

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

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the follow-up after emergency department visit for mental illness measure, best practices and more resources.

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service

LOB
Commercial
Medicaid
Medicare

CMS Weight
1x

HEDIS
2025

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up **within 30 days** of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up **within 7 days** of the ED visit (8 total days)

Note: that if a member has more than one ED visit in a 31-day period, only the first visit is included in the measure. There are two claims required to meet this measure: the ED visit and the follow-up visit.

Exclusions

- Members who received hospice services anytime during the measurement year
- Deceased during the measurement year

Best Practices

- Use appropriate documentation and correct coding
- Teach the patient the need for follow up appointments to empower shared decision-making between the provider and the patient
- Maintain appointment availability for patients with recent ED visits including virtual visits
- Outreach to patients that cancel appointments and reschedule as soon as possible
- Educating the patient about the importance of follow-up and adherence to treatment recommendations
- Coordinating care between behavioral health and primary care physicians

Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental health, and increased compliance with follow-up instructions