



IMPROVING HEALTH CARE QUALITY

Follow-Up After Hospitalization for Mental Illness

Blue Cross and Blue Shield of Montana (BCBSMT) collects quality data from our providers to measure and improve the care our members receive. Follow-up after Hospitalization for Mental Illness (FUH) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of discharges for members ages 6 and older who were hospitalized for the treatment of selected mental illness or intentional self-harm and who had a follow-up visit with a mental health provider. **The follow-up visit must be on a different date than the discharge date.** Two percentages are measured and reported:

- Discharges for which members had a follow-up visit within 30 days after discharge
- Discharges for which members had a follow-up visit within 7 days after discharge

FUH is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

About 1 in 5 Americans experience mental illness in a given year, according to the [Centers for Disease Control and Prevention \(CDC\)](#). Mental illnesses are the [third most common cause of hospitalization](#) in the U.S. for those ages 18 to 44. According to [NCQA](#), individuals hospitalized for mental illness are vulnerable after discharge. Timely follow-up visits with qualified mental health providers are critical for their well-being.



Eligible Population

Members ages 6 and older as of the discharge date are included in this measure.

Note: This measure is based on the number of discharges, not number of members. Members with multiple discharges can be included in the measure multiple times.

Tips to Consider

- Check that the member has a plan for a follow-up visit with a mental health practitioner within 7 and 30 days after discharge. This may include an intensive outpatient program, partial hospitalization program, community mental health center, electroconvulsive therapy or a telehealth visit.
- Before discharging the member, schedule a follow-up appointment. Contact the member before the visit to remind them.
- Educate inpatient and outpatient providers about clinical practice guidelines and this measure.
- Submit claims and encounter data in a timely manner.

How to Document

FUH data is collected from claims data. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSMT Network Representative.



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

HEDIS is a registered trademark of NCQA. Use of this resource is subject to NCQA's copyright. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for internal quality improvement purposes.