

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.

What is the HEDIS® FUM measure looking at?

Individuals (six years and older) who had an Emergency Department (ED) visit with a mental illness or intentional self-harm primary diagnosis should have an outpatient appointment with a mental health disorder diagnosis as soon as possible after the ED visit. There are two submeasures for FUM – follow-up within *seven* days from the ED date and follow-up within *thirty* days from the ED date. A member who has an appointment within seven days of the ED visit is also compliant for the thirty-day FUM submeasure.

Why is the HEDIS® 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
- Members aged 6+ covered under Commercial, Medicaid or Medicare LOB

Which Members are excluded?

- Members using hospice services at any time during the year
- ED visits followed by an inpatient admission with 30 days

When does the Member 'pass' the measure?

When they attend a follow up visit with any practitioner within 7 (or 30) days after the episode that has a principal diagnosis of mental health disorder

Please Note: Follow-up visits *can* occur on the same date as the ED visit.

What counts as a follow up visit?

Any of the following services having a *primary* diagnosis of mental health or having a primary diagnosis of intentional self-harm with *any* diagnosis of mental health:

- Outpatient behavioral health visit
- Telehealth/telephone visit
- Intensive outpatient therapy
- Partial hospitalization visit
- Community mental health center service
- Observation visit
- Online assessment
- Behavioral health assessment
- E-visit or virtual check-in
- Electroconvulsive therapy

What can providers do to help improve HEDIS® 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

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

