HEDIS MY 2025 Reporting Updates & Requirements

Mental Health Indicator MY 2025 Updates

Indicator	2025 Updates	MHP & MCP Reporting	MY 2025 Changes
FUM: Follow-Up After Emergency Department Visit for Mental Illness NCQA Manual Behavioral Health Pg. 195	Yes	The measure remains in place for both MCPs and MHPs, with a focus on ensuring timely follow-up care for individuals who visit the ED for mental health or SUD-related concerns. The overlap is in the tracking of these visits, and MHPs will have more specialized reporting for follow-ups related specifically to behavioral health.	➢ Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the claim. ➢ Added phobia, anxiety, and additional intentional self-harm diagnoses to the denominator in the event/ diagnosis. ➢ Modified the numerator criteria to allow a mental health diagnosis to take any position on the claim. ➢ Deleted visits that required both a mental health diagnosis and self-harm diagnosis from the numerator. ➢ Added peer support services and residential treatment to the numerator. ➢ Added visits in a behavioral healthcare setting and psychiatric collaborative care management services to the numerator. ➢ Deleted the mental health diagnosis requirement for partial hospitalization/ intensive outpatient visits, community mental health center visits, and electroconvulsive therapy. ➢ Deleted the *Note* regarding billing methods for intensive outpatient encounters and partial hospitalizations. ➢ Removed the data source reporting requirement from the race and ethnicity stratification.
FUH: Follow-Up After Hospitalization for Mental Illness NCQA Manual Behavioral Health Pg. 190	Yes	MCPs: With the expanded criteria, MCPs can include a broader range of follow-up visits in their reporting, potentially improving their performance on the FUH measure. MHPs: May see a more direct impact, as the inclusion of peer services and psychiatric residential treatment aligns with their focus on mental health services.	➢ Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim. ➢ Added phobia, anxiety, and additional intentional self-harm diagnoses to the denominator in the event/ diagnosis. ➢ Added visits with any diagnosis of a mental health disorder to the numerator. ➢ Added peer support and residential treatment services to the numerator. ➢ Deleted the *Note* regarding billing methods for intensive outpatient encounters and partial hospitalizations. ➢ Removed the data source reporting requirement from the race and ethnicity stratification.
APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	No		No updates
SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia	No		No updates
AMM: Antidepressant Medication Management	Retired		Retired

HEDIS MY 2025 Reporting Updates & Requirements

DMC-ODS Indicator MY 2025 Updates

Indicator	2025 Updates	MHP & MCP Reporting	MY 2025 Changes
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence NCQA Manual Behavioral Health Pg. 210	Yes	The measure remains in place for both MCPs and MHPs, with a focus on ensuring timely follow-up care for individuals who visit the ED for mental health or SUD-related concerns. The overlap is in the tracking of these visits, although MHPs may have more specialized reporting for follow-ups related specifically to behavioral health.	➤ Added a laboratory claim exclusion to a value set for which laboratory claims should not be used. ➤ Deleted the *Note* regarding billing methods for intensive outpatient encounters and partial hospitalizations. ➤ Removed the data source reporting requirement from the race and ethnicity stratification.
POD: Pharmacotherapy of Opioid Use Disorder NCQA Manual Behavioral Health Pg. 217	Yes	Outside of race and ethnicity stratification, there are no indications of changes to this reporting requirement for MY 2025.	➤ Removed the data source reporting requirement from the race and ethnicity stratification.
OUD: Use of Pharmacotherapy for Opioid Use Disorder CMS Quality ID #468	No	No Updates	
IET: Initiation and Engagement of Substance Use Disorder Treatment NCQA Manual Access/ Availability of Care Measures Pg. 353	Yes	No significant changes are expected in the overlap for SUD measures between MCPs and MHPs. Both will continue reporting on these measures, but MHPs will need to report additional details related to behavioral health services provided within the MHP network.	➤ Added a laboratory claim exclusion to a value set for which laboratory claims should not be used. ➤ Removed the data source reporting requirement from the race and ethnicity stratification.

HEDIS MY 2025 Reporting Updates & Requirements

Mental Health Indicator Requirements

X Required

Not required

Indicator	Report Out		MPL Required		References
	MCPs	**MHPs**	**MCPs**	**MHPs**	
FUM: Follow-Up After Emergency Department Visit for Mental Illness: *7 Days*	X	X		X	[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 33**
FUM: Follow-Up After Emergency Department Visit for Mental Illness: *30 Days*	X	X	X	X	[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 31**
FUH: Follow-Up After Hospitalization for Mental Illness : 7 & 30 Days		X		X	[MHP Quality Measures, MY 2024](#)
APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		X		X	[MHP Quality Measures, MY 2024](#)
SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia		X		X	[MHP Quality Measures, MY 2024](#)
ADD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	X				[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 34**
APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics	X				[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 34**
AMM: Antidepressant Medication Management	Retired				

DMC-ODS Indicator Requirements

Indicator	Report Out		MPL Required		References/Notes
	MCPs	**MHPs**	**MCPs**	**MHPs**	
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence. *7 Days*	X	X		X	[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 33**
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, *30 Days*	X	X	X	X	[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 31**
POD: Pharmacotherapy of Opioid Use Disorder	X	X		X	[Medi-Cal Managed Care Quality Review, 2022-23](#) **Pg. 33**
OUD: Use of Pharmacotherapy for Opioid Use Disorder		X		X	[MHP Quality Measures, MY 2024](#)
IET: Initiation and Engagement of Substance Use Disorder Treatment		X		X	[MHP Quality Measures, MY 2024](#)