

Quality ID #391 (NQF 0576): Follow-Up After Hospitalization for Mental Illness (FUH)
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

2020 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are submitted:

- The percentage of discharges for which the patient received follow-up within 30 days after discharge
- The percentage of discharges for which the patient received follow-up within 7 days after discharge

INSTRUCTIONS:

This measure is to be submitted at **each follow-up visit** occurring within 30 and 7 days after each inpatient setting discharge with a principal diagnosis of mental illness or intentional self-harm. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *Discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement period. The denominator for this measure is based on discharges, not on patients. If patients have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement period.*

If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of mental health disorder or intentional self-harm within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the patient was transferred.

This measure will be calculated with 2 performance rates:

- 1) The percentage of discharges for which the patient received follow-up within 30 days after discharge
- 2) The percentage of discharges for which the patient received follow-up within 7 days after discharge

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

- 1) The percentage of discharges for which the patient received follow-up within 30 days after discharge
- AND**
- 2) The percentage of discharges for which the patient received follow-up within 7 days after discharge

SUBMISSION CRITERIA 1: THE PERCENTAGE OF DISCHARGES FOR WHICH THE PATIENT RECEIVED FOLLOW-UP WITHIN 30 DAYS AFTER DISCHARGE

DENOMINATOR (SUBMISSION CRITERIA 1):

Patients 6 years of age and older who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement period

Denominator Criteria (Eligible Cases) 1:

Patients aged 6 years and older as of the date of discharge

AND

Diagnosis for mental illness (ICD-10-CM): F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

OR

Diagnosis of intentional self-harm (ICD-10-CM): T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S,

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AND

Patient encounter during the performance period (CPT): 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

AND

Patient alive at time of acute inpatient setting discharge

AND

Patient is discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period

AND

Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission

AND

Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health

AND NOT

DENOMINATOR EXCLUSION:

Patients who use hospice services any time during the measurement period: G9760

NOTE: These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.

NUMERATOR (SUBMISSION CRITERIA 1): Patient Received Follow-Up within 30 Days after Discharge:

A follow-up visit with a mental health practitioner within 30 days after acute inpatient discharge. Do not include visits that occur on the date of discharge

Numerator Options:

Performance Met:

Patient received follow-up on the date of discharge or within 30 days after discharge (**G9402**)

OR

Denominator Exception

Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up) (**G9403**)

OR

Performance Not Met:

Patient did not receive follow-up within 30 days after discharge (**G9404**)

SUBMISSION CRITERIA 2: THE PERCENTAGE OF DISCHARGES FOR WHICH THE PATIENT RECEIVED FOLLOW-UP WITHIN 7 DAYS AFTER DISCHARGE

DENOMINATOR (SUBMISSION CRITERIA 2):

Patients 6 years of age and older who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement period

Denominator Criteria (Eligible Cases) 2:

Patients aged 6 years and older as of the date of discharge

AND

Diagnosis for mental illness (ICD-10-CM): F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

OR

Diagnosis of intentional self-harm (ICD-10-CM): T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D,

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T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD, T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S, T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S, T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S,

T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S, T50.911, T50.912, T50.913, T50.914, T50.915, T50.916

AND

Patient encounter during the performance period (CPT): 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

AND

Patient alive at time of acute inpatient setting discharge

AND

Patient is discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period

AND

Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission

AND

Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health

AND NOT

DENOMINATOR EXCLUSION:

Patients who use hospice services any time during the measurement period: G9760

***NOTE:** These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.*

NUMERATOR (SUBMISSION CRITERIA 2): Patient Received Follow-Up within 7 Days after Discharge

A follow-up visit with a mental health practitioner within 7 days after acute inpatient discharge. Do not include visits that occur on the date of discharge

Numerator Options:

Performance Met:

Patient received follow-up within 7 days after discharge
(G9405)

OR

Denominator Exception:

Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient non-compliance for visit follow-up)
(G9406)

OR

Performance Not Met:

Patient did not receive follow-up within 7 days after discharge
(G9407)

RATIONALE:

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness or intentional self-harm. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.

