WHAT IS THE FUH MEASURE LOOKING AT?
Individuals (six years and older) who are hospitalized for a mental health diagnosis and then discharged to the community. The measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

WHY IS THE FUH MEASURE IMPORTANT?
Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in readmittance to an inpatient facility. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient's return to baseline functioning in a less-restrictive level of care.

WHO IS INCLUDED IN THE MEASURE?
Members hospitalized with a primary diagnosis of mental illness or intentional self-harm

Applies to members age 6+; Commercial, Medicaid and Medicare LOB are included

WHEN DOES A MEMBER ‘PASS’ THE MEASURE?
When there is an aftercare appointment within 7 (or 30) days of the hospitalization

Please Note: Visits that occur on the same date of discharge are not reportable as part of the quality measure. Scheduling follow up appointments between the first and seventh day after hospital discharge ensures meaningful, effective engagement

What Aftercare Services Qualify?
- Medication Management with a Psychiatrist/ARNP
- Individual Therapy in the home or office in accordance with program specifications
- Electroconvulsive Therapy (ECT)
- Intensive Outpatient Program (IOP) or Partial Hospitalization Program (PHP)
- Mental Health and/or Substance Use Assessments, Screenings, Treatment Planning
- Community-Based Wrap-Around and/or Day Treatment Services

WHICH MEMBERS ARE EXCLUDED?
Non-acute IP stays are excluded.
Members on hospice are also excluded
WHAT CAN PROVIDERS DO TO IMPROVE FUH ENGAGEMENT RATES?

Inpatient Providers:
- Discharge planning should begin as soon as the individual is admitted and should be ongoing and specific.
- Schedule the patient’s aftercare appointment prior to discharge.
- Attempt to alleviate barriers to attending appointments prior to discharge (i.e., obtaining accurate, current contact information, coordinating with Beacon).
- Ensure the member’s discharge paperwork is sent to the outpatient provider and to Beacon within 24 hours.
- Invite care coordinators to meet members so that aftercare planning can occur.

Outpatient Providers:
- Ensure flexibility when scheduling appointments for patients who are being discharged from acute care; the appointment should be scheduled within seven days of discharge.
- Review medications with patients to ensure they understand the purpose, appropriate frequency, and method of administration.
- Educate office staff on local resources to assist with barriers such as transportation needs.
- Establish communication pathway with inpatient discharge coordinators at local facilities.
- Submit claims in a timely manner.

What are the Discharge Diagnosis Codes that need a Follow-Up Visit?
These are some common ICD-10 codes for Mental Illness that need a follow up visit within 7 (or no longer than 30) days after the Inpatient Visit:

F20.0, F20.1, F20.89, F21, F22, F23, F24, F25.0, F25.8, F25.9, F28, F29, F30.10, F31.0, F31.10, F31.30, F31.89, F32.0, F34.9, F39, F42, F90.0, F90.1, F90.2, F91.1, F91.2, F91.3, F91.8, F93.0, F93.8, F94.8

WHAT IS HEDIS®?
HEDIS (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS measures results and drives improvement efforts surrounding best practices.

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