Behavioral and Physical Health & Aging Services Administration

Bureau of Specialty Behavioral Health Services

MEASURE SPECIFICATION:

Follow-up After Emergency Department Visit within 30 days For Mental Illness: Age 18 And Older (FUM-30AD)

Informational only
FY 2025

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Follow-up After Emergency Department Visit for Mental Illness: Age 18 And Older

MEASURE	
Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit within 30 days for mental illness	
MINIMUM STANDARD	
There is no minimum standard for this measure	
ELIGIBLE POPULATION	
Age	Age 18 and older as of the date of the ED visit
Continuous Enrollment	Date of the ED visit through 30 days after the ED visit (31 total days)
Allowable Gap	No allowable gaps in the continuous enrollment period.
Anchor Date	None
Event/Diagnosis	An ED visit (ED Value Set) with a principal diagnosis of mental illness or intentional self-harm (Mental Illness and Intentional Self-Harm Value Set) on or between January 1 and December 1 of the measurement year where the beneficiary was age 18 or older on the date of the visit. The denominator for this measure is based on ED visits, not on beneficiaries. If a beneficiary has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period as described below.
Multiple visits in a 31-day period	If a beneficiary has more than one ED visit in a 31-day period, include only the first eligible ED visit. For example, if a beneficiary has an ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31; then, if applicable, include the next ED visit that occurs on or after February 1. Identify visits chronologically, including only one per 31-day period. Note: Removal of multiple visits in a 31-day period is based on eligible visits. Assess each ED visit for exclusions before removing multiple visits in a 31-day period.
ED visits followed by inpatient admission	Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay. These events are excluded from this measure because

	admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.
Required exclusions (Supplemental and medical record data may be used for these exclusions)	Exclude beneficiaries who meet either of the following criteria: • Beneficiaries in hospice or using hospice services anytime during the measurement year. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set. • Beneficiaries who died any time during the measurement year. For additional information, refer to the deceased beneficiary's exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set.
ADMINISTRATIVE SPECIFICATIONS	
Denominator	The eligible population as defined above.
Numerator 30-day follow up	A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.
DATA ELEMENTS	

Data is extracted from the Medicaid Data Warehouse.

Please refer to the Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2024 Reporting for the current list of the specific codes and exclusions for this measure:

Core Set of Adult's Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2024 Reporting (Updated August 2024)

*These specifications are a summary. The CMS Core Set specifications provide the full detail, and in the case of any differences between the summary and the CMS specifications, the CMS specifications should be considered the full specification.

NCQA > HEDIS MY 2025 Medication List Directory

The electronic specification from Health IT.gov is located on the eCQI resource center webpage at https://ecqi.healthit.gov

Month available in CC360	Month of Extract	Measurement Period
Dec 2024	Nov 2024	07/01/23 – 06/30/24
Mar 2025	Feb 2025	10/01/23 – 09/30/24
June 2025	May 2025	01/01/24 – 12/31/24
Sep 2025	Aug 2025	04/01/24 – 03/31/25

PROCESS

The plan-specific percentages will be electronically transmitted to each MHP and PIHP. Quarterly results will also be available via CC360.

MEASUREMENT FREQUENCY

Annually

ADDITIONAL NOTES

There may be different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date, and units of service. Where billing methods are comparable to inpatient billing, each unit of service may be counted as an individual visit. The unit of service must have occurred during the required period specified for the rate (within 30 days after the ED visit or within 7 days after the ED visit).