Follow-up after emergency department visit for people with multiple high-risk chronic conditions

Overview

The follow-up after emergency department visit for people with multiple high-risk chronic conditions is the percentage of emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Members with multiple high-risk chronic conditions often see multiple providers across different settings, leading to fragmented care and poorer health outcomes, including a higher likelihood of emergency department (ED) visits.

High-risk chronic conditions

Members are included in the measure if they had 2 or more of the eligible chronic conditions diagnosed prior to an ED visit, during the measurement period or during the year prior to the measurement period.

The following are eligible chronic condition diagnoses:

- COPD, asthma or unspecified bronchitis
- Alzheimer's disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack

7-day follow-up

Any of the following meet criteria for a follow-up service:	
✓ Outpatient visit, telephone visit, e-visit or virtual check-in	✓ Community mental health center visit
✓ Transitional care management services, Alzheimer's disease and related disorders	✓ Electroconvulsive therapy
✓ Case management visits	✓ Telehealth visit
✓ Complex Care Management Services	✓ Substance use disorder service
✓ Outpatient or telehealth behavioral health visit	✓ Substance use disorder counseling and surveillance
✓ Intensive outpatient encounter or partial hospitalization	

Unstructured data submissions in Practice Assist

For high-risk patients, follow-up within 7 days of an ED visit is best practice and usually generates a claim. Practice Assist now supports unstructured data submissions for the FMC measure when a claim wasn't generated, but a telephonic follow-up occurred on the day of the ED visit or within 7 days after (8 days total).

Documentation requirements for unstructured data	
Patient information	• Patient name • Date of birth • Member ID • ED visit date • Call date (must be within the 7 days after the ED visit – 8 days total)

Documentation requirements for unstructured data	

Call details	• Type of service (select one)
	  – Telephone visit
	  – TCM
	  – Case management
	• Spoke with (select one)
	  – Patient
	  – Caregiver
	• Successful contact (yes or no)

ED visit review	• Reason for ED visit
	• Current symptoms/status
	• Any worsening symptoms (yes or no)
	• Additional details:
	  – Do they need a follow-up appointment?
	  – Does anything need to be addressed?

Follow-up care coordination	• Primary care provider/specialist follow-up scheduled (yes or no) – Appointment date • Assistance provided with scheduling (yes or no)
Staff information	• Staff name • Role • Date completed

If the telephone call was initiated by a provider or other qualified health professional, documentation may include symptoms/risk assessment, medication reconciliation, chronic condition management, care plan and education, and care coordination/referrals. In these cases, a claim should be generated.

Helpful hints – Practice Assist

- Voice mails and messages will not satisfy the documentation requirement
- Telephone follow-ups that are initiated due to a prescription refill will not satisfy the documentation requirement. **The telephone call must be related to the ED follow-up.**
- The date of service selection window begins on the ED discharge date and ends 7 calendar days later
- Once an FMC event is created (either through the intake file or Practice Assist), no new FMC event can be created for 7 days after the ED discharge date. However, if a backdated FMC eligible event is received within that 7-day period, the earlier event becomes the active FMC event and the current event is made inactive.
  - **Example:** If an FMC event exists with an ED discharge date of January 7, and a new FMC-eligible event is later received with an ED discharge date of January 5, the January 5 event becomes the active FMC event, and the January 7 event is inactivated.

Exclusions

- Members in hospice or using hospice services
- Members who died

PCA-1-26-01439-M&R-FLYR_08182026

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