To find the category this measure applies to (Medicare Stars, Federal Employee Program®, etc.), see our chart of HEDIS® measures.

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®[1]) helps us measure many aspects of performance. This tip sheet provides key details on the HEDIS measure for Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC).

What is the measure?
The percentage of emergency department (ED) visits between January 1 and December 24 of the measurement year for members 18 years and older who have multiple high-risk chronic conditions and who had a follow-up service within seven days of the ED visit (eight days total).

Eligible members:

- Members who are 18 years or older on the date of the ED visit
  - **and** have two or more chronic conditions diagnosed prior to the ED visit
  - **and** visited the ED on or between January 1 and December 24 of the measurement year

Note: Members may have more than one ED visit. Identify all ED visits between January 1 and December 24 of the measurement year. If a member has more than one ED visit in an eight-day period, include only the first eligible ED visit.

Exclusions

- Members in hospice care or using hospice services anytime during the measurement year
- Any ED visits resulting in acute or non-acute inpatient care on the day of the ED visit or within seven days after the ED visit

Note: An ED visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.

Eligible Chronic Condition Diagnoses

Members who had any of the following eligible chronic condition diagnoses **prior to the ED visit:**

- Alzheimer's disease and related disorders
- Atrial fibrillation
- Chronic kidney disease
- COPD and asthma
- Depression
- Heart failure
- Myocardial infarction – acute
- Stroke and transient ischemic attack

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HEDIS Measure: Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions *(continued)*

Eligible Events

Members who had any of the following events with an eligible chronic condition diagnosis on different dates of service during the measurement year or the year prior to the measurement year, but **prior to the ED visit**:

- At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, non-acute inpatient encounters or non-acute inpatient discharges with an eligible chronic condition
- At least one acute inpatient encounter with an eligible chronic condition
- At least one acute inpatient discharge with an eligible chronic condition on the discharge claim

Service Needed for Compliance

A follow-up service within seven days after the ED visit (eight total days). Include visits that occur on the date of the ED visit.

The following meet criteria for follow-up:

- Outpatient, telehealth or telephone visit
- E-visit or virtual check-in
- Transitional care management services; case management visits; complex care management services
- Outpatient or telehealth behavioral health visit
- Intensive outpatient encounter or partial hospitalization; community mental health center visit; observation visit

Note: Visit type does not need to be the same type of visit for the two visits, but the visits must be for the same eligible chronic condition.

Best Practices

- Schedule post ED follow-up visit within 3–5 days after discharge
- Encourage members to have regular office visits with primary care physician (PCP) to monitor and manage chronic disease conditions
- Provide a visit summary with what was discussed during the PCP visit and clear instructions on changes that need immediate attention
- Encourage patients to call PCP’s office/after-hours line when condition changes (weight gain, medication changes, high/low blood sugar readings)
- Develop a daily process to schedule members that have been discharged from the ED or an inpatient stay
- Establish relationships with area hospitals to develop notification processes for ED visits
- Submit claims timely and include the appropriate codes for diagnosis, health conditions and the services provided

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