



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

FUM Measure Description¹

Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days.

Why is FUM Important?¹

Mental illness can affect people of all ages. In the United States, 18% of adults and 13%–20% of children under 18 years of age experience mental illness. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions.

Best Practices

- ✓ Using the same diagnosis for mental illness at each follow-up (a non-mental illness diagnosis code will not fulfill this measure).
- ✓ Send discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.
- ✓ Explain to patients and caregivers the importance of follow-up to reduce the risk of readmission.
- ✓ Timely receipt of discharge information will facilitate timely follow-up care.
- ✓ Reach out to patients that cancel appointment or do not keep initial follow-up appointments and reschedule them ASAP.

Numerator Compliance²

Rate 1: 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 a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

Rate 2: 7-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 a mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.

For both indicators, any of the following meet criteria for a follow-up visit (with or without a principal diagnosis of intentional self-harm):

- Outpatient, BH outpatient visit, intensive outpatient encounter, partial hospitalization, or community mental health center visit with a principal diagnosis of a mental health disorder.
- Electroconvulsive therapy
- Telehealth, telephone, e-visit or virtual check-in with a principal diagnosis of a mental health disorder.

Numerator Codes²

Refer to HEDIS Numerator Codes Dashboard on the Trillium HEDIS Resources website.

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

FUM	Calendar Year	Trillium	NCQA National Average
Rate 1: 30-Day Follow-Up	2022	64.4	55.2
	2021	-	53.4
Rate 2: 7-Day Follow-Up	2022	46.0	41.5
	2021	-	40.1

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¹ Source: [ncqa.org/hedis/measures](https://www.ncqa.org/hedis/measures)

² Source: HEDIS MY 2024 Tech Specs Manual Vol. 2