IPAC Billing and Coding Guidance

December 16th, 2019
11:00am-12:00PM
Introductions

• Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  • Name
  • Role
  • Institution
• If you are only on the phone line, please be sure to let us know so we can note your attendance
Overview

- Welcome/introductions
- IPAC updates and data review
- IPAC Billing and Coding
- Billing and Coding Q&A
- Team talks-
  - AMITA Resurrection Medical Center-Kara Calhoun
  - KSB Hospital- Crystal Huene
- Round Robin
- Webinar To-Dos & take-away(s)
Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW
ILPQC Improving Postpartum Access to Care (IPAC) Initiative

**Aim:** Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge.

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

**Key Goals:**

- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery.
- Increase % of women receiving focused postpartum education prior to discharge after delivery.
- Increase % of providers / staff receiving education on optimizing early postpartum care.
- Achieve GO LIVE goal to provide IPAC for ≥80% participating hospitals by May 2020.
# Aims & Measures

## Overall Initiative Aim

Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge.

## Structure Measures

- **IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge.**
- **Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (ie, share ILPQC OB provider/outpatient care site packet).**
- **Implement standard postpartum education prior to discharge after delivery regarding:**
  - a) benefits of early postpartum care
  - b) postpartum early warning signs and how to seek care
  - c) benefits of pregnancy spacing and options for (outpatient) family planning

## Process Measures

- **Educate all providers and staff on optimizing early postpartum care including:**
  - a) maternal safety risks in the postpartum period
  - b) benefits of early postpartum care/maternal health safety check
  - c) protocol for facilitating scheduling early postpartum visit prior to discharge
  - d) documentation and billing for early postpartum visit
  - e) components of early postpartum visits/maternal health safety check

## Outcome Measure

- **Increase % of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery.**
- **Increase % of patients who receive standardized pp patient education prior to discharge.**
Don’t forget to submit your team’s monthly data!

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Teams Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline – October 2018</td>
<td>10</td>
</tr>
<tr>
<td>Baseline – November 2018</td>
<td>10</td>
</tr>
<tr>
<td>Baseline – December 2018</td>
<td>10</td>
</tr>
<tr>
<td>June 2019</td>
<td>10</td>
</tr>
<tr>
<td>July 2019</td>
<td>11</td>
</tr>
<tr>
<td>August 2019</td>
<td>12</td>
</tr>
<tr>
<td>September 2019</td>
<td>10</td>
</tr>
<tr>
<td>October 2019</td>
<td>9</td>
</tr>
<tr>
<td>November 2019</td>
<td>4</td>
</tr>
</tbody>
</table>
IPAC Strategy and Buy-in

Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-October 2019

- October 2018: 100%
- November 2018: 63.33%
- December 2018: 90.09%
- January 2019: 70%
- June 2019: 81.82%
- July 2019: 9.09%
- August 2019: 50%
- September 2019: 41.67%
- October 2019: 68.89%
System in Place to Facilitate Early PP Visit Scheduling

Percent of Hospitals that have system in place to facilitate scheduling early postpartum visits, Baseline + June 2019-October 2019
IPAC Provider/Nurse Education

Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-October 2019

- October 2018: 90.91%
- November 2018: 83.33%
- December 2018: 90.91%
- June 2019: 60%
- July 2019: 81.82%
- August 2019: 58.33%
- September 2019: 63.64%
- October 2019: 55.56%
Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-October 2019
Percent of Nurses Educated on Optimizing Early Postpartum Care, Baseline + June 2019-October 2019

- Oct-18: 9%
- Nov-18: 1%
- Dec-18: 2%
- Jun-19: 10%
- Jul-19: 35%
- Aug-19: 53%
- Sep-19: 62%
- Oct-19: 65%

% nurses trained
Percent of Patients with Early Postpartum Visit Scheduled

Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-October 2019

0%  1%  7%  15%  11%  31%  30%  33%

% patients with visit scheduled
Percent of Patients with Standardized Patient Education

Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June 2019-October 2019

Benefits of early postpartum visit
Early Warning Signs
Birth Spacing
Improving Postpartum Access to Care (IPAC)

IPAC BILLING AND CODING LOGISTICS
Improving Postpartum Access to Care (IPAC) - WHY?

