

## 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.

## What is the HEDIS® FUH measure looking at?

Individuals (six years and older) who are hospitalized for a mental health or intentional self-harm diagnosis and then discharged to the community should have an outpatient appointment with a mental health practitioner soon after discharge. There are two submeasures for FUH – follow-up within *seven* days from the discharge date and follow-up within *thirty* days from the discharge date. A member who attends an appointment within seven days of discharge is also compliant for the thirty-day FUH submeasure. Appointments on the day of discharge do not count toward compliance of the measure.

## Why is the HEDIS® FUH measure important?

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization are less likely to readmit to an inpatient facility.<sup>1,2</sup> The ability to provide continuity of care can result in better mental health outcomes and support 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
- Members age 6+ covered under Commercial, Medicaid or Medicare LOB

## Which Members are excluded?

- Non-acute inpatient stays are excluded
- Members using hospice services at any time during the year
- Members who have a non-behavioral health readmission within 30 days of the mental health inpatient discharge

## When does the Member 'pass' the measure?

When they attend 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/PA with a mental health license or certificate
- 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
- Telehealth Services with a Mental Health Provider
- Psychiatric Collaborative Care Management

## What can providers do to help improve HEDIS® FUH 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.
- Involve the member and family in all stages of discharge planning.

- Attempt to alleviate barriers to attending appointments prior to discharge (i.e., obtaining accurate, current contact information, coordinating with Beacon).
- Develop local referral sources of OP providers who are able to provide aftercare to patients within 7 days of discharge.
- 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.
- Reminder calls to members prior to appointment and after a missed appointment to reschedule.
- 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 pathways with inpatient discharge coordinators at local facilities.
- Submit claims in a timely manner.

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<sup>1</sup> Smith et al. (2017). Psychiatric Inpatient Discharge Planning Practices and Attendance at Aftercare Appointments. *Psychiatric Services*, 68(1), 92-95. (doi:10.1176/appi.ps.201500552)

<sup>2</sup> Hengartner, Michael P., et al. (2015). Introduction of a psychosocial post-discharge intervention program aimed at reducing psychiatric re-hospitalization rates and at improving mental health and functioning. *Perspectives in Psychiatric Care*, 53(1): 10–15. (doi:10.1111/ppc.12131)

