TIP SHEET

EmblemHealth®

HEDIS® Tip Sheet for FMC Measure (NCQA-Aligned)

What does FMC mean?

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

Measure overview

This HEDIS measure evaluates members with multiple high-risk chronic conditions who had an emergency department (ED) visit and received a qualifying follow-up visit within seven days after ED discharge. This measure applies to Medicare populations.

Eligible population (denominator)

- Members age 18 years and older.
- Identified by the member's health insurance plan as having multiple high-risk chronic conditions.
- ED visits that do NOT result in inpatient admission.

Eligible chronic condition diagnoses

- Chronic obstructive pulmonary disease (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.

Qualifying follow-up visits (numerator)

The following visit types meet follow-up criteria (within seven days of an ED visit):

- Outpatient visits (telehealth, telephone, home visits, etc.).
- Behavioral health visits.
- Virtual and telehealth visits.
- Case management visits.
- Electroconvulsive therapy.
- Transitional care management services.
- Community mental health and substance use disorder services.

NCQA TIMING RULE	REQUIREMENTS
Follow-up window	Within seven days after ED visit
Same day allowed	Yes, same day visits count
Measurement year	Jan. 1 – Dec. 24
Multiple ED visits	Only the first visit in an eight-day span is counted

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Documentation and coding requirements

- Follow-up visit date within seven days.
- Visit type is clearly documented.
- Diagnosis related to the ED visit or chronic condition is addressed.
- Finalized and signed provider notes.
- Appropriate CPT/HCPCS codes captured.
- Ensure recent ER visit date and place of ER are referenced.

National Committee for Quality Assurance (NCQA) exclusions

- ED visit resulting in an inpatient admission (within seven days).
- Member death during the measurement period (Jan. 1 – Dec. 24).
- Hospice enrollment during the measurement period.
- Member disenrollment from the health plan.

Best practice workflow to increase performance

- Review ED discharge notifications daily or weekly.
- Contact members within one – two business days.
- Schedule follow-up visits promptly (within seven days).
- Use telehealth or phone visits when appropriate.
- Track completion using reports or registries.
- Hold open slots for post-ED follow-up visits.

Medicare-specific considerations

- Older population with complex chronic conditions.
- Transportation and mobility barriers may impact the ability to follow-up within the seven-day timeframe.
- Telehealth and telephone visits are effective tools when documented according to NCQA guidelines.

Applicable codes under the current HEDIS measure (not a complete list)

- 98966–98968 (telephone assessment).
- 98970–98972 (digital evisits).
- 99202–99205, 99211–99215 (outpatient visits).
- 99421–99423 (online digital).
- 99441–99443 (telephone).

Disclaimer

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