- 50% postpartum strokes occur within 10 days of discharge
- 20% discontinue breastfeeding before the first 6-weeks
- 40% of women do not attend the 6-week postpartum visit

1/5 mental health disorder postpartum period

IDPH MMRC report
Redefining Postpartum Care

ACOG Committee Opinion #736:

- To **optimize** the health of women and infants, postpartum care should **become an ongoing process**, rather than a single encounter.

- **All women** should ideally have an **early postpartum visit** with maternal care provider in addition to the standard 6 week postpartum visit:
  - Blood pressure checks
  - Breastfeeding support
  - Mental health well-being
  - Contraception

- Postpartum maternal morbidity and mortality **can affect all patients**, regardless of a healthy and uncomplicated pregnancy.

ILPQC IPAC Initiative: Helping hospitals implement the new ACOG standard of practice for universal early postpartum visits.
Illinois Dept. of Public Health
Maternal Morbidity & Mortality Report:
Key Recommendations

Figure 13: Timing of Pregnancy-Related Deaths, Illinois 2015

- 53% Pregnant at Death
- 33% 0-42 Days Postpartum
- 14% 43-364 Days Postpartum

**Providers** should adapt recent recommendations from ACOG for universal postpartum visits in addition to the traditional 6 week visit.

**Birthing hospitals** should ensure that women are connected with a provider and scheduled for a postpartum visit prior to hospital discharge.
Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

Implement process flow to facilitate universal scheduling and patient education, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk.

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check.

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs and how to seek care (ie AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning.
Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge.

**AIM**

**IPAC Key Driver Diagram**

**Key Drivers**

- Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and **share options for billing and coding**.
- Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge.
- Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check.
- Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of healthy pregnancy spacing and options for (outpatient) family planning.

**Strategies**

- Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.
- Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.
- Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge.
- Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks.
- Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, and/or didactic education.
- Plan in place for ongoing and new hire education.
- Patient education materials selected: benefits of early pp visit/components of maternal health safety check, early pp warning signs and how to seek care (AWHONN), benefits of healthy pregnancy spacing/(outpatient) family planning options.
- Implement system to provide and review IPAC patient education prior to hospital discharge.
IPAC: Billing/Coding Guidance

- ILPQC received guidance from Medicaid prior to the start of IPAC initiative regarding coding and billing for the 2 week “Maternal Health Safety Check”

- ILPQC IPAC Billing Document in your toolkit reflects the above guidance and was confirmed by ACOG as an appropriate strategy for billing

- Per your feedback, ILPQC reached out to ACOG and provided another billing pathway for OB providers.
IPAC: Billing/Coding Pathways

1. 2wk Preventative Health Visit + 6wk Bundled Postpartum Visit
2. OR

2wk Bundled Postpartum Visit + 6wk Comprehensive Well Woman Visit
IPAC: Billing/Coding Pathway 1

- Codes include BP check, mood assessment, breastfeeding support, wound check and contraceptive counseling
- Code as the traditional 6week postpartum visit
IPAC: Billing/Coding Pathway 2

- Code as the traditional postpartum visit, but at 2 weeks instead of the usual 6 weeks.
- Code as a well-woman visit.
- This fits the ACOG strategy to make postpartum care part of the well-woman continuum.
- Most postpartum women have gone more than a year since their last well-woman/preventive visit.
Billing/coding strategies for reimbursement

- ILPQC Coding for early pp visit - UPDATED
- ACOG Guidance on billing and reimbursement (ACOG pp toolkit)
- ACOG Guidance on Coding PP Service (ACOG PP toolkit)
- Coding for Specific pp services
  - Ex: Breastfeeding, Chronic disease follow-up, PPD, newborn care
IPAC: Billing/Coding Questions

Please share your name and hospital prior to asking your question

Press *6 to unmute yourself
Improving Postpartum Access to Care (IPAC)

