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Provider Bulletin

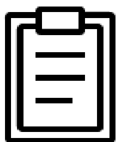
HEDIS® News You Can Use

Follow-Up After Hospitalization for Mental Illness (FUH)

Importance of the FUH measure

Follow-up care is essential for a successful transition from the inpatient setting to the community. Early intervention and proactive management of potential challenges can reduce the risk of readmission and support adherence to prescribed medications and outpatient treatment plans.

This bulletin offers information on any measure changes, best practice suggestions, links to codes and free resources.



Measure requirements

The focus is on the member receiving follow-up care

- within 7 days after discharge or
- within 30 days after discharge

Follow-up within 7 days satisfies the 30-day measure requirement.

For more detailed measure info, go to MC Gap Closure Reference Guide

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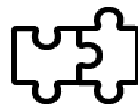
Coding information

- For claims include the qualifying **CPT/HCPCS** codes for the follow-up visit; for any visit setting unspecified, use **POS** codes.
- Visits must either be with a mental health provider, or with another licensed provider if the visit **includes** a diagnosis of a mental health disorder.

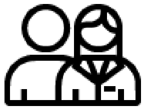
For up-to-date, measure specific codes to use, go to MC Gap Closure Reference Guide



Common reasons for Gaps in Care

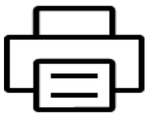
- Low patient engagement due to lack of support system, stigma, cultural beliefs, or access issues.
- Fragmented care coordination.
- Appointments scheduled beyond 7 days; missed appointments.
- Incorrect coding.

For members assigned but choosing not to establish care, go to MC PCP Change Request Form



Engagement strategies for mental health follow-up

- **Peer support:** Connect members with trained peers who can motivate and guide them through follow-up care.
- **Digital tools:** Leverage apps, text reminders, and virtual check-ins to keep members engaged and on track.
- **Family involvement**: Educate caregivers about the condition and recovery process; invite them to joint sessions (with consent) to build a strong support system.
- **Community partnerships:** Collaborate with trusted local groups or faith leaders for extended outreach and support.
- **Personalized plans:** Use visual care maps and recovery coaching to tailor follow-up care to each member's needs.



Great resources

Mercy Care Provider Manuals

AHCCCS OIFA Tools

AAFP Mental and BH: Family Physician Clinical Recommendations

Thank you for the care you provide to our members

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Best Practices

Tips to improve results

1. **Expand access:** Make care easier to reach by offering telehealth and flexible scheduling – including evenings and weekends.
2. **Outreach:** Use electronic medical record (EMR) or admission, discharge, transfer (ADT) alerts to spot care transitions and pro-actively schedule follow-ups within 7 days.
3. **Remind & re-schedule:** Keep members on track with automated reminders and timely outreach for missed appointments.
4. **Coordinate care:** Promote seamless communication among providers, caregivers, and support teams to ensure continuity.
5. **Support continuity of care:** Use same diagnosis code from the ED visit at each follow-up, unless there is a clinical change.

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