



HEDIS® Lunch and Learn

Behavioral Health Follow-Up

Alana Hoover

Quality Practice Advisor

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HEDIS®

News You can Use



Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information

Monthly Webinars: 30 minutes, 1 HEDIS topic



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Follow-up after Emergency Department Visit for Mental Illness (FUM)



Follow-up after Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

** Follow-up visits may be with **any** practitioner.

** ED visits that result in an inpatient stay (acute or nonacute) are not included in the measure.

At this time telehealth visits are still considered for compliance.

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Follow-up after Emergency Department Visit for Substance Use (FUA)

Follow-up after Emergency Department Visit for Substance Use (FUA)

The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of Substance Use Disorder (SUD) or any diagnosis of drug overdose, who had a follow-up visit. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

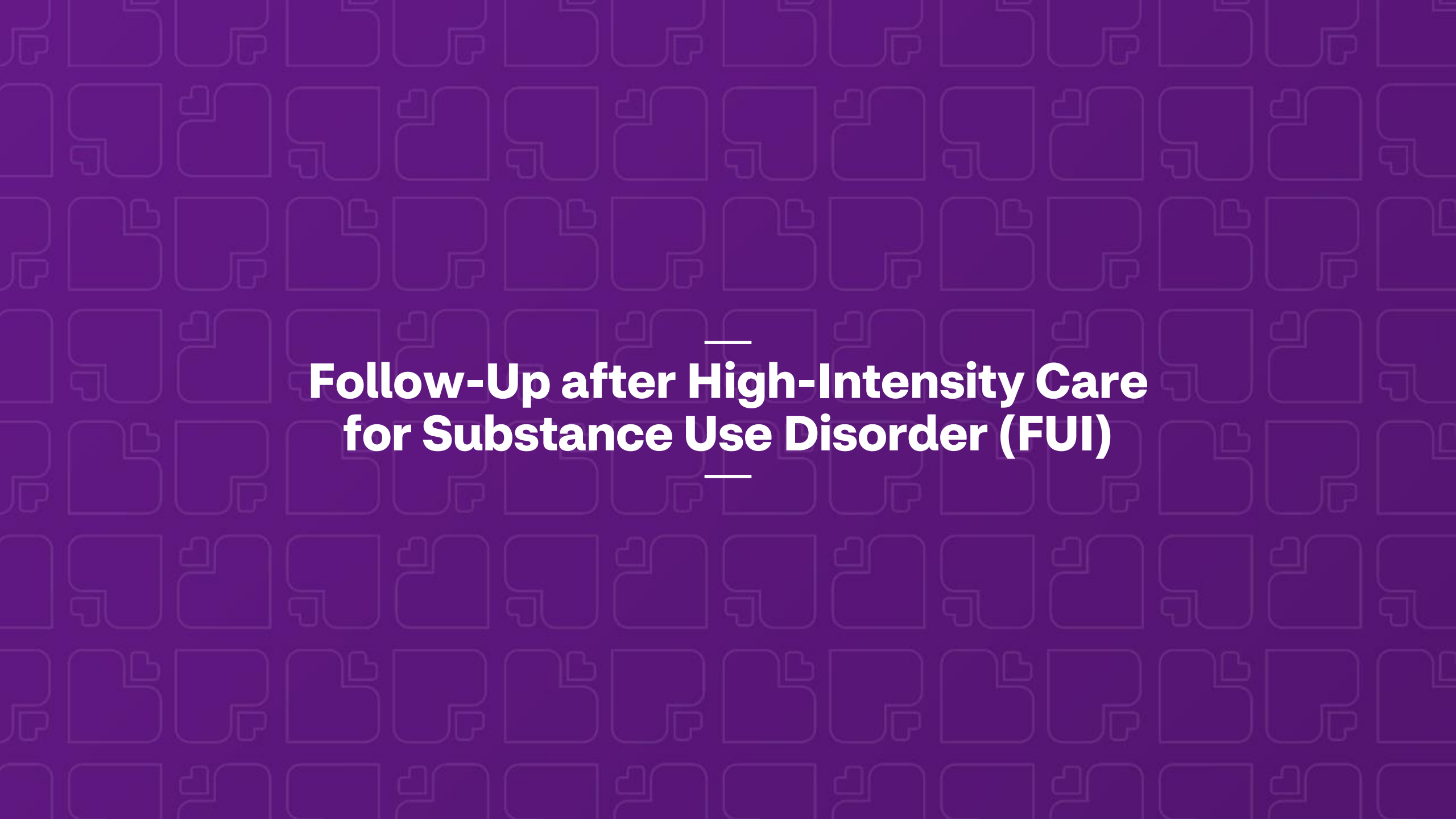
** The diagnosis for SUD can be a principal or secondary diagnosis [on the follow-up visit](#).

