

Follow-Up After Hospitalization for Mental Illness (FUH)

Measure title	Follow-Up After Hospitalization for Mental Illness	Measure ID	FUH
Description	<p>The percentage of discharges for persons 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the person received follow-up within 30 days after discharge. 2. The percentage of discharges for which the person received follow-up within 7 days after discharge. 		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<p>Refer to the complete copyright and disclaimer information at the front of this publication.</p> <p>NCQA website: www.ncqa.org.</p> <p>Submit policy clarification support questions via My NCQA (https://my.ncqa.org).</p>		
Clinical recommendation statement/ rationale	<p>Ensuring coordination of care for individuals leaving the inpatient setting is critical. Individuals discharged from these settings may face health risks, including potential medication non-compliance, social isolation, substance use, suicidal ideation or self-harm, as well as financial or practical challenges, such as stable housing.</p> <p>Follow-up services can act as a critical link between the inpatient setting and transition into the community, ensuring coordination of care and ongoing support. During follow-up, providers have the opportunity to evaluate progress, address emerging symptoms and concerns, and adjust the treatment plan as needed. Early interventions and proactive management of potential challenges can reduce risk of readmission and promote sustained well-being. Additionally, studies have shown that timely follow-up after psychiatric hospitalization can increase the likelihood of adherence to medication and outpatient treatment, and reduce risk of suicide.</p>		
Citations	<p>Fontanella, C.A., L.A. Warner, J.D. Steelesmith, G. Brock, J.A. Bridge, & J.V. Campo. 2020. "Association of Timely Outpatient Mental Health Services for Youths after Psychiatric Hospitalization with Risk of Death by Suicide." <i>JAMA Network Open</i> 3(8), E2012887.</p> <p>Chung, D.T. C.J. Ryan, D. Hadzi-Pavlovic, S.P. Singh, C. Stanton, & M.M. Large. 2017. "Suicide Rates After Discharge From Psychiatric Facilities: A Systematic Review and Meta-Analysis." <i>JAMA Psychiatry</i> 74(7), 694–702.</p> <p>Fontanella, C.A., J.A. Bridge, S.C. Marcus, & Campo, J.V. 2011. "Factors Associated with Antidepressant Adherence for Medicaid-Enrolled Children and Adolescents." <i>Annals of Pharmacotherapy</i> 45(7-8), 898–909.</p>		

	<p>Beadles, C.A., A.R. Ellis, J.C. Lichstein, J.F. Farley, C.T. Jackson, J.P. Morrissey, & M.E. Domino. 2015. "First Outpatient Follow-Up After Psychiatric Hospitalization: Does One Size Fit All?" <i>Psychiatric Services</i> 66(4), 364–72. https://doi.org/10.1176/appi.ps.201400081</p>
Characteristics	
Scoring	Proportion.
Type	Process.
Product lines	<ul style="list-style-type: none"> • Commercial. • Medicaid. • Medicare.
Stratifications	<p>Age as of the date of discharge.</p> <ul style="list-style-type: none"> • 6–17 years. • 18–64 years. • 65 years and older. <p>Race. (Refer to <u><i>General Guideline: Race and Ethnicity Stratification.</i></u>)</p> <ul style="list-style-type: none"> • American Indian or Alaska Native. • Asian. • Black or African American. • Middle Eastern or North African. • Native Hawaiian or Pacific Islander. • White. • Other Race. • Two or More Races. • Asked But No Answer. • Unknown. <p>Ethnicity. (Refer to <u><i>General Guideline: Race and Ethnicity Stratification.</i></u>)</p> <ul style="list-style-type: none"> • Hispanic or Latino. • Not Hispanic or Latino. • Asked But No Answer. • Unknown.
Risk adjustment	None.
Improvement notation	Increased score indicates improvement.
Guidance	<p>Data collection methodology: Administrative. Refer to the <u><i>General Guideline: Data Collection Methods</i></u> for additional information.</p> <p>Date specificity: Dates must be specific enough to determine the event occurred in the period being measured.</p>

	<p>Which services count?</p> <ul style="list-style-type: none"> • When using claims, include all paid, suspended, pending and denied claims. • Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (e.g., within 30 days after discharge or within 7 days after discharge). <p>Other guidance:</p> <ul style="list-style-type: none"> • Refer to Appendix 1 for the definition of <i>mental health provider</i>. Organizations must develop their own methods to identify mental health providers. Methods are subject to review by the HEDIS auditor. • The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.
Initial population	<p><i>Measure item count:</i> Episode.</p> <p><i>Attribution basis:</i> Enrollment.</p> <ul style="list-style-type: none"> • <i>Benefits:</i> Medical and mental health (inpatient and outpatient). • <i>Continuous enrollment:</i> Date of discharge through 30 days after discharge. • <i>Allowable gap:</i> None. <p><i>Ages:</i> 6 years of age and older as of the date of discharge.</p> <p><i>Event:</i> Hospitalization for mental illness.</p> <p>An acute inpatient discharge with a principal diagnosis of mental illness (Mental Illness Value Set), or any diagnosis of intentional self-harm (Intentional Self Harm Value Set), on the discharge claim on or between January 1 and December 1 of the measurement period. To identify acute inpatient discharges:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. <p>Acute readmission or direct transfer.</p> <p>Identify readmissions and direct transfers to an acute inpatient care setting during the 30-day follow-up period:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the admission date for the stay (the admission date must occur during the 30-day follow-up period). 4. Identify the discharge date for the stay. <p>Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement period.</p>

