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

What is the FUM Measure?
FUM is a measure that can be used to determine areas of success and areas of improvement for following up with members discharging from the Emergency Department.

FUM assesses the percent of emergency department (ED) discharges for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm who received a follow-up visit for mental illness within 7 and 30 days. When determining FUM, two rates are submitted:

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

Why is follow up care so important?
Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental health and increased compliance with follow-up instructions.

How is the FUM Measure calculated?
When calculating the FUM Measure, the numerator consists of the two rates:

1. 30-day Follow-Up: The percent of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. 7-day Follow-Up: The percent of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

The denominator is the number of ED visits for members 6 years of age and older with a principal diagnosis for mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year.

Continued
Exclusions to the denominator include:

- Multiple visits in a 31-day period: If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.
- ED visits followed by inpatient admission: Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died anytime during the measurement year.¹

**Why are Care Managers so important to FUM?**

Care Managers can directly impact FUM by ensuring best effort is made to assist the member in attending follow up care. Care Managers (CM) can positively impact FUM measures by engaging with the member while in the ED and supporting them after.

Before discharge, the CM:

- Collaborates with the ED team to assist in discharge planning and scheduling immediate follow up after discharge
- Assists in any modification of home supports if needed

After discharge, the CM:

- Schedules follow up visits
- Assists the member in developing a list of questions or concerns for the provider
- Ensures the member goes to their follow-up visits by either attending with the member or contacting the member after the visit to confirm they attended and solicit feedback.³

Care Managers can assist in coordinating the care between behavioral health and primary care physicians (PCPs) by:

- Sharing progress notes and updates
- Including the diagnosis of substance use, if applicable
- Reaching out to members for coordination of transportation to follow-up visit
- Rescheduling canceled appointments as soon as possible

The Care Management billing code does not count in meeting this measure.

**Where can I learn more about FUM?**

Additional information about HEDIS FUM can be found at the following resources:

- NCQA (https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/)

² NCQA HEDIS MY2023
³ NCDHHS TCM109 DEC2021

The information presented by Alliance Health above is for informational purposes only. It is not intended for use in lieu of state guidelines or service definitions nor is it to be used to guide individualized treatment. Please refer to your Medicaid contract for additional details.