![Trillium Health Resources logo]

Follow-Up After Emergency Department Visit for Substance Use (FUA)

FUA Measure Description[1]

Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD.

Why is FUA Important?[1]

In 2022, 48.7 million Americans over 12 years of age (about 17.3% of the population) were classified as having an SUD. Between 2018 and 2021, the use of ED services for substance use increased 39%, and the rate of ED visits related to substance use went up from 74.4 to 103.8 visits per 10,000 individuals. The ED plays a crucial role in helping individuals with substance use by providing immediate care and timely diagnosis, and connecting individuals to further care. This measure focuses on making sure that people leaving the ED after a high-risk substance use event get coordinated care, because they might be at a higher risk of losing touch with the health care system.

Best Practices

✓ If patient has multiple issues, the AOD diagnosis must be listed as the principal diagnosis to meet compliance for this measure.
✓ Coordinate care between BH provider and PCP including diagnosis for alcohol or substance use (can be supported by Trillium).
✓ Send discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.
✓ If patients do not keep appointments, have staff reach out to reschedule them ASAP.
✓ Schedule the second appointment within 30 days of discharge before the patient leaves provider's office.

[1] Source: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/measures-list/
[2] Source: HEDIS MY 2025 Tech Specs Manual Vol. 2

Numerator Compliance[2]

Rate 1: 30-Day Follow-Up - A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

Rate 2: 7-Day Follow-Up - A follow-up visit or a pharmacotherapy dispensing event within 7 days after the ED visit (8 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

For both rates, any of the following meet criteria for a follow-up visit:

- The follow visits with any diagnosis of SUD, substance use or drug overdose or with a mental health provider:
    - An outpatient visit
    - An intensive outpatient encounter or partial hospitalization (with or without POS code 52)
    - A non-residential substance abuse treatment facility visit
    - A community mental health center visit with POS code 53
    - A telehealth/telephone/e-visit/virtual check-in visit

- A peer support service with any diagnosis of SUD, substance use or drug overdose.

- An opioid treatment service that bills monthly or weekly with any diagnosis of SUD, substance use or drug overdose.

- A substance use disorder service.

- A behavioral health screening or assessment for SUD or mental health disorders.

- A substance use service.

- A pharmacotherapy dispensing event or medication treatment event.

Data Collection Method[2]
Administrative (Claims)

Trillium Percentages/NCQA National Averages[1]

FUA	Measurement Year	Trillium	NCQA National Average
Rate 1: 30-Day Follow-Up	2023	37.74	35.48
	2022	43.9	36.4
Rate 2: 7-Day Follow-Up	2023	24.84	24.08
	2022	32.2	25.0

[1] Source: https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/measures-list/

[2] Source: HEDIS MY 2025 Tech Specs Manual Vol. 2