

Follow-Up Care After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

This measure assess the percentage of emergency department (ED) visits between January 1 and December 24 of the measurement year for patients ages eighteen and older who have multiple high-risk chronic conditions and who had a follow-up service within seven days of the ED visit (eight days total).



Lines of Business Affected: ● Medicare

Why it Matters:

Studies show that communication challenges and adverse health outcomes persist because hospitals, including ED providers, face few repercussions for failing to send medical records to patients' outpatient providers upon admission and following discharge.

Eligible chronic condition diagnoses

Patients who had any of the following eligible chronic condition diagnoses prior to the ED visit:

- Alzheimer's disease or related disorders
- Atrial fibrillation
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD) or asthma
- Depression
- Heart failure
- Myocardial infarction—acute
- Stroke or transient ischemic attack

Exclusions:

- Patients in hospice care or using hospice services anytime during the measurement year.
- Patients who are deceased during the measurement year.
- Exclude ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting.
- Any visit with a principal diagnosis of encounter for other specified aftercare (Stroke and transient ischemic attack).
- Any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter.



Best Practices:

- Conduct outreach to patients after their ED visit to schedule a post-ED follow-up visit within seven days after discharge. The follow-up visit could be the same day as the ED visit.
- Educate patients on the importance of regular follow-up with their primary health care provider to regularly manage their condition.
- Discuss and provide a discharge summary with patients and ask if they understand the instructions and filled the new prescriptions.
- Submit claims soon and include the appropriate codes for diagnoses, health conditions and the services provided.
- Keep open appointments so patients with an ED visit can be seen within seven days of their discharge.
- In addition to an office visit, follow-up could be provided via a telehealth, telephone, e-visit, or virtual visit.

The medical record should contain the dates of service for follow-up visit and all aspects of the visit, including physical exam findings, thorough and diagnosis-appropriate mental health assessment, medication list, medication side effects, compliance with documentation and prescribed treatment, questions/concerns the patient or caregiver may have, etc.

Here is a link to HEDIS quick reference guide.

<https://www.wellcare.com/en/Missouri/Providers/Medicare/Quality>



If you need help locating a health care provider or feel that your patient could benefit from Care Management Services, please call to speak with our staff.

Contact Provider Partnership:

[HomeStateHealth.com](https://www.HomeStateHealth.com)

Home State: 1-855-694-4663 / TTY: 711

[HomeStateHealth.com](https://www.HomeStateHealth.com)

Show Me Healthy Kids: 1-877-236-1020 / TTY: 711

[Ambetter.HomeStateHealth.com](https://www.Ambetter.HomeStateHealth.com)

Ambetter: 1-855-650-3789 TTY: 1-877-250-6113

[Wellcare.com](https://www.Wellcare.com)

Wellcare: MAPD 1-833-444-9088 / D-SNP: 1-833-444-9089 / TTY: 711

[Wellcare.com/en/Missouri](https://www.Wellcare.com/en/Missouri)

Wellcare By Allwell: MAPD 1-855-766-1452 / D-SNP: 1-833-298-3361 / TTY:711