

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 271.000: POSTPARTUM DEPRESSION SCREENING AND REPORTING

Section

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271.001: Purpose

The purpose of 105 CMR 271.000 is to require annual reporting of data on screening for postpartum depression.

271.002: Scope

105 CMR 271.000 applies to:

- (A) a Provider that conducts or oversees screening for postpartum depression during a clinical encounter with a woman who has given birth within six months when she presents as a patient; and
- (B) a Carrier that receives a claim for a postpartum depression screening.

271.003: Definitions

As used in 105 CMR 271.000, the following words have the following meanings:

Carrier means an insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under M.G.L. c. 176I; but not including an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.

Commissioner means the Commissioner of the Department of Public Health.

Department means the Department of Public Health.

Postpartum means the period of time from the date of giving birth through six months after birth.

Postpartum Depression means clinically significant physical, emotional, and behavioral changes: presenting in childbearing women following delivery with postpartum onset of symptoms of pronounced anxiety, depressed mood, despair or somatic symptoms observed or associated with

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postpartum parenting, which condition persists for a minimum of two weeks in an individual and requires medical or behavioral health care attention.

Provider means a physician licensed under M.G.L. c. 112, § 2; a registered nurse licensed to practice and authorized to engage in an advanced practice as either a certified nurse practitioner or a certified nurse midwife pursuant to M.G.L. c. 112, § 80B; or a registered physician assistant licensed pursuant to M.G.L. c. 112, § 9I whose practice includes clinical encounters with postpartum patients.

271.003: continued

Provider Organization means any corporation, partnership, business trust, association or organized group of persons which is in the business of health care delivery or management, whether incorporated or not, that represents one or more health care providers in contracting with Carriers for the payments of health care services including but not limited to physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for health care services.

Report means an official notice to the Department in writing, by facsimile, or by electronic means.

Screening Tool means a series of questions and observation protocols that comprise a formal instrument that has been validated and accepted clinically for identifying postpartum depression including but not limited to the Edinburgh Postnatal Depression Scale and similar tools identified by the Commissioner in her annual summary of effective screening tools.

271.004: Responsibilities of Providers

(A) A Provider that conducts or oversees for screening of a woman who has given birth within six month for postpartum depression is mandated to report data regarding such postpartum screening on an annual basis by March 1<sup>st</sup> for the previous calendar year using a method specified in 105 CMR 271.004(C).

(B) A Provider that is part of a Provider group or a Provider Organization may report through such Provider group or, at the discretion of their Provider Organization, through such Provider Organization.

(C) A Provider shall report to the Department using one of the following methods of reporting:

- (1) Directly through submission of an annual report to the Department no later than March 1<sup>st</sup> for the previous calendar year using a form or electronic format specified by the Commissioner and in accordance with guidelines issued by the Commissioner; or
- (2) Indirectly through submission of reportable claims to Carriers on an ongoing basis in accordance with applicable guidelines issued by the Commissioner, in consultation with the Center for Health Information and Analysis, regarding requisite code(s), mechanisms and deadlines for the reporting. A reportable claim means a claim for screening services delivered by a Provider to a postpartum patient during a given calendar year for which an annual report would be otherwise be due for submission to the Department under 105 CMR 271.004(A). A Provider that submits reportable claims to Carriers in accordance with 105 CMR 271.004(C)(2) is encouraged to submit reportable claims to third-party administrators (TPA) or administrative service-only organizations (ASO) when such TPA or ASO permits the claims to be reported in accordance with the Commissioner's applicable guidelines.

(D) A Provider that performs postpartum depression screening utilizing only screening tools identified by the Commissioner and that submits reportable claims to Carriers in accordance with applicable guidelines issued by the Commissioner shall be deemed to have satisfied its mandated reporting requirements under 105 CMR 271.004(A) and shall not be required to submit an annual report to the Department under 105 CMR 271.004(C)(1).

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(E) A Provider that utilizes a screening tool not identified by the Commissioner must submit an annual report to the Department under 105 CMR 271.004(C)(1).

(F) A Provider that does not submit reportable claims to Carriers must submit an annual report to the Department under 105 CMR 271.004(C)(1).

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271.005: Responsibilities of Carriers

A Carrier shall report data regarding postpartum screening conducted by Providers on an annual basis by March 1<sup>st</sup> for the previous calendar year to the Department using one of the following methods of reporting:

(A) Directly through submission of an annual report to the Department no later than March 1<sup>st</sup> for the previous calendar year using a form or electronic format specified by the Commissioner and in accordance with guidelines issued by the Commissioner; or

(B) Indirectly through submission of reportable claims to the Center for Health Information and Analysis on an ongoing basis in accordance with applicable guidelines issued by the Commissioner, in consultation with the Center for Health Information and Analysis, regarding requisite code(s), mechanisms and deadlines for the reporting. A reportable claim means a claim for postpartum screening services covered by the Carrier in accordance with the Carrier's coverage and payment policies during a given calendar year for which an annual report would otherwise be due for submission to the Department under 105 CMR 271.004(A).

271.006: Severability

The provisions of 105 CMR 271.000 are severable. If any provision or application thereof is held to be invalid by a court of competent jurisdiction, such invalidity will be severed and will not affect the remainder of 105 CMR 271.000.

REGULATORY AUTHORITY

105 CMR 271.000: St. 2010, c. 313 and M.G.L. c. 111, § 3.