

HEDIS tip sheet

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



Why is the HEDIS® FUM measure important?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat emergency department (ED) visits, improved physical and mental function, and increased compliance with follow-up instructions. In 2018, an estimated 47.6 million adults aged 18 or older (19% of adults) were diagnosed with mental illness. An estimated 37.1 million adults aged 18 or older (15% of adults) received mental health services. Additionally, 3.9 million adolescents (16% of adolescents) received mental health services in an inpatient or outpatient specialty mental health setting.¹

FUM measure description²

The measure focuses on follow-up visits with any practitioner for mental illness after an ED visit for a diagnosis of mental illness or intentional self-harm in members 6 years and older.

Two rates are reported for follow-up visits after an ED visit:

- **Within seven days** of the ED visit (eight total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

* Measurement Year (MY) 2023 and MY 2024

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, page 43, 57-58; [samhsa.gov](https://www.samhsa.gov).

² NCQA HEDIS MY 2023 Technical specifications for health plans, volume 2.

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Medical record documentation and best practices

Emergency departments can improve their quality score and help our members by:

- Assisting members with scheduling an in-person or telehealth visit within seven days.
- Educating members about the importance of following up with treatment.
- Focusing on member preferences for treatment, allowing the member to take ownership of the treatment process.
- Sending discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.

Providers can improve their quality score and help our members by:

- Encouraging the patient to bring their discharge paperwork to their first appointment.
- Educating the patient about the importance of follow-up and adherence to treatment recommendations.
- Using the same diagnosis for mental illness at each follow up (a non-mental illness diagnosis code will not fulfill this measure).
- Coordinating care between behavioral health and primary care physicians. This means:
 - Sharing progress notes and updates.
 - Including the diagnosis for substance use.
 - Reaching out to members who cancel appointments and assisting them with rescheduling as soon as possible.

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