TEAM TALK-AMITA
RESURRECTION MEDICAL CENTER
ILPQC IPAC Initiative
Team Talk
Resurrection Medical Center Chicago
Resurrection Medical Center Chicago

• Family Birth Place
  • 17 ante/triage/LDRs
  • 2 surgical suites with a recovery room
  • 22 bed post-partum/gyne unit
  • 8 Bed SCN (Level 2E)

• ~1,000 deliveries/year

• 24/7 in house coverage: Neonatology, OB, Anesthesia

• ED, FP and OB Residency program
  • New Beginnings Clinic (resident clinic)

• Perinatal Nurse Home Visit Program
  • 457 families visited and logged over 7,100 miles in 2018.
IPAC Team

- Dr. Robert Kus (OB Department Chair)
- JoAnn Meigs RN, BSN, MBA (Nurse Manager)
- Connie Wedmore BSN, RNC-OB (Team Leader)
- Kara Calhoun MSN, MPH, RNC-OB (Clinical Nurse Educator)
Barriers

- Provider billing
  - Patient dis-satisfaction for co-pays due to payor mix (bundled payments for commercial insurance)
- Increase in physician office volumes
- Increase workload on office staff to schedule appointment
- Change in workflow for in-patient RN to assure appointment is scheduled before discharge
Plan
Create a process flow for scheduling patients at pilot office site

Determine availability of providers to schedule patient
Determine process for scheduling
Develop SMART phrase for EPIC documentation
Educate RN staff

Meet with providers and office staff at pilot location to determine success of project
Discuss process with

Act
Implement changes and process across sites

PDSA
Status of Project

Actions in place prior to IPAC

- POST BIRTH Warning Signs, post-partum depression and Preeclampsia handouts given on admission to PP
- 24-48H discharge phone call by a hospital perinatal RN
- ~45% of patients opt-in to Home Visit Program
- Provider documentation of when to call, appointment on D/C note
- High-risk patients (HTN, surgical, etc.) already scheduled for 1-2 week visit

Steps Implemented

- Introduction of initiative to Key MDs
- Introduction of initiative to Nursing Staff
- Determination of barriers to implementation
- Initial data collection

Next Steps

- Present MDs with options for billing
- Determine availability of MDs to add additional visits to current schedules
- Create a process flow for scheduling visits at “pilot” office
- Educate RNs on process
- Audit for compliance
Improving Postpartum Access to Care (IPAC)

TEAM TALK- KSB HOSPITAL
Katherine Shaw Bethea Hospital

Dixon, IL
About Us....

• 80-bed not-for-profit hospital licensed by IDPH
• Partner with the Rockford School of Medicine to provide a Residency Rural Track in Family Medicine
• 3 OB physicians, 2 mid-level providers including a Certified Nurse Midwife, 4 pediatricians, 10 family medicine physicians, 6 Family Medicine Residents
• 350 deliveries a year
• Baby Friendly Designated Facility
Where we are starting...

Joined the initiative in November
2 providers started seeing patients at 3 weeks per ACOG recommendation
Home visits
4th Trimester Support Group
POST BIRTH Warning Signs
Schedule follow up visits prior to discharge
Implementation

- Educating Patients Prenatally
- Provider and Staff Buy In
- Implementing the Checklists
Barriers

- Increase volume of patient appointments
- Potential increase in follow up lactation appointments for our small staff of lactation consultants
- Billing and coding
- Making the visit meaningful by using the checklist appropriately
- Pregnancy spacing
Overcoming Barriers

- Getting some nurse and provider champions
- Getting the billing/coding team involved
- Doing education on how to use the checklist
- Sending 3 staff members to the CLC course in 2020
- Utilizing our mid-level providers to handle the increase in patient appointments
Improving Postpartum Access to Care (IPAC)

ROUND ROBIN
### Round Robin - Each team to share:

