

WHAT IS THE FUM MEASURE LOOKING AT?

The percentage of ED visits for members age 6+ with a principal diagnosis of Mental Illness or Intentional Self-Harm who had a follow-up visit for mental illness

WHY IS THE FUM MEASURE IMPORTANT?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions. ^{1,2,3}

WHO IS INCLUDED IN THE MEASURE?

Members with an ED visit with a principal diagnosis of Mental Illness or Intentional Self-harm

Applies to members age 6+; Commercial, Medicaid and Medicare are included.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is a follow up visit with any practitioner within 7 (or 30) days after the episode that has a principal diagnosis of mental health disorder or intentional self-harm.

Please note: *Visits may occur on the same date of the ED visit*

What Qualifies as a Follow-Up Visit?

Any of the following, with a principal diagnosis of a mental health disorder or intentional self-harm:

- An outpatient visit
- A Behavioral Health outpatient visit
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- Electroconvulsive therapy
- A telehealth visit
- An observation visit

WHICH MEMBERS ARE EXCLUDED?

ED visits followed by an inpatient stay or admission to acute or non-acute inpatient care within 30 days are excluded and members on hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE FUM RATES?

- Use appropriate documentation and correct coding
- Maintain appointment availability for patient with recent ED visits
- Explain the importance of follow-up to your patients
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- Telehealth visits with the appropriate principle diagnosis will meet the follow-up criteria
- Provide timely submission of claims and encounter data

What are the Discharge Codes that need a Follow-Up Visit?

These are some common ICD-10 codes for mental illness that need a follow up visit within 7 (or no longer than 30) days after the ED Visit:

F20.0, F20.1, F20.89, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F31.0, F31.10, F31.30, F31.89, F32.0, F34.9, F39, F42, F90.0, F90.1, F90.2, F91.1, F91.2, F91.3, F91.8, F93.0, F93.8, F94.8

WHAT IS HEDIS® ?

HEDIS (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS measures results and drives improvement efforts surrounding best practices

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- 1 Bruffaerts, R., Sabbe, M., Demyffanaere, K. (2005). Predicting Community Tenure in Patients with Recurrent Utilization of a Psychiatric Emergency Service. *General Hospital Psychiatry*, 27, 269-74
- 2 Griswold, K.S., Zayas, L.E., Pastore, P.A., Smith, S.J., Wagner, C.M., Servoss, T.J. (2018) Primary Care After Psychiatric Crisis: A Qualitative Analysis. *Annals of Family Medicine*, 6(1), 38-43. Doi:10.1370/afm.760.
- 3 Kyriacou, D.N., Handel, D., Stein, A.C., Nelson, R.R. (2005). Brief Report: "Factors Affecting Outpatient Follow-up Compliance of Emergency Department Patients. *Journal of General Internal Medicine*, 20(10), 938-942. Doi:10.1111/j.1525-1497.2005.0216_1.x