Follow-up After Hospitalization (FUH) for Mental Illness Measure: Getting Credit for Your Work

What is it?
The follow-up after hospitalization (FUH) measure assesses the percentage of members who received follow-up within seven days of discharge from inpatient hospitalization for a mental health disorder or intentional self-harm. The FUH measure is a fundamental part of quality improvement in healthcare.

Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.

In reviewing data for this measure, Alliance has found agencies not receiving credit for the measure due to the lack of claims. This measure requires two claims: the inpatient claim and the follow-up claim.

How are provider claims related to the FUH measure?
Alliance uses provider claims to determine if the FUH measure has been met for each member who has been hospitalized for a mental health disorder or intentional self-harm. First, the measure looks for an inpatient stay and the discharge date. Then the measure looks for a follow-up appointment within seven days of the discharge. It is critical to understand that both claims must have been processed to get credit for the measure. If there is a claim for a service within seven days from the date the member was discharged, the measure is met. If there is no claim within seven days from the date the member was discharged, the measure is not met.

Tips for meeting measure:
1. Ensure timely filing of all claims.
2. If you are in the process of credentialing the provider who follows up with the member, submit the claim and allow the system to pend the claim until credentialing is complete; this will decrease timely filing issues.

References
For more information about the FUH measure, go to
- Follow-Up After Hospitalization for Mental Illness – NCQA
- 7-Day Follow-Up After Discharge – Tips for Success

The information presented by Alliance Health above is for informational purposes only. It is not intended for use in lieu of state guidelines or service definitions nor is it to be used to guide individualized treatment. Please refer to your Medicaid contract for additional details.