: An RN visit on its own does not count for the measure. However, if a provider signs off on the RN visit note and/or the claim is billed under the provider we would consider this compliant, as the provider is evaluating the visit information and is ultimately responsible for the assessment.

Q: Will a Pap test alone count for the postpartum care visit?

A: Yes. Although a Pap test alone does not count as a prenatal care visit for the Timeliness of Prenatal Care rate, it will count for the Postpartum Care measure.