This measure is consistent with guidelines of the National Institute of Mental Health and the Centers for Mental Health Services.

CLINICAL RECOMMENDATION STATEMENTS:

According to a guideline developed by the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association, there is a need for regular and timely assessments and documentation of the patient's response to all treatments.

The organization should make a practice of helping schedule follow-up appointments when a patient is discharged, as part of the treatment or case management plan, and should educate patients and practitioners about the importance of follow-up visits. Systems should be established to generate reminder or "reschedule" notices that are mailed to patients in the event that a follow-up visit is missed or canceled. In many cases, it may also be necessary to develop outreach systems or assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.

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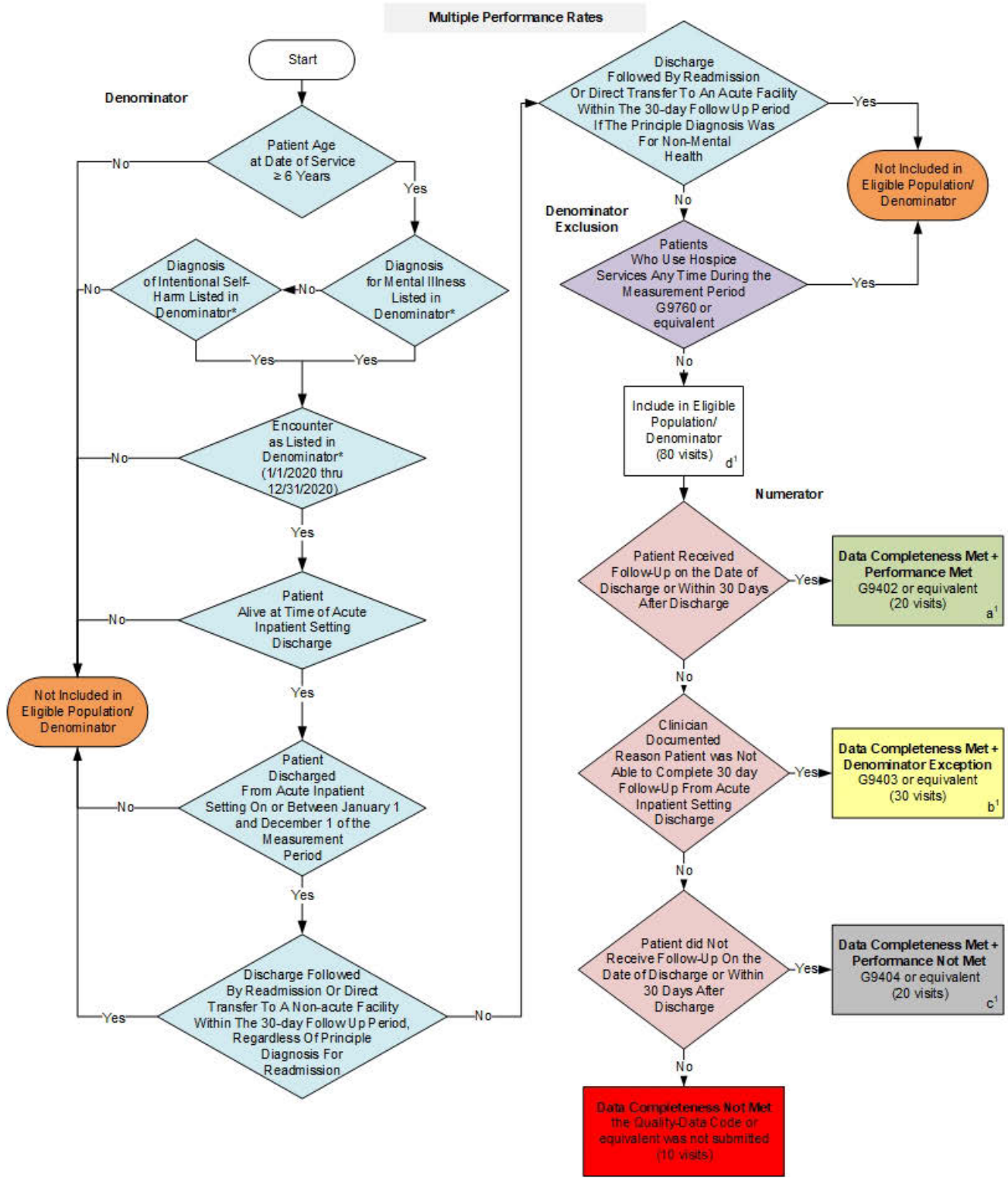
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**2020 Clinical Quality Measure Flow for Quality ID #391 NQF #0576:
Follow-Up After Hospitalization for Mental Illness (FUH)
Submission Criteria One**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATION S SUBMISSION CRITERIA ONE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1=20 \text{ visits)} + \text{Denominator Exception (b}^1=30 \text{ visits)} + \text{Performance Not Met (c}^1= 20 \text{ visits)}}{\text{Eligible Population / Denominator (d}^1=80 \text{ visits)}} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1=20 \text{ visits)}}{\text{Criteria 1 Data Completeness Numerator (70 visits) – Denominator Exception (b}^1=30)} = \frac{20 \text{ visits}}{40 \text{ visits}} = 50.00\%$$

