

# Provider Bulletin

## HEDIS<sup>®</sup> News You Can Use

### Follow-Up After ED Visit for Mental Illness (FUM)



#### Importance of the FUM measure

A significant number of emergency department (ED) visits are related to mental health crises. Timely follow-up care is associated with fewer repeat ED visits and offers an opportunity for coordinated care and improved overall health outcomes.

This bulletin offers information on any measure changes, best practice suggestions, links to codes and free resources.



#### Measure requirements

The focus is on the member receiving follow-up care

- within 7 days of the ED visit or
- within 30 days of the ED visit

Follow-up within 7 days satisfies the 30-day measure requirement.

For more detailed measure info, go to [MC Gap Closure Reference Guide](#)



#### Coding information

- For claims include the qualifying **CPT/HCPCS** codes for the follow-up visit; for any visit setting unspecified, use **POS** codes.
- Visits can be with any licensed provider but must **include** a diagnosis of a mental health disorder.

For up-to-date, measure specific codes to use, go to [MC Gap Closure Reference Guide](#)



#### Common reasons for Gaps in Care

- Low patient engagement due to lack of support system, stigma, cultural beliefs, or access issues.
- Fragmented care coordination.
- Appointments scheduled beyond 7 days; missed appointments.
- Incorrect coding.

For members assigned but choosing not to establish care, go to [MC PCP Change Request Form](#)



## Engagement strategies for mental health follow-up

- **Peer support:** Connect members with trained peers who can motivate and guide them through follow-up care.
- **Digital tools:** Leverage apps, text reminders, and virtual check-ins to keep members engaged and on track.
- **Family involvement:** Educate caregivers about the condition and recovery process; invite them to joint sessions (with consent) to build a strong support system.
- **Community partnerships:** Collaborate with trusted local groups or faith leaders for extended outreach and support.
- **Personalized plans:** Use visual care maps and recovery coaching to tailor follow-up care to each member's needs.



## Great resources

[Mercy Care Provider Outreach Manuals](#)

[AHCCCS OIFA Empowerment Tools](#)

[AAFP Mental and BH: Clinical Guidance and Practice Resources](#)

**Thank you for the care you provide  
to our members**



## Best Practices

### Tips to improve results

1. **Expand access:** Make care easier to reach by offering telehealth and flexible scheduling – including evenings and weekends.
2. **Outreach:** Use electronic medical record (EMR) or admission, discharge, transfer (ADT) alerts to spot care transitions and pro-actively schedule follow-ups within 7 days.
3. **Remind & re-schedule:** Keep members on track with automated reminders and timely outreach for missed appointments.
4. **Coordinate care:** Promote seamless communication among providers, caregivers, and support teams to ensure continuity.
5. **Support continuity of care:** Use same diagnosis code from the ED visit at each follow-up, unless there is a clinical change.