



## **Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions Tip Sheet**

### **What is the CMS Star Rating Program?**

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at [medicare.gov](http://medicare.gov) to help consumers compare health plans more easily.

### **Measure Description**

**Weight: 1**

Percentage of plan members 18 years of age and older with 2 or more chronic conditions who had follow-up care within 7 days after an emergency department (ED) visit.

### **Measure Source**

- 1/1 – 12/31.

### **Stars/Quality Specifications**

The percentage of emergency department (ED) visits for members 18 years and older with 2 or more high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

### **Best Practice/Call to Action**

Schedule a follow up visit for the member to complete **within 7 days** after their ED visit. This can include visits that occur on the date of the ED visit.

Depending on the person's needs this visit may be with:

- A health care provider (outpatient visit, telephone visit, e-visit or virtual check-in).
- An appointment with a case manager or complex case manager.
- A home visit.
- Transitional Care Management Services.
- Outpatient or telehealth behavioral health visit.
- A community mental health center visit.
- A telehealth visit.
- A substance use disorder service or substance abuse counseling.

Refer members to Care Coordination to aid in education, wellness goals and repeat ED visit prevention.



### Coding and Documentation Tips

Qualifying Chronic Conditions:

- COPD, Asthma or unspecified Bronchitis.
- Alzheimer's disease and related disorders.
- Chronic Kidney Disease.
- Depression.
- Heart Failure, Acute myocardial infarction or Atrial fibrillation.
- Stroke and transient ischemic attack.

Exclude:

ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for 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. An ED visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.

These events are excluded from the measure because admission to an acute or nonacute setting may prevent an outpatient follow-up visit from taking place.

If you have questions, please contact your Provider Relations Specialist.