*See the posted measure specification for specific coding and instructions to submit this measure

**It is anticipated for registry submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

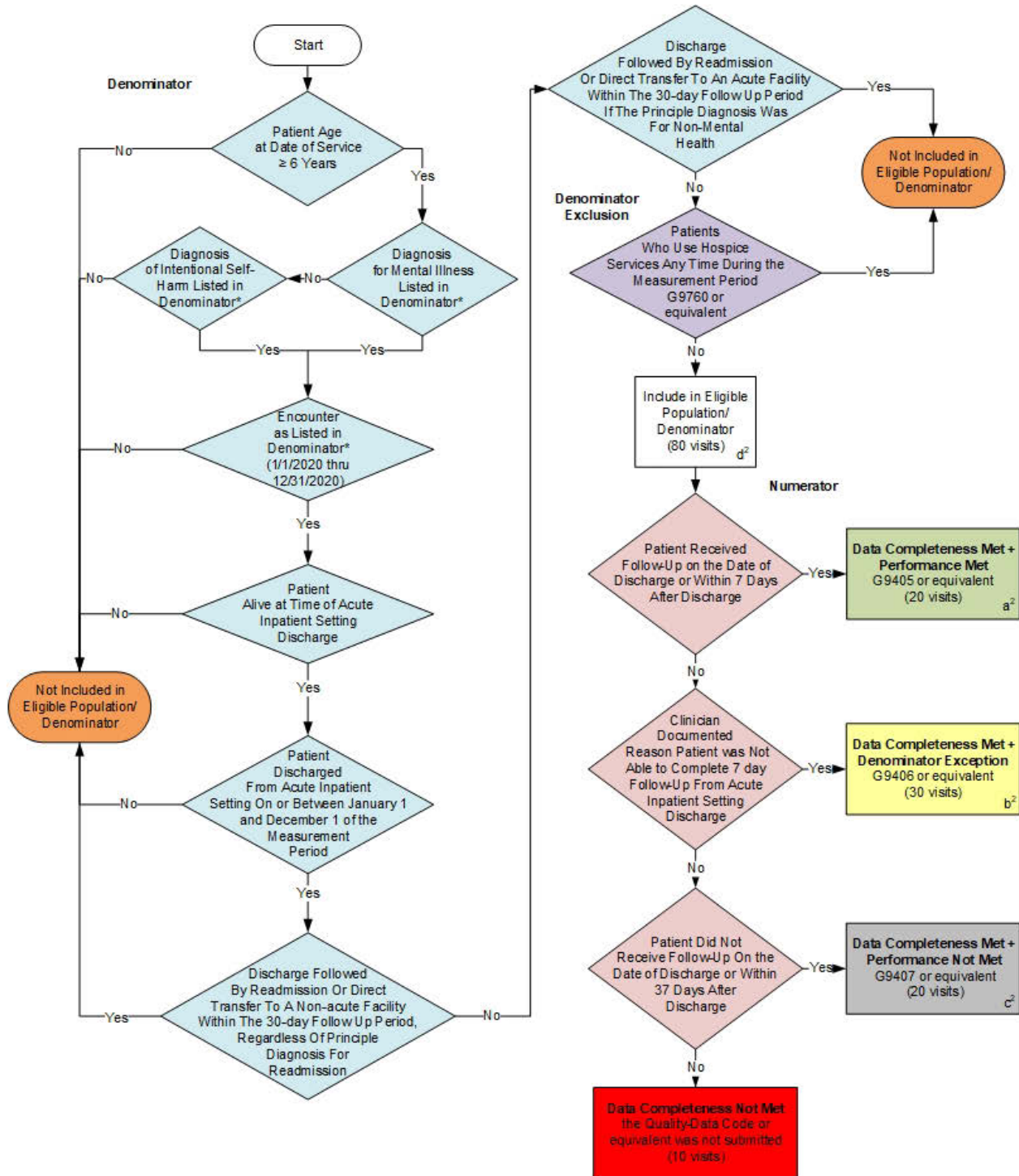
This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.