** Follow-up can be a pharmacotherapy dispensing event

** SUD also includes Alcohol Use disorders.

Note: ED visits that result in an inpatient stay (acute or nonacute) or residential treatment stay are not included in the measure.



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Follow-Up after High-Intensity Care for Substance Use Disorder (FUI)



Follow-Up after High-Intensity Care for Substance Use Disorder (FUI)

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.



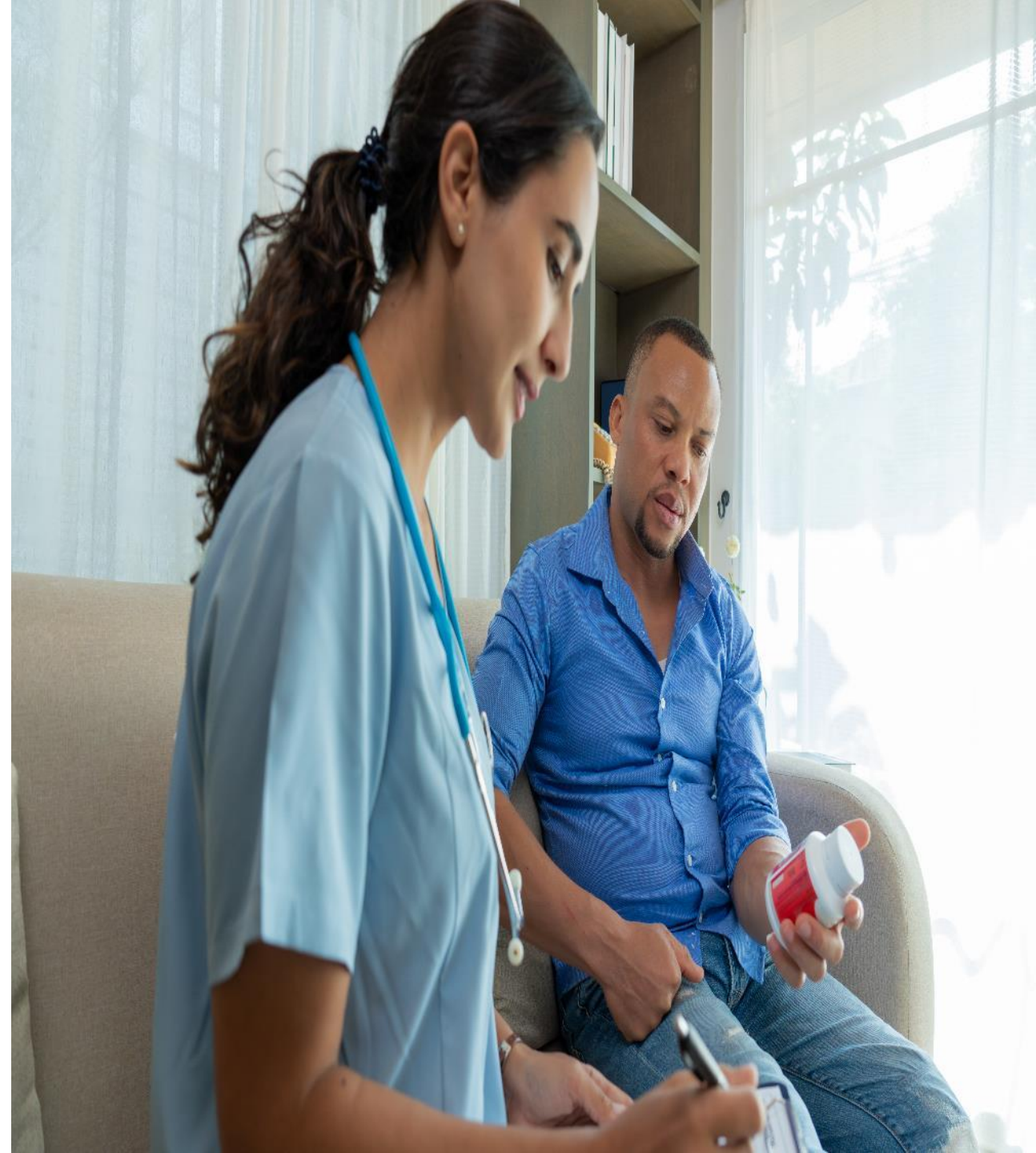
Follow-up after Hospitalization for Mental Illness (FUH)

