

Quality Provider Program: Primary Care

Follow Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC): Frequently Asked Questions

The percentage of emergency (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. Eight days totals to include visits that occurred on the day of the ED visit.

Q: Why does this measure matter?

A: Timely follow-up after ED visits for this population:

- Improves cross-continuum provider collaboration
- Mitigates communication lapses between the ED and outpatient providers
- Helps assess the reasons for emergency care, the outcome of the visit, and any changes to the treatment plan

Q: What is Select Health doing to help?

A: Select Health promotes this follow up by:

- Providing care management services to help members manage chronic health conditions, such as COPD, heart failure, and atrial fibrillation. Members can self-refer to the program in addition to provider referrals. Contact care management at **800-442-5305**.
- Publishing an article in *Provider Insight* newsletter highlighting the measure specifics.
- Educating members via the Medicare member newsletter about the FMC measure and responding to frequently asked questions.

Q: What are best practices for this measure?

A: Best practices include:

- Contact members upon receipt of the ED discharge notification, and schedule a post-ED follow-up visit within 2–5 days after discharge. The follow-up visit can be the same day as the ED visit. Be sure to:
 - Develop outreach internal team and/or assign care/case managers to members to ensure they keep follow-up appointments or reschedule missed appointments.
 - Set flags, if available in the electronic health record (EHR), or develop a patient tracking method for those who may need screenings and follow-up visits.
- Discuss the discharge summary; verify understanding of instructions and if all new prescriptions were filled.
- Complete a thorough medication reconciliation with the members and/or caregiver.
- Educate members on the importance of regular follow up with their primary health care provider to manage their chronic condition(s).

Continued...

ELIGIBLE CHRONIC CONDITION DIAGNOSES

Members aged 18 or older on the date of the ED visit who:

- Have 2 or more eligible chronic conditions (as listed below) that were diagnosed prior to the visit
 - COPD, asthma, unspecified bronchitis (NOTE: COPD and asthma are considered the same chronic condition)
 - Alzheimer's disease and related disorders
 - Chronic kidney disease
 - Depression
 - Heart failure (chronic heart failure; heart failure diagnosis).
 - Acute myocardial infarction (MI value set; old myocardial infarction).
 - Atrial fibrillation
 - Stroke and transient ischemic attack (visit with a principal diagnosis of encounter for other specified aftercare not included)
- Visited the ED on or between January 1 and December 24 of the measurement year

FMC Frequently Asked Questions, Continued

- Submit claims in a timely manner, and include the appropriate codes for diagnoses, health conditions, and the services provided.
- Keep open appointments so that patients with an ED visit can be seen within 7 days of their discharge. (In addition to an office visit, follow up could be provided via a telehealth, telephone, e-visit or virtual visit.)
- Encourage patients to call primary care physician's (PCP's) office/after-hours line when condition changes (weight gain, medication changes, high/low blood sugar readings).

Q: What types of visits meet criteria for follow-up?

A: Visit types that meet criteria include:

- An outpatient visit, telephone visit, e-visit or virtual check-in
- Transitional care management services
- Case management visits
- Complex care management services
- An outpatient or telehealth behavioral health visit with outpatient point of service (POS)
- An outpatient or telehealth behavioral health visit
- An intensive outpatient encounter or partial hospitalization with Partial Hospitalization POS
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit with community mental health center POS
- Electroconvulsive therapy with ambulatory surgical center, community mental health center POS, outpatient POS, or partial hospitalization POS
- A telehealth visit with telehealth POS
- A substance use disorder service or substance abuse counseling and surveillance

TIPS FOR COMPLIANCE

- The denominator is based on ED visits, not members, between January 1 and December 24 of the measurement year (where member was 18 years of age or older on the date of the visit.)
- Eligible chronic condition diagnoses are identified:
 - On the discharge claim
 - On different dates of service
 - During the measurement year or year prior.
- Visit type need not be the same for the 2 visits, but the visits must be for the same eligible chronic condition.) Eligible visits can be (at least) 2:
 - Outpatient visits
 - ED visits
 - Telephone visits
 - E-visits or virtual check-ins
 - Nonacute inpatient encounters
 - Nonacute inpatient discharges
- Visits are identified chronologically. Only 1 visit per 8-day period. If a member has more than one ED visit in an 8-day period, only the first eligible ED visit is included.
- Ensure member has follow-up services within 7 days after the ED visit.