NOTE : Submission Frequency: Visit

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification. v4

Submission Criteria Two

Multiple Performance Rates



SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=
$$\frac{\text{Performance Met (a}^2=20 \text{ visits)} + \text{Denominator Exception (b}^2=30 \text{ visits)} + \text{Performance Not Met (c}^2= 20 \text{ visits)}}{\text{Eligible Population / Denominator (d}^2=80 \text{ visits)}} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$

Performance Rate=
$$\frac{\text{Performance Met (a}^2=20 \text{ visits)}}{\text{Criteria 2 Data Completeness Numerator (70 visits) – Denominator Exception (b}^2=30)} = \frac{20 \text{ visits}}{40 \text{ visits}} = 50.00\%$$

* See the posted measure specification for specific coding and instructions to submit this measure

**It is anticipated for registry submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.

NOTE: Submission Frequency: Visit

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v4

**2020 Clinical Quality Measure Flow Narrative for Quality ID #391 NQF #0576:
Follow-Up After Hospitalization for Mental Illness (FUH)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Submission Criteria One:

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age at Date of Service is greater than or equal to 6 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age at Date of Service is greater than or equal to 6 Years equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Mental Illness or Diagnosis of Intentional Self-Harm as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of Mental Illness as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Patient Alive at Time of Acute Inpatient Setting Discharge.
5. Check Patient Alive at Time of Acute Inpatient Setting Discharge:
 - a. If Patient Alive at Time of Acute Inpatient Setting Discharge equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Alive at Time of Acute Inpatient Setting Discharge equals Yes, proceed to check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period.
6. Check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period:
 - a. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals Yes, proceed to check Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period.
7. Check Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period:

