

2020 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Follow-up After Hospitalization for Mental Illness (FUH)

Effectiveness of Care HEDIS® Measure*

HEDIS measure description

The percentage of discharges for members who were hospitalized for treatment of selected mental illness **or** intentional self-harm diagnoses and who followed up with a mental health provider.

Measure population (denominator)

Members age 6 and older who were discharged after hospitalization for mental illness or intentional self-harm between January 1 and December 1 of the measurement year.

Measure compliance (numerator)

Two rates are reported.

- **7-day follow-up.** Visit with a mental health provider within seven days after discharge.
- **30-day follow-up.** Visit with a mental health provider within 30 days after discharge.

Note: Visits that occur on the date of discharge do not count.

Did you know?

- There are over 2,000,000 hospitalizations each year for mental illness in the U.S.
- Patients discharged after hospitalization for mental illness who do not receive follow-up are more likely to be rehospitalized.
- More than one-third of initial appointments after hospitalization are kept.
- According to the CDC, the national suicide rate reached 13 per 100,000 people in 2014, the highest since 1986.

This measure applies to both commercial and Medicare members.

continued

Any of the following visit types **with** a mental health provider would meet criteria:

- Outpatient visit
- Intensive outpatient encounter or partial hospitalization
- Community mental health center
- Electroconvulsive therapy
- A telehealth visit
- An observation visit
- Transitional care management services

Exclusions

- Members in hospice
- Members deceased during measurement year

Helpful HEDIS hints

- Discharge planning beginning upon admission, with discharge planners ensuring that appointments are scheduled **within seven days** of discharge.
- Case management outreach to patients for assessment of possible barriers to a follow-up appointment and assistance, if needed.
- Reminder phone calls placed to patients before visits.
- Providers working with hospitals to ensure access to visits within a specified time frame.
- Discharge planning and outpatient provider support are critical to achieving a successful follow-up after an acute hospitalization.
- Visits occurring on the date of discharge will **not** count toward this measure.
- Provide National Suicide Prevention Hotline number, 1-800-273-TALK, to all patients.

A visit with a mental health practitioner can be with **or** without a telehealth modifier.

Resources

1. National Alliance on Mental Illness (NAMI). 2017. "What Does It Mean to Have a Mental Illness." [nami.org/Blogs/NAMI-Blog/March-2017/What-Does-It-Mean-to-Have-a-Mental-Illness*](https://www.nami.org/Blogs/NAMI-Blog/March-2017/What-Does-It-Mean-to-Have-a-Mental-Illness*)
2. Centers for Disease Control and Prevention. Updated September 1, 2011. CDC Mental Illness Surveillance. "CDC Report: Mental Illness Surveillance Among Adults in the United States." [cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm)
3. Centers for Disease Control and Prevention (CDC). 2016. "Suicide rising across the U.S." [cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf](https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf)

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