

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

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Let's Improve Behavioral Health Follow-Up Opportunities Together!

Follow-Up after Emergency Department Visit for Mental Illness (FUM)

i Measure Requirements:

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).

****Follow-up visits may be 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 and 30 days after the ED visit.**

Note: ED visits that result in an inpatient stay are not included in the measure.



Patients trust you:

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

Follow-Up after Emergency Department Visit for Substance Use (FUA)

i Measure Requirements:

The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of Substance Use Disorder (SUD) or any diagnosis of drug overdose, who had a follow-up visit. 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).

The diagnosis for SUD can be a principal or secondary diagnosis on the follow-up visit.

Note: ED visits that result in an inpatient stay are not included in the measure.



Follow-Up after Hospitalization for Mental Illness (FUH)

Measure Requirements:

Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness or intentional self-harm diagnoses who had a follow-up visit with a **mental health provider**.

The measurement period for this measure is January 1 of the measurement year through December 1 of the measurement year.

Two rates are reported:

1. Members who received a follow-up visit within 7 days of discharge.
2. Members who received a follow-up visit within 30 days of discharge.

Note: The denominator is based on discharges, not members. Thus, if members have more than one discharge in the measurement period, they will be counted multiple times.

For both indicators, any of the following meet criteria for a follow-up visit (7-Day or 30-Day):

- An outpatient, telehealth, or telephone visit with a mental health provider
- An observation visit with a mental health provider.
- Transitional care management services with a mental health provider.
- A visit in a behavioral healthcare setting.
- A community mental health center visit.
- An intensive outpatient encounter or partial hospitalization.
- Electroconvulsive therapy.
- Psychiatric collaborative care management



Common Reasons for Gaps in Care:

- Appointment availability due to short timeframes.
- Transportation barriers for members to get to and from appointments.
- Members may experience stigma for seeking additional care for their mental health.
- Facilities and/or provider offices may be unaware of the timeframe members need to receive their follow up appointments.
- Members reluctant to accept there is a substance use issue.
- Alcohol use is more socially acceptable, resulting in members not realizing there is a need for follow-up. Care.



Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact **Sherry Griffith** at **ABHWVHEDIS@aetna.com**.



Best Practices

- Schedule follow-up visit within 7 days – timeframe includes weekends.
- Educate members on the importance of follow-up treatment.
- Schedule follow-up appointments **BEFORE** discharge from hospital.
- Reach out to members that cancel or no show to appointments right away and reschedule as soon as possible.
- Telephone visits and e-visits or virtual check-ins are included in follow-up visit types.
- Refer member to an appropriate behavioral health provider as indicated. Please call provider services if assistance is needed at **1-888-348-2922**.
- Refer member to Aetna Better Health of West Virginia Case Management by fax to **844-330-1001**.
- Screen patients for a personal or family history of dependence disorders.
- When substance abuse is identified, it's very important to schedule appropriate follow-up treatment.
- **FUM/FUA:** Follow-up visits that occur *on the date of the ED visit* do count towards compliance.
- **FUH:** Follow-up visits that occur *on the day of discharge* do NOT count towards compliance.