

HEDIS[®] measures

Follow-up after emergency department visit for mental illness (FUM)

This HEDIS[®] measure represents the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days)

Report age stratifications for 6-17 years, 18-64 years, 65 years and older, and a total rate.

Numerator codes for FUM

There is a large list of approved NCQA codes used to identify services included in the FUM measure. Below are a few of the approved codes. For a complete list, see NCQA.org. Some codes may not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.

If a member is compliant for the 7-day indicator, they are automatically compliant for the 30-day indicator. To capture follow-up care treatment within 7 and 30 days of the hospital discharge, for example, a code from table one accompanying a code from table two can be used:

Code class	Codes	Description
ICD-10	F32.2	Major depressive disorder, single episode, severe, without psychotic features
ICD-10	F41.9	Anxiety disorder, unspecified
ICD-10	F20.9	Schizophrenia, unspecified
Code class	Codes	Description
CPT	98966-98968; 99411-99443	Telephone Visit
CPT	98960-98962; 99201-99205	Behavioral Health Outpatient Visit
HCPCS	G0512	Rural health clinic or FQHC, psychiatric collaborative care model

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Strategies for improvement

- ✓ Outpatient treatment received prior to inpatient care can be a predictor of follow up care and how patients recover post discharge. Encourage medication and treatment regimen adherence.
- ✓ Coordinate care with all involved in the treatment process.
- ✓ Provide credible sources, such as National Alliance on Mental Illness (NAMI), to address any fears and stigma surrounding treatment.
- ✓ Use a trauma-informed approach, addressing these six principals in the approach:
 - Safety
 - Peer support
 - Collaboration and family
 - Trustworthiness and transparency
 - Empowerment, voice and choice
 - Cultural, historical and gender issue

For assistance finding a provider to refer for mental health treatment, use our provider directory or call Aetna at 1-866-329-4701.

Other notes about the eligible population

Events and diagnosis: An ED visit with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year where the member was 6 years or older on the date of the visit. The denominator for this measure is based on ED visits, not on members. If a member has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period as described below.

Multiple visits in a 31-day period: If a member has more than one ED visit in a 31-day period, the health plan will include only the first eligible ED visit in the rate calculation. For example, if a member has an ED visit on January 1, the January 1 visit will be included but not the ED visits that occur on or between January 2 and January 31; then, if applicable, the next ED visit that occurs on or after February 1 will be included. The health plan identifies visits chronologically, including only one per 31-day period.

ED visits followed by inpatient admission: The health plan excludes ED visits that result in an inpatient stay from the rate calculation. The plan will also exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission. These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.

Compliant follow-up visits

30-Day: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

7-Day: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.

For both indicators, any of the following meet criteria for a follow-up visit:

- Outpatient, BH outpatient visit, intensive outpatient encounter, partial hospitalization or community mental health center visit with a principal diagnosis of a mental health disorder.
- Electroconvulsive therapy with a principal diagnosis of a mental health disorder
- Telehealth, observation, telephone, e-visit, virtual check- in visit with a principal diagnosis of a mental health disorder
- Outpatient visit, intensive outpatient encounter, partial hospitalization or community mental health center visit, with a principal diagnosis of intentional self-harm, with any diagnosis of a mental health disorder
- Electroconvulsive therapy with a principal diagnosis of intentional self-harm, with any diagnosis of a mental health disorder
- Telehealth, observation, telephone, e-visit or virtual check-in with a principal diagnosis of intentional self-harm, with any diagnosis of a mental health disorder

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