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

Measure title	Follow-Up After Emergency Department Visit for Mental Illness*	**Measure ID**	FUM
Description	The percentage of emergency department (ED) visits for persons 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: 1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	**Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).* Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: www.ncqa.org. Submit policy clarification support questions via My NCQA (https://my.ncqa.org).		
Clinical recommendation statement/ rationale	A substantial number of ED visits are related to mental health crises, including psychiatric emergencies, suicidal ideation, self-harm and acute exacerbations of mental health disorders. Between 2017 and 2019, 52.9 of every 1,000 ED visits were due to mental illness. The ED is an initial point of contact for individuals experiencing a mental health crisis, especially when other resources, such as outpatient mental health services, may not be readily accessible or available outside regular office hours. Timely follow-up care is associated with remaining in the community for a longer period of time and avoiding future emergency visits. Evidence suggests that patients who fail to receive aftercare following their emergency psychiatric visit have 6 times higher odds of returning to the ED within 2 months, compared with patients who received aftercare. Follow-up visits not only provide the opportunity for coordination of care, but also allow opportunities for providers to identify changing or emerging issues, address treatment barriers and intervene promptly. Refer to the HEDIS Measure Library & Historical Data measure web page for additional information about the clinical rationale.		

Citations	Santo, L., J.Z. Peters, & J.C. DeFrances. 2021. "Emergency Department Visits Among Adults With Mental Health Disorders: United States, 2017–2019." Centers for Disease Control and Prevention, NCHS Data Brief No. 426. https://www.cdc.gov/nchs/products/databriefs/db426.htm#Key_finding McCullumsmith, C., B. Clark, C. Blair, K. Cropsey, & R. Shelton. 2015. "Rapid Follow-Up for Patients After Psychiatric Crisis." *Community Mental Health Journal* 51(2), 139–44. https://doi.org/10.1007/s10597-014-9782-z Bruffaerts, R., M. Sabbe, & K. Demyttenaere. 2005. "Predicting Aftercare in Psychiatric Emergencies." *Social Psychiatry and Psychiatric Epidemiology* 40(10), 829–34. https://doi.org/10.1007/s00127-005-0959-x
Characteristics	
Scoring	Proportion.
Type	Process.
Product lines	• Commercial. • Medicaid. • Medicare.
Stratifications	Age as of the ED visit. • 6–17 years. • 18–64 years. • 65 years and older. Race. (Refer to General Guideline *Race and Ethnicity Stratification*.) • American Indian or Alaska Native. • Asian. • Black or African American. • Middle Eastern or North African. • Native Hawaiian or Pacific Islander. • White. • Other Race. • Two or More Races. • Asked But Declined. • Unknown. Ethnicity. (Refer to General Guideline *Race and Ethnicity Stratification*.) • Hispanic or Latino. • Not Hispanic or Latino. • Asked But Declined. • Unknown.
Risk adjustment	None.

Improvement notation	Increased score indicates improvement.
Guidance	**Data collection methodology:** Administrative. (Refer to General Guideline *Data Collection Methods* for additional information.) **Date specificity:** Dates must be specific enough to determine the event occurred in the period being measured. **Which services count?** When using claims, include all paid, suspended, pending and denied claims. **Other guidance:** The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.
Initial population	*Measure item count:* Episode. *Attribution basis:* Enrollment. • *Benefits:* Medical and mental health. • *Continuous enrollment:* Date of the ED visit through 30 days after the ED visit (31 total days). • *Allowable gap:* None. *Ages:* 6 years of age and older as of the ED visit. *Event:* **Emergency department visit for mental illness.** An ED visit (ED Value Set) with a principal diagnosis of mental illness (Mental Illness Value Set), or any diagnosis of intentional self-harm (Intentional Self Harm Value Set), on or between January 1 and December 1 of the measurement period. If a person has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement period and do not include more than one visit per 31-day period as described below. **Multiple visits in a 31-day period.** If a person has more than one ED visit in a 31-day period, include only the first eligible ED visit. • *For example,* if a person has an ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31; then, if applicable, include the next ED visit that occurs on or after February 1. Identify visits chronologically, including only one per 31-day period. ***Note:*** *Removal of multiple visits in a 31-day period is based on* ***eligible*** *visits. Assess each ED visit for exclusions before removing multiple visits in a 31-day period.* **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. To identify admissions to an acute or nonacute inpatient care setting:

