

HEDIS FMC Follow-Up After Emergency Department Visit for People with Multiple High-Risk Conditions

Measure Description

1024 - HEDIS FMC FU After ED for Multiple High-Risk Cond 1st – First Episode

1028 - HEDIS FMC FU After ED for Multiple High-Risk Cond 2nd - Second Episode

The percentage of individuals 18 years and older with multiple high-risk chronic conditions with an emergency department (ED) visit (1st or 2nd visit) who had a follow-up service within 7 days of the ED visit. Exclude individuals who received hospice services or died during the measurement year. (Age Stratification Groups - 18 to 64 yrs, 65 yrs and older, Total)

Rate Type – Higher performance is better

Measure Note – This measure requires race and ethnicity stratification reporting

Proprietary Status - The source for this measure specification methodology is HEDIS MY2025 Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) - Certified, Adjusted HEDIS measure; Unaudited HEDIS rates; NCQA (owner)

Allowable Adjustments (Measure-Specific)

1. Global allowed adjustments (see Allowable Adjustments - Global p. 5 - 6)
2. Age determination dates may be changed. The denominator age may be expanded
 - a. HEDIS Definition: Age (18 years and older) as of the qualifying ED visit during the measurement year from January 1st to December 24th
 - b. Merative Implementation: Eligible Age for the measure logic is based on Age as of ED visit during the measurement year as a relative date between MPED and 7 days before MPED.
 - i. Reportable Age Stratification Groups are implemented as of MPED - 18 to 64 yrs, 65 yrs and older, Total
3. Continuous Enrollment (CE), Benefits, Anchor Date, Allowable Gap – Continuous enrollment details and benefits can be modified.
 - a. HEDIS Definition: Individuals do not need to be enrolled at the MPED.
 - b. Merative Implementation: Individuals need to be enrolled at the MPED to provide clients with actionable insights.
4. Patient vs Episode-Based – Organizations may assess at the member level by applying measure logic appropriately. Allowable adjustment certification confirms the first two events.
 - a. HEDIS Definition: Episode-based (Percentage of ED visits)
 - b. Merative Implementation: NCQA-certified member-level logic to evaluate only the first two events within the designated timeframes. Instead of counting events, measures are providing a rate of individuals who meet the first event and second event (see Measure Description)

Minimum Data Requirements (months) - 24

Measure Details

Continuous Enrollment – Individuals continuously enrolled with medical coverage 365 days prior to the ED visit through 7 days after the ED visit with one 45-day gap allowable in the 365 days prior to ED Visit. Individuals need to be enrolled at MPED.

Denominator – Individuals 18 years and older as of the ED visit which occurs between 1 year prior to the MPED to 7 days before the MPED where the member had two or more different chronic conditions prior to the ED visit. Remove ED visits resulting in an inpatient stay within 7 days regardless of the principal admitting diagnosis.

Denominator Note – The denominator ED visit is the IESD. HEDIS defines denominator event period as January 1st of the MPED to December 24th of the MPED which is implemented as 1 year prior to the MPED to 7 days before the MPED. If a member has more than one ED visit in an 8-day period, include only the first eligible ED visit during that time. Identify visits chronologically, including only one visit per 8-day period.

An ED visit <i>Time Frame:</i> On or between 1 year prior to the MPED to 7 days before the MPED	CPT/HCPCS Code = ED or UB Revenue Code = ED
AND NOT	
ED visits that result in an inpatient stay with any diagnosis <i>Time Frame:</i> On the date of the ED visit or within 7 days after the ED visit	ED visit defined above and UB revenue code = Inpatient Stay

AND