Follow-up after Hospitalization for Mental Illness (FUH)

Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness or intentional self-harm diagnoses who had a follow-up visit with a **mental health provider**.

Two rates are reported:

1. Members who received a follow-up visit within 7 days of discharge
2. Members who received a follow-up visit within 30 days of discharge



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Member Incentives

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Member Incentives Program:



\$50.00 Reward: FUM

- Members who complete a follow-up visit within 7 days after a behavioral health ED visit.

Or

\$25.00 Reward: FUM

- Members who complete a follow-up visit within 30 days after a behavioral health ED visit.

Be sure to call Member Services at **888-348-2922** for more details and the most up-to-date information.

Member Incentives Program:



\$50.00 Reward: FUI or FUA

- Members who complete follow-up visit for discharge for treatment of substance use within 7 days (ages 13 and older)

Or

\$25.00 Reward: FUI or FUA

- Members who complete follow-up visit for discharge for treatment of substance use within 30 days (ages 13 and older)

Be sure to call Member Services at **888-348-2922** for more details and the most up-to-date information.

Gaps in Care

Challenges

Why Gaps in Care?



- **Short measure time frames**
- **Appointment availability/wait time to schedule a follow-up appointment**
- **Transportation barriers, inaccurate contact info**
- **Coding incongruencies between ED/hosp dx and follow-up dx**
- **Provider offices often closed on weekends, and FUA/FUM/FUH/FUI measure time frames include weekends**
- **Members may experience stigma for seeking additional care for mental health, self-harm and substance use issues**
- **Facilities and/or provider may be unaware of the timeframe members need to receive their follow-up appointments**