	1. Identify all acute and nonacute inpatient stays except for residential psychiatric treatment (Inpatient Stay Except Psychiatric Residential Value Set). 2. Identify the admission date for the stay. These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.
Denominator exclusions	**Deceased persons.** Persons who died any time on or before the last day of the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit. **Persons in hospice or using hospice services.** Persons who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.
Denominator	The initial population minus denominator exclusions.
Numerator	**Numerator 1: 30-day follow-up.** Follow-up visit for any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit. **Numerator 2: 7-day follow-up.** Follow-up visit for any diagnosis of a mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. For both indicators, any of the following meet criteria for a follow-up visit: • An outpatient visit (Visit Setting Unspecified Value Set ***with*** Outpatient POS Value Set) ***with*** any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set). • An outpatient visit (BH Outpatient Value Set) ***with*** any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set). • An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set) ***with*** POS code 52. • An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set) ***with*** any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set). • A community mental health center visit (Visit Setting Unspecified Value Set) ***with*** POS code 53. • Electroconvulsive therapy (Electroconvulsive Therapy Value Set) ***with*** (Outpatient POS Value Set; POS code 24; POS code 52; POS code 53). • A telehealth visit (Visit Setting Unspecified Value Set ***with*** Telehealth POS Value Set) ***with*** any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set).

- A telephone visit (Telephone Visits Value Set) ***with*** any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set).
- An e-visit or virtual check-in (Online Assessments Value Set) ***with*** any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set).
- Psychiatric collaborative care management (Psychiatric Collaborative Care Management Value Set).
- Peer support services (Peer Support Services Value Set) ***with*** any diagnosis of mental health disorder (Mental Health Diagnosis Value Set).
- Psychiatric residential treatment (Residential Behavioral Health Treatment Value Set).
- Psychiatric residential treatment (Visit Setting Unspecified Value Set ***with*** POS code 56).
- A visit in a behavioral healthcare setting (Behavioral Healthcare Setting Value Set).

Note: *Events that meet both initial population and numerator criteria should not be included in the numerator.*

Summary of changes

- Updated the race and ethnicity stratification categories and data element tables to capture declinations and unknown race and/or ethnicity more precisely.

Data element tables

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table FUM-A-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Mental Illness

Metric	Age	Data Element	Reporting Instructions
FollowUp30Day	6-17	Benefit	Metadata
FollowUp7Day	18-64	InitialPopulation	For each Stratification, repeat per Metric
	65+	Exclusions	For each Stratification, repeat per Metric
	Total	Denominator	For each Stratification, repeat per Metric
		NumeratorByAdmin	For each Metric and Stratification
		NumeratorBySupplemental	For each Metric and Stratification
		Rate	(Percent)

Table FUM-B-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Mental Illness: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
FollowUp30Day	AmericanIndianOrAlaskaNative	Denominator	For each Stratification, repeat per Metric
FollowUp7Day	Asian	Numerator	For each Metric and Stratification
	BlackOrAfricanAmerican	Rate	(Percent)
	MiddleEasternOrNorthAfrican		
	NativeHawaiianOrPacificIslander		
	White		
	OtherRace		
	TwoOrMoreRaces		
	AskedButDeclined		
	Unknown		

Table FUM-C-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Mental Illness: Stratifications by Ethnicity

Metric	Ethnicity	Data Element	Reporting Instructions
FollowUp30Day	HispanicOrLatino	Denominator	For each Stratification, repeat per Metric
FollowUp7Day	NotHispanicOrLatino	Numerator	For each Metric and Stratification
	AskedButDeclined	Rate	(Percent)
	Unknown		

Rules for Allowable Adjustments

Copyright and use: The "Rules for Allowable Adjustments of HEDIS" (the "Rules") describe how NCQA's HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures may not be used for HEDIS health plan reporting.

ADJUSTMENTS ALLOWED

- *Product lines.* Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used.
- *Ages.* The denominator age range may be expanded. Age determination dates may be changed (6 years as of the date of the ED visit).
- *Attribution.* Organizations are not required to use enrollment criteria.
- *Benefits.* Organizations are not required to use a benefit.

- *Other.* Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
- *Measurement period adjustments.* Organizations may adjust the measurement period.
- *Stratifications:* Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed.
- *Exclusions.* The hospice and deceased persons exclusions are not required.
- *Telehealth.* Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.
- *Supplemental data.* Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.

ADJUSTMENTS ALLOWED WITH LIMITS

- *Initial population:* Event. Only events or diagnoses that contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. Organizations may assess at the person level by applying measure logic appropriately (i.e., percentage of persons with documentation of an ED visit with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness).

ADJUSTMENTS NOT ALLOWED

- *Numerator.* Value sets and logic may not be changed for both the 30-day follow-up and 7-day follow-up rates.