

# 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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