	<p>If the readmission/direct transfer to the acute inpatient care setting was for a principal diagnosis of mental health disorder, or any diagnosis of intentional self-harm (<u>Mental Health Diagnosis Value Set</u>; <u>Intentional Self Harm Value Set</u>), count only the last discharge (use only the discharge claim).</p> <p>If the readmission/direct transfer to the acute inpatient care setting was for any other principal diagnosis, and intentional self-harm was not on the claim in any diagnosis position, exclude both the original and the readmission/direct transfer discharge (use only the discharge claim).</p> <p>Nonacute readmission or direct transfer. Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting (except for psychiatric residential treatment) within the 30-day follow-up period, regardless of the diagnosis for the readmission. To identify readmissions and direct transfers to a nonacute inpatient care setting:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays except for residential psychiatric treatment (<u>Inpatient Stay Except Psychiatric Residential Value Set</u>). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (<u>Nonacute Inpatient Stay Value Set</u>) on the claim. 3. Identify the admission date for the stay. <p>These discharges are excluded from the measure because rehospitalization or direct transfer may prevent an outpatient follow-up visit from taking place.</p>
Denominator exclusions	<p>Persons with a date of death. Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.</p> <p>Persons in hospice or using hospice services. Persons who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.</p>
Denominator	The initial population minus denominator exclusions.
Numerator	<p>Numerator 1: 30-day follow-up. A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder, within 30 days after discharge. Do not include visits that occur on the date of discharge.</p> <p>Numerator 2: 7-day follow-up. A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder, within 7 days after discharge. Do not include visits that occur on the date of discharge.</p> <p>For both indicators, any of the following meet criteria for a follow-up visit:</p> <ul style="list-style-type: none"> • An outpatient visit (<u>Visit Setting Unspecified Value Set</u>) with (<u>Outpatient POS Value Set</u>) with a mental health provider.

	<ul style="list-style-type: none"> • An outpatient visit (<u>Visit Setting Unspecified Value Set</u>) with (<u>Outpatient POS Value Set</u>) with any diagnosis of mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • An outpatient visit (<u>BH Outpatient Value Set</u>) with a mental health provider. • An outpatient visit (<u>BH Outpatient Value Set</u>) with any diagnosis of mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • An intensive outpatient encounter or partial hospitalization (<u>Visit Setting Unspecified Value Set</u>) with POS code 52). • An intensive outpatient encounter or partial hospitalization (<u>Partial Hospitalization or Intensive Outpatient Value Set</u>). • A community mental health center visit (<u>Visit Setting Unspecified Value Set</u>; <u>BH Outpatient Value Set</u>; <u>Transitional Care Management Services Value Set</u>) with POS code 53. • Electroconvulsive therapy (<u>Electroconvulsive Therapy Value Set</u>) with (<u>Outpatient POS Value Set</u>; POS code 24; POS code 52; POS code 53). • A telehealth visit (<u>Visit Setting Unspecified Value Set</u>) with (<u>Telehealth POS Value Set</u>) with a mental health provider. • A telehealth visit (<u>Visit Setting Unspecified Value Set</u>) with (<u>Telehealth POS Value Set</u>) with any diagnosis of mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • Transitional care management services (<u>Transitional Care Management Services Value Set</u>) with a mental health provider. • Transitional care management services (<u>Transitional Care Management Services Value Set</u>) with any diagnosis of mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • A visit in a behavioral healthcare setting (<u>Behavioral Healthcare Setting Value Set</u>). • A telephone visit (<u>Telephone Visits Value Set</u>) with a mental health provider. • A telephone visit (<u>Telephone Visits Value Set</u>) with any diagnosis of mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • Psychiatric collaborative care management (<u>Psychiatric Collaborative Care Management Value Set</u>). • Peer support services (<u>Peer Support Services Value Set</u>) with any diagnosis of mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • Psychiatric residential treatment (<u>Residential Behavioral Health Treatment Value Set</u>). • Psychiatric residential treatment (<u>Visit Setting Unspecified Value Set</u>) with POS code 56).
Summary of changes	<ul style="list-style-type: none"> • Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024. • Added instructions on allowable adjustments to the race and ethnicity stratification.

	<ul style="list-style-type: none">• Technical Update: Revised the stratifications and Data Elements for Reporting table.																																												
Data element tables	Organizations that submit HEDIS data to NCQA must provide the following data elements.																																												
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Rules for Allowable Adjustments

Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures may not be used for HEDIS health plan reporting.

ADJUSTMENTS ALLOWED

- *Product lines.* Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used.
- *Benefits.* Organizations are not required to use a benefit.
- *Attribution.* Organizations are not required to use enrollment criteria.
- *Ages.* The denominator age range may be expanded. Age determination dates may be changed (6 years as of the date of the ED visit).
- *Other.* Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
- *Measurement period adjustments.* Organizations may adjust the measurement period.
- *Stratifications:* Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed.
- *Exclusions.* The hospice and deceased persons exclusions are not required.
- *Telehealth.* Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.
- *Supplemental data.* Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.

ADJUSTMENTS ALLOWED WITH LIMITS

- *Initial population:* Event. Only events or diagnoses that contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. Organizations may assess at the person level by applying measure logic appropriately (i.e., percentage of persons with documentation of an ED visit with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness).

ADJUSTMENTS NOT ALLOWED

- *Numerator.* Value sets and logic may not be changed for both the 30-day and 7-day follow-up rates.