COMMUNITY FIRST HEALTH PLANS

PROVIDER TIPS

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH) WITHIN 7 AND 30 DAYS

Why is the FUH HEDIS Measure® important?

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization experience a reduction in readmission rates to inpatient facilities. Additionally, delivering consistent continuity of care can lead to better mental health outcomes and facilitate a patient's return to their baseline functioning in a less-restrictive care setting.

What does the FUH measure assess?

The FUH measure assesses the percentage of discharges for Members ages six and above who were hospitalized for treatment of a mental health or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider within **seven days** of their discharge, but no later than **30 days** from the discharge date.

What populations is included in the measure?

Members hospitalized with a primary diagnosis of mental illness or intentional self-harm. This measure applies to Members ages six and up across the Commercial, Medicaid, and Medicare lines of business.

When does a Member "pass" the measure?

Providers should document the date of the first follow-up visit that is at least one calendar day after discharge.

This measure calculates two rates for the first follow-up visit:

- **Within 7 days**
- **Within 30 days**

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

A visit with any of the following mental health providers meets the criteria: psychiatrist, psychologist, licensed clinical social worker, credentialed psychiatric nurse or mental health clinical nurse specialist, marital and family therapist, professional counselor, physician's assistant certified to practice psychiatry, and community mental health center.

Which services qualify to meet the measure?

Follow-up claims, including claims for any of the following services, qualify to meet this measure:

- Outpatients visit with a mental health provider
- Medication management with a Psychiatrist/APNP/PA with a mental health license or certificate
- Community support team (CST)

- Psychosocial rehabilitation (PSR)
- Peer support services (PSS)
- Intensive outpatient program (IOP)
- Partial hospitalization (PH)
- Opioid treatment/SA non-medical community residential treatment
- Targeted case management (TCM)
- Behavioral health day treatment
- Electroconvulsive therapy (ECT)
- Mental health and/or substance use assessments, screenings, treatment planning
- Community-based wrap-around and/or day treatment services
- Telehealth or telephone visit with a mental health provider
- Psychiatric collaborative care management

Best Practice Recommendations

Inpatient Providers

- Initiate discharge planning upon admission, maintaining its continuous and tailored progression.
- Schedule the patient's post-discharge appointment in advance.
- Engage the patient and family in all stages of discharge planning.
- Ensure Members have adequate access to prescribed medications.
- Attempt to address and mitigate barriers hindering post-discharge appointment attendance.
- Develop local referral sources of outpatient providers who can provide aftercare to patients within seven days of discharge.
- Ensure the prompt transmission of the Member's discharge documentation to both the outpatient provider and Community First Health Plans within 24 hours.
- Invite care coordinators to meet Members to facilitate the process of aftercare planning.

Outpatient Providers

- Offer telehealth and phone visits.
- Ensure flexibility when scheduling appointments for patients who are being discharged from acute care to allow for appointments to be scheduled within seven days of discharge.
- Make reminder calls to Members before appointments and after a missed appointment to reschedule.
- Review medications with patients to ensure they understand the purpose, appropriate frequency, and method of administration.
- Educate staff on local resources to assist with barriers such as transportation needs.
- Establish communication pathways with inpatient discharge coordinators at local facilities.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Use complete and accurate value set codes.
- Submit claims in a timely manner.

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VISIT TYPE	CPT	HCPCS	POS	UBREV
Unspecified Visits	90791 90792 90832 90833 90834 90836 90837 90838 90839 90840 90845 90847 90849 90853 90875 90876 99221 99222 99223 99231 99232 99233 99238 99239 99251 99252 99253 99254 99255	N/A	N/A	N/A
BH Outpatient	98960 98961 98962 99078 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99241 99242 99243 99244 99245 99341 99342 99343 99344 99345 99347 99348 99349 99350 99381 99382 99383 99384 99385 99386 99387 99391 99392 99393 99394 99395 99396 99397 99401 99402 99403 99404 99411 99412 99483 99492 99493 99494 99510	G0155 G0176 G0177 G0409 G0463 G0512 H0002 H0004 H0031 H0034 H0036 H0037 H0039 H0040 H2000 H2010 H2011 H2013 H2014 H2015 H2016 H2017 H2018 H2019 H2020 T1015	03 05 07 09 11 12 13 14 15 16 17 18 19 20 22 33 49 50 71 72	0510 0513 0515 0516 0517 0519 0520 0521 0522 0523 0526 0527 0528 0529 0900 0902 0903 0904 0911 0914 0915 0916 0917 0919 0982 0983
Partial Hospitalization or Intensive Outpatient	N/A	G0410 G0411 H0035 H2001 H2012 S0201 S9480 S9484 S9485	52	0905 0907 0912 0913
Psychiatric Collaborative Care Management	99492 99493 99494	G0512	N/A	N/A
Observation with a Mental Health / Community Mental Health Center	99217 99218 99219 99220	N/A	53	N/A
Electroconvulsive Therapy	90870	N/A	N/A	N/A
Behavioral Healthcare Setting	N/A	N/A	N/A	0513 0900 0901 0902 0903 0904 0905 0907 0911 0912 0913 0914 0915 0916 0917 0919
Transitional Care Management Services	99495 99496	N/A	N/A	N/A
Telephone Visits	98966 98967 98968 99441 99442 99443	N/A	02 10	N/A

*Refer to the current year ICD-10 CM manual for additional codes and guidelines.