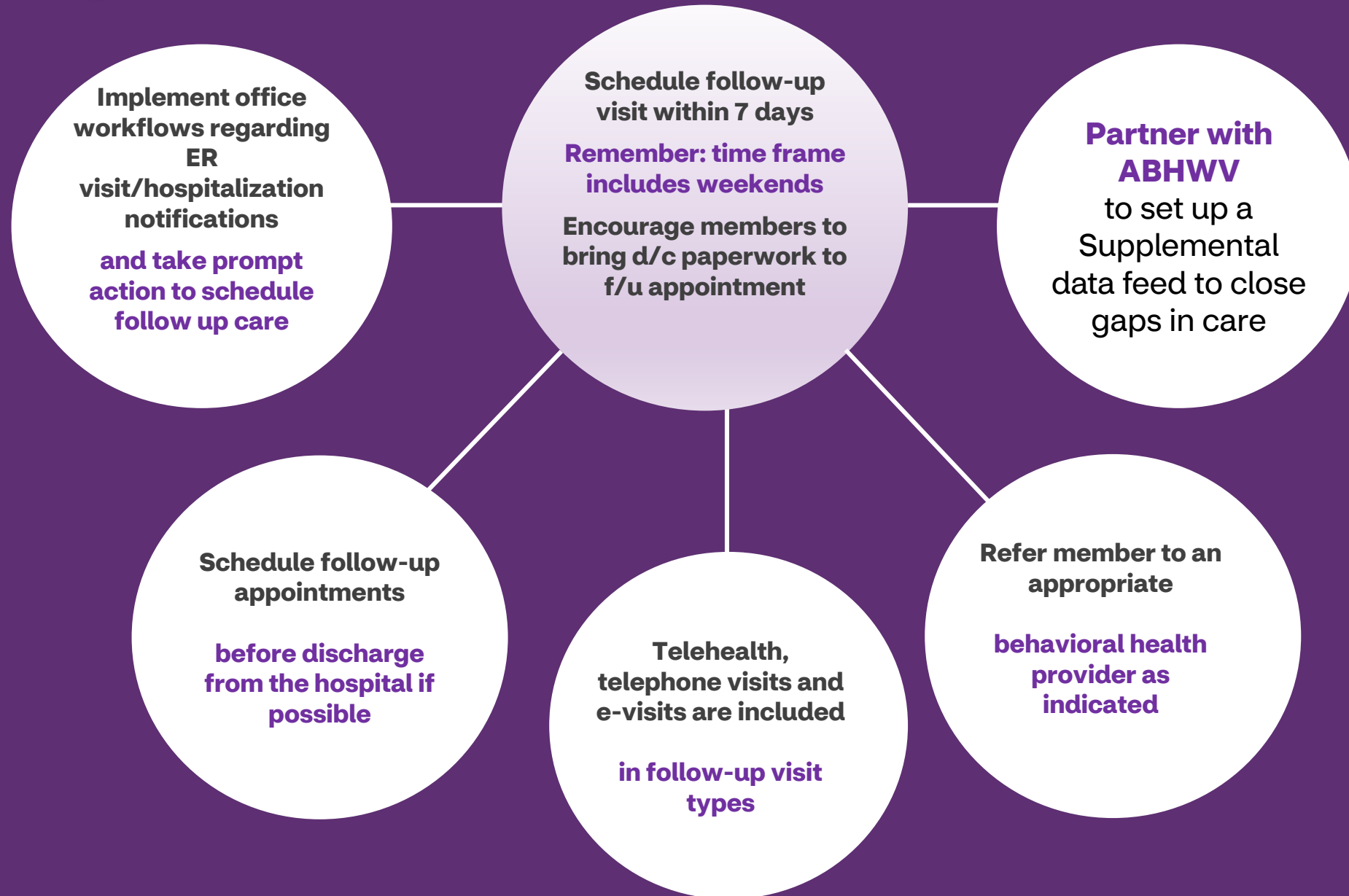
- **History of childhood traumas (ACES) – this can contribute to members being in measure, but also a barrier to seeking follow-up care**
- **Reluctance to accept there is a substance use or mental health condition**
- **Some members are transient, moving from home to home – may go to ER, but not follow-up care at provider office**
- **Alcohol use is more acceptable in societal belief systems than other Drug or Opioid use, potentially resulting in members not realizing/accepting they need follow-up care**
- **Lack of member support system, SDoH factors**



