

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

SUMMARY OF CHANGES TO HEDIS 2018

- Clarified in the event/diagnosis that the member must be 6 years or older on the date of the visit.
- Clarified in the exclusions how to identify an ED visit or observation visit that resulted in an inpatient stay.
- Deleted the Telehealth Value Set and added telehealth modifiers to the numerators.

Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Eligible Population

Note: Members in hospice are excluded from the eligible population. Refer to General Guideline 20: Members in Hospice.

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Ages	6 years and older as of the date of the ED visit.
Continuous enrollment	Date of the ED visit through 30 days after the ED visit (31 total days).
Allowable gap	No gaps in enrollment.
Anchor date	None.
Benefit	Medical and mental health.
Event/diagnosis	An ED visit (<u>ED Value Set</u>) with a principal diagnosis of mental illness (<u>Mental Illness Value Set</u>) on or between January 1 and December 1 of the measurement year where the member was 6 years or older on the date of the visit. The denominator for this measure is based on ED visits, not on members. If a member has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period as described below.
Multiple visits in a 31-day period	If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit. For example, if a member has an ED visit on January 1 then 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.
Exclusions	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 principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Identify the admission date for the stay.

An ED or observation visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient 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.

Administrative Specification

Denominator The eligible population.

Numerators

30-Day Follow-Up A follow-up visit with any practitioner, with a principal 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

7-Day Follow-Up A follow-up visit with any practitioner, with a principal 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:

- A visit (FUH Stand Alone Visits Value Set) with a principal diagnosis of a mental health disorder (Mental Health Diagnosis Value Set), with or without a telehealth modifier (Telehealth Modifier Value Set).
- A visit (FUH Visits Group 1 Value Set **with** FUH POS Group 1 Value Set) **with** a principal diagnosis of a mental health disorder (Mental Health Diagnosis Value Set), with or without a telehealth modifier (Telehealth Modifier Value Set).
- A visit (FUH Visits Group 2 Value Set **with** FUH POS Group 2 Value Set) **with** a principal diagnosis of a mental health disorder (Mental Health Diagnosis Value Set), with or without a telehealth modifier (Telehealth Modifier Value Set).
- A visit to a behavioral healthcare setting (FUH RevCodes Group 1 Value Set).
- A visit to a nonbehavioral healthcare setting (FUH RevCodes Group 2 Value Set) with a principal diagnosis of a mental health disorder (Mental Health Diagnosis Value Set).

Note

- Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (i.e., within 30 days after the ED visit or within 7 days after the ED visit).

Data Elements for Reporting

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

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

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	✓
Numerator events by administrative data	<i>Each of the 2 rates</i>
Numerator events by supplemental data	<i>Each of the 2 rates</i>
Reported rate	<i>Each of the 2 rates</i>
Lower 95% confidence interval	<i>Each of the 2 rates</i>
Upper 95% confidence interval	<i>Each of the 2 rates</i>

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

SUMMARY OF CHANGES TO HEDIS 2018

- Revised the measure name.
- Clarified in the event/diagnosis that the member must be 13 years and older on the date of the visit.
- Clarified in the exclusions how to identify an ED visit or observation visit that resulted in an inpatient stay.
- Replaced the Telehealth Value Set with the Telephone Visits Value Set and the Online Assessments Value Set (the value set was split, but codes are unchanged).
- Added telehealth modifiers to the numerators.
- Replaced “✓” with “For each age stratification and total” for the “Eligible Population” row in Table FUA-1/2/3.

Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Eligible Population

Note: Members in hospice are excluded from the eligible population. Refer to General Guideline 20: Members in Hospice.

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Ages	13 years and older as of the ED visit. Report two age stratifications and a total rate. <ul style="list-style-type: none"> • 13–17 years. • 18 and older. • Total. <p>The total is the sum of the age stratifications.</p>
Continuous enrollment	Date of the ED visit through 30 days after the ED visit (31 total days).
Allowable gap	No gaps in enrollment.
Anchor date	None.
Benefit	Medical and chemical dependency.

Note: Members with detoxification-only chemical dependency benefits do not meet these criteria.

Event/diagnosis An ED visit (ED Value Set) with a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set) on or between January 1 and December 1 of the measurement year where the member was 13 years or older on the date of the visit.

The denominator for this measure is based on ED visits, not on members. If a member has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period as described below.

Multiple visits in a 31-day period If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit. For example, if a member has an ED visit on January 1, then 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.

Exclusions Exclude ED visits followed by an 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, regardless of principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Identify the admission date for the stay.

An ED or observation visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient 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.

Administrative Specification

Denominator The eligible population.

Numerators

30-Day Follow-Up A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

7-Day Follow-Up A follow-up visit with any practitioner, with a principal diagnosis of AOD 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:

- IET Stand Alone Visits Value Set with a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), with or without a telehealth modifier (Telehealth Modifier Value Set).
- IET Visits Group 1 Value Set **with** IET POS Group 1 Value Set and a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), with or without a telehealth modifier (Telehealth Modifier Value Set).
- IET Visits Group 2 Value Set **with** IET POS Group 2 Value Set and a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), with or without a telehealth modifier (Telehealth Modifier Value Set).

- A telephone visit (Telephone Visits Value Set) with a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set).
- An online assessment (Online Assessments Value Set) with a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set).

Note

- Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (i.e., within 30 days after the ED visit or within 7 days after the ED visit).

Data Elements for Reporting

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

Table FUA-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	<i>For each age stratification and total</i>
Numerator events by administrative data	<i>Each of the 2 rates for each age stratification and total</i>
Numerator events by supplemental data	<i>Each of the 2 rates for each age stratification and total</i>
Reported rate	<i>Each of the 2 rates for each age stratification and total</i>
Lower 95% confidence interval	<i>Each of the 2 rates for each age stratification and total</i>
Upper 95% confidence interval	<i>Each of the 2 rates for each age stratification and total</i>