- a. If Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period equals No, do not include in Eligible Population. Stop Processing.
 - b. If Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period equals Yes, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
8. Patients Who Use Hospice Services Any Time During the Measurement Period:
- a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in Eligible Population.
 - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
9. Denominator Population:
- a. Denominator Population is all Eligible Visits in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d¹ equals 80 visits in the Sample Calculation.
10. Start Numerator
11. Check Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge:
- a. If Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a¹ equals 20 visits in the Sample Calculation.
 - c. If Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge equals No, proceed to check Clinician Documented Reason Patient was Not Able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge.
12. Check Clinician Documented Reason Patient was Not Able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge:
- a. If Clinician Documented Reason Patient was Not Able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b¹ equals 30 visits in the Sample Calculation.
 - c. If Clinician Documented Reason Patient was Not Able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge equals No, proceed to check Patient did Not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge.
13. Check Patient did Not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge:
- a. If Patient did Not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge equals Yes, include in the Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 20 visits in the Sample Calculation.
- c. If Patient did Not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge equals No, proceed to check Data Completeness Not Met.

14. Check Data Completeness Not Met:

- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

<u>SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:</u>			
Data Completeness=			
<u>Performance Met (a¹=20 visits) + Denominator Exception (b¹=30 visits) + Performance Not Met (c¹= 20 visits)</u>	=	<u>70 visits</u>	= 87.50%
Eligible Population / Denominator (d ¹ =80 visits)	=	80 visits	
Performance Rate=			
<u>Performance Met (a¹=20 visits)</u>	=	<u>20 visits</u>	= 50.00%
Criteria 1 Data Completeness Numerator (70 visits) – Denominator Exception (b ¹ =30)	=	40 visits	

Submission Criteria Two:

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age at Date of Service is greater than or equal to 6 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age at Date of Service is greater than or equal to 6 Years equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Mental Illness or Diagnosis of Intentional Self-Harm as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of Mental Illness as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator* equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator* equals Yes, proceed to check Patient Alive at Time of Acute Inpatient Setting Discharge.
5. Check Patient Alive at Time of Acute Inpatient Setting Discharge:
 - a. If Patient Alive at Time of Acute Inpatient Setting Discharge equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Alive at Time of Acute Inpatient Setting Discharge equals Yes, proceed to check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period.
6. Check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period:
 - a. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals Yes, proceed to check Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period.
7. Check Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period:

- a. If Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period equals No, do not include in Eligible Population. Stop Processing.
 - b. If Not Discharged After Readmission or Direct Transfer to Acute or Non-Acute Facility Within 30-day Follow-Up Period equals Yes, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
8. Patients Who Use Hospice Services Any Time During the Measurement Period:
- a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in Eligible Population.
 - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
9. Denominator Population:
- a. Denominator Population is all Eligible Visits in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 80 visits in the Sample Calculation.
10. Start Numerator
11. Check Patient Received Follow-Up on the Date of Discharge or Within 7 Days From Discharge:
- a. If Patient Received Follow-Up on the Date of Discharge or Within 7 Days From Discharge equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 20 visits in Sample Calculation.
 - c. If Patient Received Follow-Up on the Date of Discharge or Within 7 Days From Discharge equals No, proceed to check Clinician Documented Reason Patient was Not Able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge.
12. Check Clinician Documented Reason Patient was Not Able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge:
- a. If Clinician Documented Reason Patient was Not Able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 30 visits in the Sample Calculation.
 - c. If Clinician Documented Reason Patient was Not Able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge equals No, proceed to check Patient Did Not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge.
13. Check Patient Did Not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge:
- a. If Patient Did Not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge equals Yes, include in the Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c² equals 20 visits in the Sample Calculation.
 - c. If Patient Did Not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge equals No, proceed to check Data Completeness Not Met.
14. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

<u>SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:</u>			
Data Completeness=			
<u>Performance Met (a²=20 visits) + Denominator Exception (b²=30 visits) + Performance Not Met (c²= 20 visits)</u>	=	<u>70 visits</u>	= 87.50%
Eligible Population / Denominator (d ² =80 visits)	=	80 visits	
Performance Rate=			
<u>Performance Met (a²=20 visits)</u>	=	<u>20 visits</u>	= 50.00%
Criteria 2 Data Completeness Numerator (70 visits) – Denominator Exception (b ² =30)	=	40 visits	