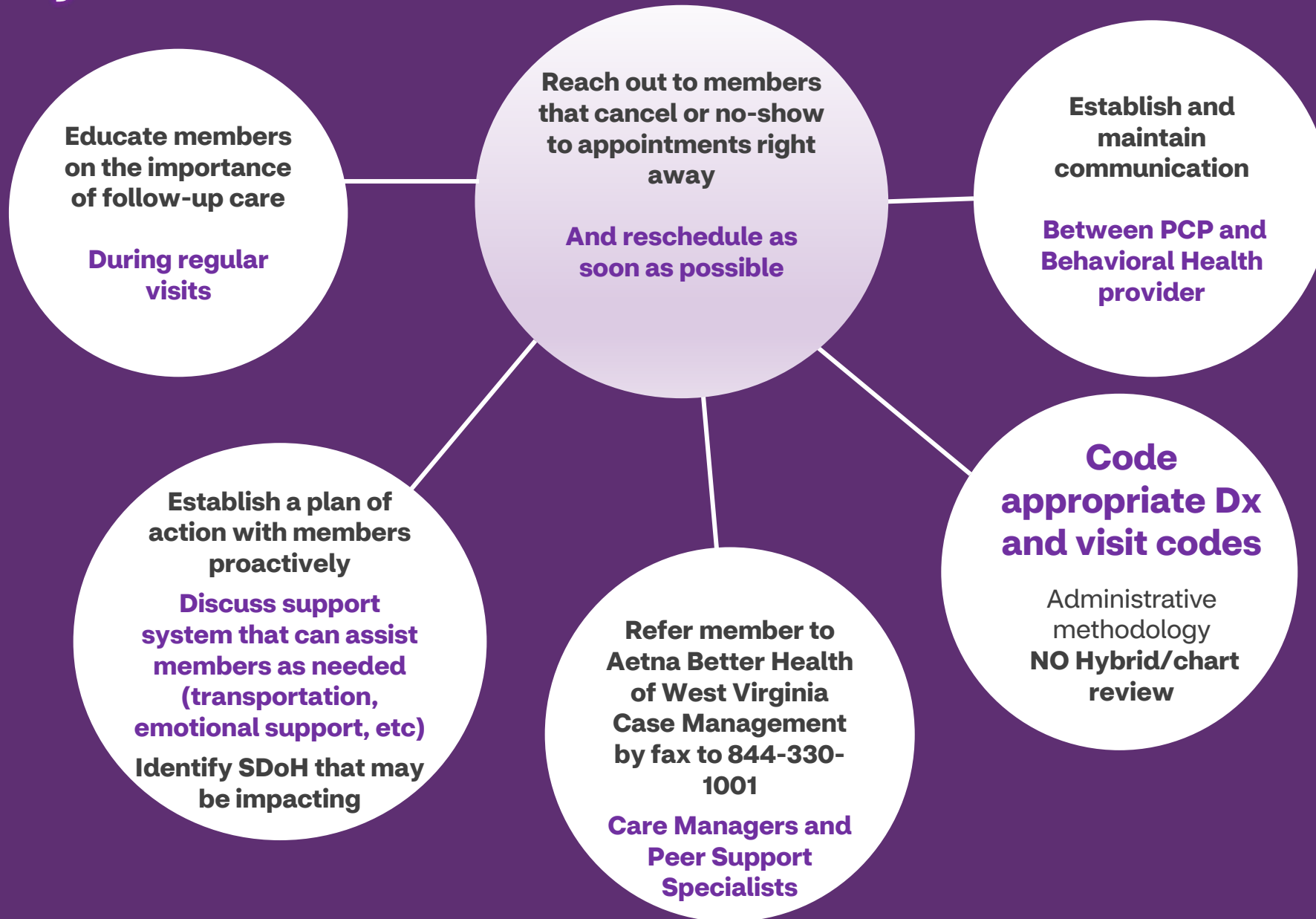
- **Mental health providers possibly requiring self-referral/conversation w/member before scheduling (vs scheduling through PCP office)**
- **Health plan & provider experience challenges identifying members in ED in timely manner**
- **Providers potentially not aware member has been in the hospital or had ER stay, impacting timely follow-up care**
- **FUA/FUM – potential perception that follow-up visit must only be done with a mental health provider**
- **Some members may qualify for the FUA measure after an alcohol related situation that may have been an isolated incident where member does not perceive follow-up care as crucial**

