

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

2025

Members age 18 and older

MEDICARE

Measure definition

Members with multiple high-risk chronic conditions who visited the emergency department (ED) **and** who had a follow-up visit **on the day of discharge or 7 days after discharge** (total of 8 days)

Measure eligibility requirements: **2 or more** eligible high-risk chronic conditions diagnosed **prior to the ED visit** during the measurement year or year prior **and** a documented/claims coded follow-up visit within 7 days post discharge **or** on discharge date.

If a member has more than one ED visit in an 8-day period, only the first eligible ED visit is included.

Service date range: On or between January 1 and December 24 of the measurement year

Actions needed for compliance

Members must have follow-up visit or service within 7 days of the ED visit (8 days total) via:

- Outpatient or telephone visit (with or without telehealth modifier)
- Telehealth visit
- Behavioral health visit/phone or face-to-face
- A community mental health center visit
- Transitional care management services
- Case management visits or complex care management
- An intensive outpatient encounter or partial hospitalization
- E-visit or virtual check-in
- Substance use disorder (SUD) or substance abuse counseling/ surveillance
- Outpatient electroconvulsive therapy **with** ambulatory surgical center, community mental health center



Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected



Commonly used claim codes* (Not all-inclusive)

- Outpatient, ED, telehealth and nonacute inpatient: **98966**
- BH outpatient: **99078**
- Transitional care: **99496**
- Care management: **99489**
- Case management: **99366**
- Exclusions:
 - Inpatient stay: **0100, 0101**
 - Acute inpatient: **99221, 99222, 99234, 99235, 99255**

Medical record submission methods may not be applicable to all plan types.
For more details, you can reach out to your HEDIS plan representative.

Note: FMC is an **event-based measure**. For each ED visit, there will be a care opportunity that needs to be addressed. There is not a provider type requirement defined in the FMC measure specification itself. Any claim that comes in with an appropriate clinical code would be considered toward the measure.

Events are included for members diagnosed with **2 or more** of the listed high-risk chronic conditions on **different** dates of service. Visits **must** be for the same eligible chronic condition during the measurement year **or** the year prior to the measurement year, **but prior to the ED visit**.

Eligible chronic condition diagnoses:

- COPD/asthma/unspecified bronchitis
- Alzheimer's disease and related disorders
- Kidney disease
- Major depression/dysthymic disorder
- Heart failure and cardiomyopathy
- Myocardial infarction
- Atrial fibrillation
- Stroke/transient ischemic attack

Required exclusions (Other exclusions may also apply)

- Members using hospice services or elect to use a hospice benefit any time during the measurement year
- Members who died any time during the measurement year
- Any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter

Members admitted to an acute or nonacute inpatient facility **on or within 7 days** after the ED visit, regardless of the principal diagnosis for admission are excluded through claims only.

Insights and recommendations

- Documentation within the medical record must identify follow-ups through:
 - Explanations of medical decision or care coordination
 - Involvement/inclusion of provider(s)
 - Counseling
 - Patient education
 - Ordered diagnostics or labs
 - New or changed treatments and orders
- The denominator is based on ED visits, not members
- Administrative process- establish relationships with area hospitals and emergency rooms to receive notification of visit; review all ED discharge notices daily
- Contact member as soon as ED discharge notification is received and schedule follow-up visit
- Educate on the importance of follow-up and adherence to treatment recommendations
- Schedule follow-up appointments as soon as possible
- Reschedule cancelled appointments
- Coordinate care with behavioral health practitioners by sharing progress notes and updates
- Consider telemedicine visit when appropriate
- The FMC measure specification does not define the provider type
- Any claim or encounter submitted with an appropriate clinical code will be considered for the measure

*FOR COMMONLY USED CODES: Not a comprehensive list of codes.

For measures that require claims data only we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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