- **What is your team currently working on for implementation?**

- **What barriers have you encountered with the clinical care staff?**

- **What strategies have you or will you implement to overcome those barriers?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>AMITA Alexius Brothers Women’s &amp; Children’s Hospital – <strong>Hoffman Estates</strong></td>
</tr>
<tr>
<td>2.</td>
<td>AMITA Alexian Brothers Hospital – <strong>Elk Grove Village</strong></td>
</tr>
<tr>
<td>3.</td>
<td>AMITA Resurrection Medical Center - <strong>Chicago</strong></td>
</tr>
<tr>
<td>4.</td>
<td>Loyola University Medical Center - <strong>Maywood</strong></td>
</tr>
<tr>
<td>5.</td>
<td>FHN Memorial Hospital - <strong>Rockford</strong></td>
</tr>
<tr>
<td>6.</td>
<td>Franciscan Health Olympia Fields - <strong>Olympia Fields</strong></td>
</tr>
<tr>
<td>7.</td>
<td>Touchette Regional Hospital – <strong>East St. Louis</strong></td>
</tr>
<tr>
<td>8.</td>
<td>SSM St. Mary’s – <strong>Centralia</strong></td>
</tr>
<tr>
<td>9.</td>
<td>St. Joseph Hospital – <strong>Chicago</strong></td>
</tr>
<tr>
<td>10.</td>
<td>Morris Hospital &amp; Healthcare Centers – <strong>Morris</strong></td>
</tr>
<tr>
<td>11.</td>
<td>St. Margaret’s Health- <strong>Spring Valley</strong></td>
</tr>
<tr>
<td>12.</td>
<td>UI Health – <strong>Chicago</strong></td>
</tr>
<tr>
<td>13.</td>
<td>Illinois Valley Community Hospital-<strong>Peru</strong></td>
</tr>
<tr>
<td>14.</td>
<td>Memorial Medical Center- <strong>Springfield</strong></td>
</tr>
<tr>
<td>15.</td>
<td>KSB Hospital- <strong>Dixon, IL</strong></td>
</tr>
<tr>
<td>16.</td>
<td>AMITA Adventist GlenOaks Hospital, <strong>Glendale Heights, IL</strong></td>
</tr>
</tbody>
</table>
Improving Postpartum Access to Care (IPAC)

NEXT STEPS
# IPAC Team Talk Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Team 1</th>
<th>Team 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2020</td>
<td><strong>CANCELED</strong> due to MLK Holiday---</td>
<td></td>
</tr>
<tr>
<td>February 17</td>
<td>St. Margaret’s Hospital</td>
<td>Memorial Medical Center</td>
</tr>
<tr>
<td>March 16</td>
<td>UI Health</td>
<td>Touchette Regional</td>
</tr>
<tr>
<td>April</td>
<td>SSM Health St Mary’s</td>
<td>AMITA Adventist GlenOaks Hospital</td>
</tr>
</tbody>
</table>
# IPAC Calls

**IPAC Teams**

11am-12pm

THIRD MONDAY OF THE MONTH through May 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 16</td>
<td>IPAC and Billing</td>
</tr>
<tr>
<td>January 13</td>
<td>Canceled due to MLK Holiday</td>
</tr>
<tr>
<td>February 17</td>
<td>Crossing the Finish Line Round Robin</td>
</tr>
<tr>
<td>March 16</td>
<td>Moving toward Sustainability</td>
</tr>
<tr>
<td>April 20</td>
<td>Topic TBD</td>
</tr>
<tr>
<td>May 20</td>
<td>Topic TBD</td>
</tr>
<tr>
<td>July 20</td>
<td>IPAC Sustainability Call</td>
</tr>
<tr>
<td>September 21</td>
<td>IPAC Sustainability Call</td>
</tr>
<tr>
<td>December 21</td>
<td>Final IPAC Sustainability Call</td>
</tr>
</tbody>
</table>
To Do List

- Submit **IPAC data** for November and December
- Ask providers/staff for 2 week Maternal Health Safety Check **Patient Success Stories** to be tracked and shared with hospital administration and other providers (issues identified, linkage to care success, patient satisfaction with early visit etc)
- **Collect and track you IPAC Success Stories** to share with clinical staff, hospital administration, & ILPQC
- Schedule **your IPAC Discover Call with Autumn** before the end of the year – check your inbox
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
THANKS TO OUR FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation