



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

Select Health (2025)
Quality Provider Performance Team

FMC Measure Description

The percentage of emergency (ED) visits for Select Health members 18 years of age and older who have multiple high-risk chronic conditions and who had a follow-up service within 7 calendar days of the ED visit.



The eligible population for this measure includes Medicare members 18 years old and older with multiple high-risk chronic conditions and who visit an ED on or between January 1 and December 24 of the measurement year.

Events are included for patients diagnosed (determined by ICD-10 codes in claims data) with 2 or more of these conditions during the prior or current measurement year.

NOTE: \$25/member instance, 4X year payout maximum-once per quarter (on same member)

Why it Matters:

- Communication challenges and adverse health outcomes can persist when hospitals, including ED providers, fail to send medical records to patients' outpatient providers when admitted and after discharge.
- Timely follow-up visits are important for assessing the reasons for emergency care, the outcome of the visit, and any changes to the treatment plan.





What chronic conditions are eligible?

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

Diagnoses must be documented on 2 different dates of service. Visits must be for the same eligible chronic condition during the measurement year or during the year prior to the measurement year, but prior to the ED visit.

Numerator: Members in the denominator must have a follow-up service on or within 7 calendar days of the ED visit (8 total days) via:

NOTE: FMC is an event-based measure. For each ED visit, there will be a care opportunity that needs to be addressed.

A care management visit

Transitional care management services

Complex care management services

An e-visit or virtual check-in (Telehealth)

Monitored electroconvulsive therapy in an outpatient, ambulatory surgical, community mental health or partial hospitalization setting

An outpatient, telephone* or telehealth visit, including those for behavioral health services in a clinic, at home, or at a community mental health center

An intensive outpatient encounter or partial hospitalization, including observation visits

* Telephone follow-up calls can also be made by non-licensed caregivers (e.g., medical assistant [MA] or mental health provider) with the appropriate documentation.

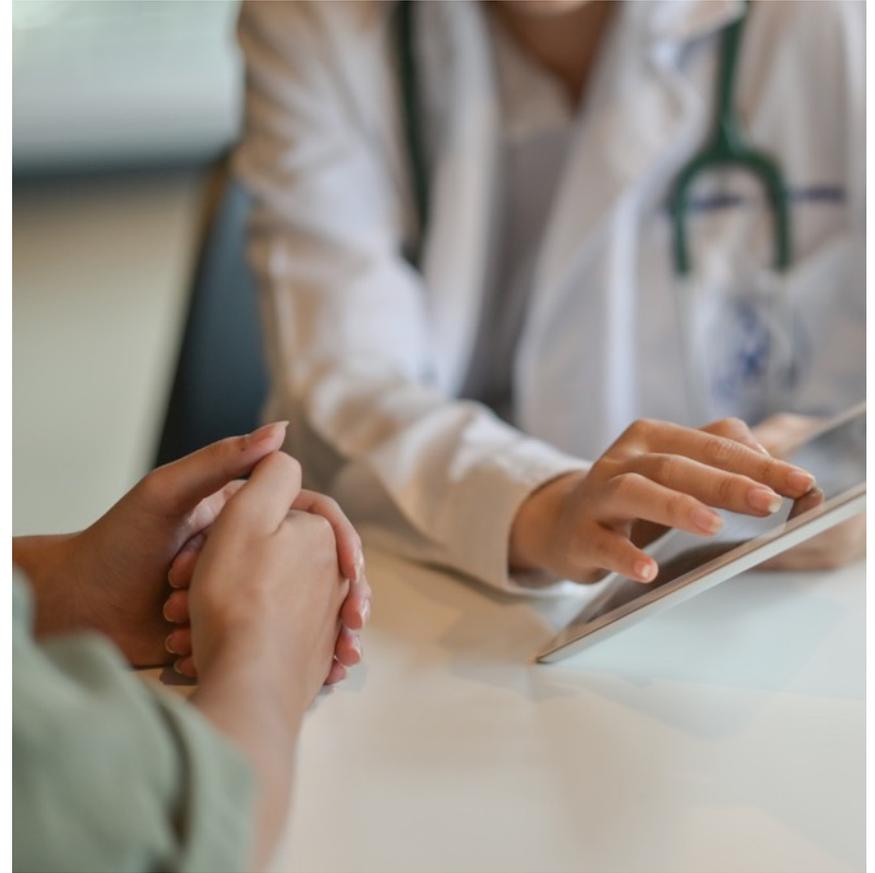
What are best practices for this measure?

- Contact patients after their ED visit to schedule a post-ED follow-up visit within 7 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 provided discharge summary with patients. Ask if they understand the instructions for new prescriptions.
- Keep open appointments so that patients with an ED visit can be seen within 7 days of their discharge.
- Evaluate if the patient would benefit from Care Management Services (ask your QPP representatives for Select Health Care Management contact information).
- In addition to an office visit, follow up could be provided via a telehealth, telephone, e-visit, or virtual visit.



Exclusions:

- Patients in hospice or using hospice services any time during the measurement year
- Any ED visit resulting in an inpatient admission on the day of, or within 7 days following the ED visit regardless of the principal diagnosis for admission
- ED visits occurring within the same 8-day period (Example: An ED visit on April 1 is in scope, but subsequent visits occurring April 2–8 are not. If the same patient visits an ED on April 9, this would be a new event requiring follow up.)



Correction entry process for visits when Select Health did not receive a claim

FOLLOW-UP	Allowable Correction	Submission Correction F		
		Category	Measure	Component
	Follow Up After ED Visit for People with Multiple Chronic Conditions			
	Unaccounted for follow-up service	Care Coordination	FMC Follow Up After ED w/ Multiple High-Risk CC	FMC Numerator

Additional Required Documentation (see "General Guidance" for Standard Requirements)

Documentation of visit must include date of follow up service and some or all the following:

- Thorough and diagnosis-appropriate mental health assessment
- Review of medication list and medication side effects
- Physical exam findings
- Compliance with documentation and prescribed treatment
- Review discharge summary; verify understanding of instructions and that all new prescriptions were filled.
- Questions/concerns the member or caregiver may have, etc.

NOTE: Documentation example, "contacted patient after ED visit, no questions," will not meet criteria.

Corrections
completed by: virtual check-in management, care management, or complex care as outpatient or via telehealth service or substance abuse counseling and

NOTE: telephone follow-up calls can be done by non-licensed clinicians (such as MAs) if Select Health receives documentation for the follow-up visit.

From: [Allowable Corrections Guide: Primary Care Program](#)

Resources:

- [HEDIS®: General Guidelines and Measure Descriptions, Johns Hopkins Medicine](#)
- [HEDIS MY 2025 Measures and Descriptions, National Committee for Quality Assurance \(NCQA\)](#)
- [2024 Medicare-Medicaid Plan Performance Data Technical Notes, Centers for Medicare & Medicaid Services \(CMS\)](#)
- [QPP 2025 Performance Measures – Primary Care](#)
- [QPP Primary Care Adult/Pediatric Measures Quick Guide](#)





Questions

Thank you