Take-Away Action

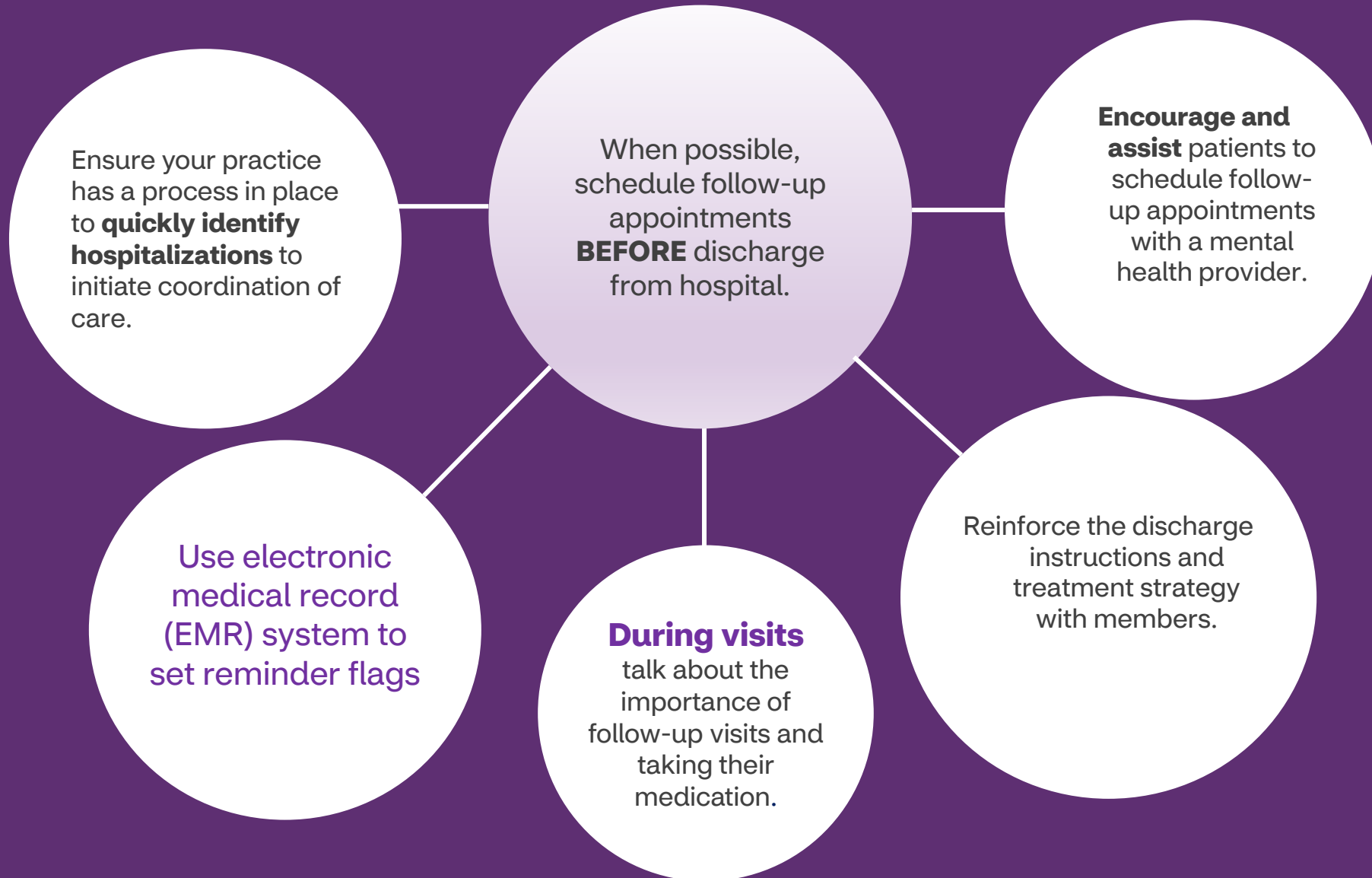
Take-Away Actions



Take-Away Actions Cont.



Take-Away Actions – Cont.





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Questions?

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ABHWV website - **Provider HEDIS Section**

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>

Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their health management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWV Quality Partnerships

Melani McNinch, Senior Director, ABHWV Health Care Quality Mgt

- ABHWVHEDIS@aetna.com

EMR supplemental feed options

Tosha Morris

ABHWVHEDIS@aetna.com

304-348-2003

Wellness Event Partnering

David Roberts

ABHWVHEDIS@aetna.com

304-539-9046

Alana Hoover, ABHWV Quality Practice Advisor

HooverA2@aetna.com

Other Resources

<https://www.samhsa.gov/>

<https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

<https://www.help4wv.com/>
<https://wv211.org/>

<https://www.findhelp.org/find-social-services/west-virginia>

Aetna Better Health of West
Case Management referral: 1-888-348-2922 by phone or 844-330-1001 by fax

