



BlueCross BlueShield
of Illinois



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.



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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 Consultant.



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