

HEDIS® measures

Follow-up after hospitalization for mental illness (FUH)

This HEDIS® measure represents the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge
2. The percentage of discharges for which the member received follow-up within 7 days after discharge

Report age stratifications for 6-17 years, 18-64 years, 65 years and older, and a total rate.

Numerator codes for FUH

There is a large list of approved NCQA codes used to identify services included in the FUH measure. Below are a few of the approved codes. For a complete list, see [NCQA.org](https://www.ncqa.org). Some codes may not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.

If a member is compliant for the 7-day indicator, they are automatically compliant for the 30-day indicator. To capture follow-up care treatment within 7 and 30 days of the hospital discharge, for example, a code from table one accompanying a code from table two can be used:

Code class	Codes	Description
ICD-10	F32.2	Major depressive disorder, single episode, severe, without psychotic features
ICD-10	F41.9	Anxiety disorder, unspecified
ICD-10	F20.9	Schizophrenia, unspecified
Code class	Codes	Description
CPT	98966-98968; 99411-99443	Telephone Visit
CPT	98960-98962; 99201- 99205	Behavioral Health Outpatient Visit

Strategies for improvement

- ✓ Outpatient treatment received prior to inpatient care can be a predictor of follow-up care and how patients recover post discharge. Encourage medication and treatment regimen adherence.
- ✓ Coordinate care with all involved in the treatment process.
- ✓ Provide credible sources, such as National Alliance on Mental Illness (NAMI), to address any fears and stigma surrounding treatment.
- ✓ Use a trauma-informed approach, addressing these six principals in the approach:
 - Safety
 - Peer support
 - Collaboration and family
 - Trustworthiness and transparency
 - Empowerment, voice and choice
 - Cultural, historical and gender issue

For assistance finding a provider to refer for mental health treatment, use our provider directory or call Aetna at 1-866-329-4701.

Other notes about the eligible population

Events and diagnosis: An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

Acute readmission or direct transfer: The health plan identifies readmissions and direct transfers to an acute inpatient care setting during the 30-day follow-up period and excludes both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year. If the readmission/direct transfer to the acute inpatient care setting was for a principal diagnosis (use only the principal diagnosis on the discharge claim) of mental health disorder or intentional self-harm, the health plan will count only the last discharge. If the readmission/direct transfer to the acute inpatient care setting was for any other principal diagnosis (use only the principal diagnosis on the discharge claim), the health plan will exclude both the original and the readmission/direct transfer discharge.

Nonacute readmission or direct transfer: The health plan excludes discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of the principal diagnosis for the readmission. These discharges are excluded from the measure because rehospitalization or direct transfer may prevent an outpatient follow-up visit from taking place.

Compliant follow-up visits

30-Day: A follow-up visit with a mental health provider within 30 days after discharge. Do not include visits that occur on the date of discharge.

7-Day: A follow-up visit with a mental health provider within 7 days after discharge. Do not include visits that occur on the date of discharge.

For both indicators, any of the following meet criteria for a follow-up visit:

- Behavioral health outpatient visit with a mental health provider
- Intensive outpatient or partial hospitalization
- Outpatient visit with a mental health provider and with appropriate place of service code
- Intensive outpatient visit or partial hospitalization with appropriate place of service code
- Community mental health center visit with appropriate place of service code
- Transitional care management services
- Electroconvulsive therapy with appropriate place of service code
- Telehealth or telephone visit with a mental health provider
- Behavioral health care setting visit
- Psychiatric collaborative care management

[AetnaBetterHealth.com/Illinois-Medicaid/Providers](https://www.aetna.com/betterhealth/illinois-medicaid/providers)

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