

HEDIS® Tip Sheet

Follow-Up After Hospitalization for Mental Illness (FUH)

CarePartners of Connecticut's HEDIS Tip Sheets outline key features of specific HEDIS measures. These best practices and tips can optimize HEDIS scores and identify opportunities to improve patient care.



The FUH HEDIS measure assesses the percentage of discharges for patients six 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:

- The percentage of discharges for which the patient received follow-up within **30 days** after discharge
- The percentage of discharges for which the patient received follow-up within **seven days** after discharge

Note: Services that occur on the date of discharge do not count toward compliance.



Provider Best Practices

- **Ensure** that the follow-up appointment is arranged before the member leaves the hospital and that it's scheduled within seven days of discharge. (Explain to the patient the importance of being seen within seven days.)
- **Review** medications to ensure patient understanding of purpose, frequency, and administration methods.
- **Emphasize** the significance of consistency and adherence to the medication regimen.
- **Submit** claims and encounter data in a timely manner and ensure accurate and complete coding.
- **Coordinate** care between primary care providers and behavioral health specialists via care transition plans and shared progress notes and updates.
- **Identify** and address any barriers to keeping appointments.
- **Conduct** reminder calls to confirm appointments and reach out within 24 hours to patients who cancel, to reschedule appointments as soon as possible.
- **Educate** patients on crisis intervention options.

Did you know?*



- **Mental health disorders** are common in the United States; an estimated 1 in 5 adults live with a mental illness.
- **Early intervention** and proactive management of potential challenges can reduce the risk of hospital readmission and promote sustained well-being.
- **Studies** have shown that timely follow-up after psychiatric hospitalization can increase the likelihood of adherence to medication and outpatient treatment and reduce the risk of suicide.

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For both rates, the following meet the criteria for a follow-up service:

- An outpatient, telehealth, telephone, or transitional care management visit with a mental health provider
- An outpatient, telehealth, telephone, or transitional care management visit with **any** qualified provider, including a primary care provider, **and** a mental health disorder diagnosis
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- Electroconvulsive therapy
- A visit within a behavioral health setting
- Psychiatric collaborative care management
- Psychiatric residential treatment
- Peer support services with **any** mental health disorder diagnosis

A mental health provider is defined as any of the following:

- Psychiatrist (MD or DO)
- Psychologist
- Licensed clinical social worker
- Psychiatric nurse or mental health clinical nurse specialist
- Licensed marital and family therapist or mental health counselor
- Psychiatric physician assistant
- A certified Community Behavioral Health Center (CBHC)



Additional Resources

Visit the [McLean Professional Development](#) website for additional resources and education.

* Clinical citations

- Substance Abuse and Mental Health Services Administration (SAMHSA). 2023. Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. *HHS Publication No. PEP23-07-01-006, NSDUH Series H-58. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.* www.samhsa.gov/data/report/2022-nsduh-annual-national-report
- 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." *JAMA Psychiatry*, 74(7), 694-702
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