



QUALITY CARE

Follow-Up After Hospitalization for Mental Illness

We collect quality data from providers to help ensure our members receive appropriate care. Follow-up after Hospitalization for Mental Illness is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of discharges for members ages 6 and older who were hospitalized for the treatment of selected mental illness or intentional self-harm and who had a follow-up visit for a mental health condition ideally within seven days, but 30 days at the latest. **The follow-up visit must be on a different date than the discharge date.** Two percentages are measured and reported:

- Discharges for which members had a follow-up visit within 30 days after discharge
- Discharges for which members had a follow-up visit within seven days after discharge

Follow-up after Hospitalization for Mental Illness is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. Refer to the [National Committee for Quality Assurance](#) for more details.

Eligible Population

Members ages 6 and older as of the discharge date are included in this measure.

Note: This measure is based on the number of discharges, not number of members. Members with multiple discharges can be included in the measure multiple times.



BlueCross BlueShield
of Texas

Tips to Consider

- Check that the member has a plan for a follow-up visit for a mental health condition ideally within seven days of discharge, but within 30 days at the latest. This may include outpatient therapy, a primary care provider visit, telehealth visit, medication management, community mental health center, intensive outpatient program, partial hospitalization program, electroconvulsive therapy or residential treatment center.
- Before discharging the member, schedule a follow-up appointment ideally within seven days, but within 30 days at the latest. Contact the member before the visit to remind them.
- Submit claims and encounter data in a timely manner.

How to Document

Data for this measure is collected from claims data. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your Provider Network Representative.



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