

# Alameda Alliance Wellness Measure Tip Sheet



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

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance, coding tips, and documentation strategies to help clinical teams close care gaps and improve performance on HEDIS® measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at [DeptStarsTeam@alamedaalliance.org](mailto:DeptStarsTeam@alamedaalliance.org).

**Data Collection Methodology:** Administrative

**Measure Description:** The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within seven (7) days of the ED visit.

**Measure Population (denominator):** Members 18 years of age and older with two (2) or more different high-risk chronic conditions that had an ED visit between January 1st and December 24th of the measurement year.

High-risk chronic conditions (diagnosed prior to ED visit during measurement year or year prior):

- Acute myocardial infarction
- Alzheimer's disease and related disorders
- Atrial fibrillation
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD), asthma, or unspecified bronchitis
- Depression
- Heart failure
- Stroke and transient ischemic attack

**Please Note:** Measure is based on ED visits; if a member has more than one (1) ED visit, they could be in the measure more than once.

**Measure Compliance (numerator):** A follow-up service within seven (7) days on or after the emergency department visit (eight (8) days total).

Follow-up service timeframe examples:

**Compliant**

- ED visit on June 10, follow-up service on June 10 (same day)
- ED visit on June 10, follow-up service on June 18 (8th day)

**Non-compliant**

- ED visit on June 10, follow-up service on June 19th (9th day)

The following meet criteria for follow-up:

- Case management visits
- Community mental health center visit
- Complex Care Management services
- Electroconvulsive therapy
- Intensive outpatient encounter or partial hospitalization
- Outpatient or telehealth behavioral health visit
- Outpatient visit, telephone visit, e-visit, or virtual check-in
- Substance use disorder counseling and surveillance
- Substance use disorder service
- Transitional care management services

**Coding Tips:**

Value Set	Code		Description
<b>Case Management Encounter</b>	CPT	99366	Team conference with patient by healthcare professionals
	HCPCS	T1016	Case management, each 15 minutes
		T1017	Targeted case management, each 15 minutes
		T2022	Case management, per month
<b>Complex Care Management Services</b>	CPT	99439	Chronic care management for each additional 20 minutes of non-face-to-face
		99490	Chronic care management staff 1st 20 minutes
		99491	Chronic care management provided by a physician 1st 30 minutes
	HCPCS	G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)

Value Set	Code	Description	
<b>Outpatient and Telehealth</b>	CPT	98016	Brief communication technology-based service
		99202	Office outpatient new straightforward 15 minutes
		99203	Office outpatient new low 30 minutes
		99204	Office outpatient new moderate 45 minutes
		99205	Office outpatient new high 60 minutes
		99211	Office outpatient established patient, may not require physician's direct presence
		99212	Office outpatient established patient straightforward 10 minutes
		99213	Office outpatient established patient low 20 minutes
		99214	Office outpatient established patient moderate 30 minutes
		99215	Office outpatient established patient high 40 minutes
		99242	Office outpatient consultation new/established patient straightforward 20 minutes
		99243	Office outpatient consultation new/established patient low 30 minutes
		99244	Office outpatient consultation new/established patient moderate 40 minutes
		99245	Office outpatient consultation new/established patient high 55 minutes
		99341	Home/residence visit new patient straightforward 15 minutes
		99342	Home/residence visit new patient low 30 minutes
		99344	Home/residence visit new patient moderate 60 minutes
99345	Home/residence visit new patient high 75 minutes		
<b>Transitional Care Management Services</b>	CPT	99495	Transitional care management moderate face-to-face 14 days
		99496	Transitional care management high face-to-face 7 days

**Please Note:** The table shows a partial list of value set codes. Additional codes are available upon request.

**Exclusions:**

- Members admitted to an acute or nonacute inpatient facility on or within seven (7) days after the ED visit, regardless of the principal diagnosis for admission.
- Members who died at any time during the measurement year.
- Members who received hospice services any time during the measurement year.

**How to Improve Your Stars Performance**

- Conduct outreach to members after their ED visit to schedule a post-ED follow-up visit within seven (7) days after discharge. The follow-up visit could be the same day as the ED visit.
- Utilize ADT data from Manifest MedEx.
- Educate members on the importance of regular follow-up with their primary health care provider to regularly manage their condition.
- Create appointment blocks so members who were recently seen at an ED can be seen within seven (7) days of discharge.