

HEDIS® Measure

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Data collection method:

Administrative (Claims)

Measure description:

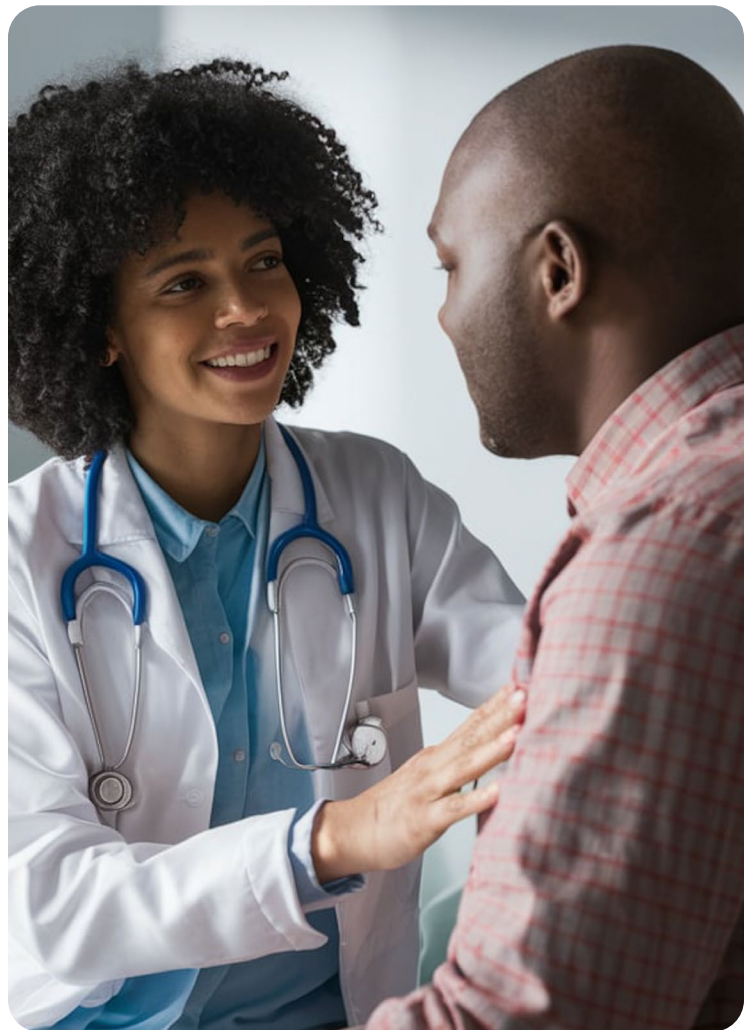
The percentage of emergency department (ED) visits for enrollees 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

- The percentage of ED visits for which the enrollee received follow-up within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the enrollee received follow-up within 7 days of the ED visit (8 total days).

Numerator compliance:

30-Day Follow-Up - A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.



7-Day Follow-Up - A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.

For both indicators, any of the following meet criteria for a follow-up visit:

- Outpatient, BH outpatient visit, intensive outpatient encounter, partial hospitalization or community mental health center visit with a principal diagnosis of a mental health disorder.
- Electroconvulsive therapy with a principal diagnosis of a mental health disorder.
- Telehealth, telephone, e-visit, virtual check-in visit with a principal diagnosis of a mental health disorder.
- Outpatient visit, intensive outpatient encounter, partial hospitalization or community mental health center visit, with a principal diagnosis of intentional self-harm, with any diagnosis of a mental health disorder.
- Electroconvulsive therapy with a principal diagnosis of intentional self-harm, with any diagnosis of a mental health disorder.
- Telehealth, observation, telephone, e-visit or virtual check-in with a principal diagnosis of intentional self-harm, with any diagnosis of a mental health disorder.

Best practices:

- Assist patient with scheduling an in person or telehealth follow-up visit as soon as possible.
- Discuss the importance of seeking timely, recommended follow-up with a mental health provider.
- Ensure patient and caregivers review and understand discharge instructions and the next steps in their care for follow-up.
- Reach out to patients who cancel appointment and assist them with rescheduling as soon as possible.
- Coordinate care with all involved in the treatment process.
- Use appropriate clinical documentation and correct coding.

Numerator codes:

There is a large list of approved codes used to identify services included in this measure. For more information see [HEDIS Measures and Technical Resources at NCQA.org](https://www.ncqa.org/hedis/measures-and-technical-resources).

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