



Louisiana

# providerTIDBIT

a guide to understanding our processes



## HEDIS® - Follow-up After Hospitalization for Mental Illness

Blue Cross and Blue Shield of Louisiana collects data for the Healthcare Effectiveness Data and Information Set (HEDIS) to measure performance for certain areas of care and service. HEDIS is an annual performance measurement created by the National Committee for Quality Assurance (NCQA) to help establish accountability and improve quality of healthcare.

This measure looks at continuity of care for patients hospitalized for treatment of selected mental disorders or intentional self-harm and had a follow-up visit by a mental health provider after discharge from an acute inpatient stay. Two rates are reported:

- 1.) **The percentage for follow-up within seven days after discharge. Do not include visits that occur on the date of discharge.**
- 2.) **The percentage for follow-up within 30 days after discharge. Do not include visits that occur on the date of discharge.**

Blue Cross is collaborating with New Directions\* to promote member quality care that can increase the HEDIS rates for the Follow-up After Hospitalization (FUH) for Mental Illness measure. Providers can use the guidelines and tips below to help their Blue patients.

### FUH Measure General Guidelines

A follow-up visit must meet the following criteria to receive HEDIS credit toward the FUH measure:

- The patient is 6 years of age or older as of the date of discharge.
- An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year.
- The behavioral health professional can be a psychiatrist, child psychiatrist, licensed psychologist, nurse practitioner with psychiatric certification, physician assistant with psychiatric certification, licensed clinical social worker, licensed professional counselor, marital or family therapist.
- Visits occurring on the same day of discharge are **no longer given HEDIS credit** by NCQA.
- An outpatient visit, intensive outpatient or partial hospitalization, community mental health center visit, electroconvulsive therapy, telehealth visit, observation, transitional of care management services, behavioral healthcare settings or telephone visit counts toward a follow-up visit.

### Behavioral Health/Acute Care Facility Can Help Meet the FUH Measure by:

- Scheduling the first follow-up appointment for the patient. All discharges from a standalone behavioral health facility or an acute care facility with a behavioral health unit or wing require the seven day and 30-day follow-up with a mental health provider.
- Beginning discharge planning on the day of admission. Include utilization review, discharge planner, New Directions care transitions team, the patient and his/her family, significant others, guardian or others desired by the patient.

**More →**

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### Behavioral Health/Acute Care Facility Can Help Meet the FUH Measure by (cont.):

- Coordinating care by notifying the patient's primary care provider (PCP) of the recent hospitalization and providing a current listing of all prescribed medications.
- Conducting follow-up calls with the patient to encourage medication adherence and discuss any side effects.
- An outreach system or assign case managers to encourage recently discharged patients to keep follow-up appointments or reschedule missed appointments

### Behavioral Health Professionals Can Help Meet the FUH Measure by:

- Seeking New Directions assistance with any scheduling challenges before the patient is discharged, if needed. Use the Rainmaker list to locate behavioral health professionals for the member's seven-day follow-up visit. To take advantage of this service, call New Directions at 1-877-300-5909.
- Providing discharge orders on the Blue patient to New Directions, including medication and medical records, for the purpose of a successful seven-day follow-up. Submit a completed Discharge Clinical Review form prior to discharge or contact your dedicated New Directions utilization manager to provide the information verbally. The form is available through the WebPass Portal that can be accessed online through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)) under the "Authorizations" tab, then click the "Behavioral Health Authorizations" link.
- Allowing New Directions staff to schedule appointments for members on their behalf. New Directions now offers post-discharge scheduling to ensure our members schedule outpatient appointments. Their case managers and care transitions staff are now calling behavioral health professionals to schedule post-discharge appointments.
- Scheduling patients within seven days of discharge from an inpatient stay, when possible.
- Promptly returning calls from New Directions staff to help.
- Sharing information with New Directions. As a reminder, a release of information form is NOT required for a provider to release a member's information to New Directions Behavioral Health staff per HIPAA Privacy Rule at 45 CFR 164.501.

Follow-up visits with a PCP **do not receive credit** toward the FUH measure. We encourage PCPs to refer their patients who have been recently hospitalized for mental disorders or intentional self-harm to a mental health provider for post-discharge follow-up care.

### Need Help Scheduling a Follow-up Visit for Your Blue Cross Patients?

To have New Directions schedule follow-up appointments for your Blue Cross patients, contact the **New Directions After-care Follow-up Assistance Line** at 1-877-300-5909 or send an email to [Louisiana\\_CM@ndbh.com](mailto:Louisiana_CM@ndbh.com).

Facility discharge planners should include the facility name, contact name of the facility staff member and phone number in the email. So we may protect member protected health information (PHI), please do not include patient information in emails. A New Directions employee will return your call or email promptly.

### Behavioral Health Rainmakers

New Directions actively seeks outpatient behavioral health professionals who can schedule appointments for patients within seven days of discharge from an acute inpatient setting.

These providers are referred to as "Rainmakers" as they are willing to open access to care for newly discharged patients and to help keep them engaged in care post-discharge. Research shows that patients seen by an outpatient behavioral health professional within seven days of discharge are less likely to be readmitted. Rainmakers are beneficial to our discharge planners, clinical teams and members.

The Rainmaker list is used as a "first call" list for the discharge planners at the facilities, New Directions Case Managers and New Directions care transitions staff. If you are an outpatient behavioral health professional interested in becoming a Rainmaker, please send an email to New Directions at [LouisianaPR@ndbh.com](mailto:LouisianaPR@ndbh.com).

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