



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

HEDIS® Measurement Year 2024

Measure Description: The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit (8 total days).

Eligible Population

Members who are 18 years of age or older on the date of the ED visit who:

- had two or more chronic conditions diagnosed prior to the ED visit on different dates of service during the measurement year or the year prior but prior to the ED visit (see *Eligible Chronic Conditions*).
- visited the ED on or before January 1 and December 24 of the measurement year.

Note: Members may have more than one ED visit in the measurement year. If a member has more than one ED visit in an 8-day period, include only the first eligible ED visit.

Product Lines

Medicare

Data Collection Method

Administrative (claims) and Supplemental data.

Exclusions

Members are excluded from the measure if they meet the following criteria:

- Members who are in hospice or palliative care.
- 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.

Eligible Chronic Conditions

- Acute myocardial infarction
- Alzheimer's disease and related disorders
- Atrial fibrillation
- Chronic kidney disease
- COPD and Asthma
- Depression
- Heart failure
- Stroke and transient ischemic attack



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Measure Compliance (numerator)

A follow-up service within seven days after the ED visit, including on the date of the ED visit (eight total days). Any of the following meet criteria for a follow-up service:

- An outpatient, telehealth, observation, or telephone visit.
- An e-visit or virtual check-in.
- A transitional care or complex care management services, or case management visits.
- An outpatient or telehealth behavioral health visit.
- An intensive outpatient encounter or partial hospitalization.
- A community mental health center visit.
- A substance use disorder service.
- A domiciliary or rest home visit.

Numerator Codes

The complete NCQA approved code set list can be referenced in the coding guide at <https://healthplan.org/providers/patient-care-programs/quality-measures>.

For questions, please contact your practice management consultant. To identify your practice management consultant please refer to <https://healthplan.org/providers/overview/meet-practice-management-consultant>.

*The Health Plan has a team of member advocates, health coaches, social workers and nurses who can assist you and your patients to remove or overcome any barriers to care through benefit assistance, community resource referrals or enrollment in a THP clinical program. To refer a patient who is a THP member for assistance, call **1.877.903.7504** and let us know what we can do to help your patient receive and adhere to your recommended plan of care.*