

WHAT IS THE FUA MEASURE LOOKING AT?

The percentage of ED visits for members age 13+ with a principal diagnosis of alcohol or other drug abuse or dependence (AOD) with follow-up visit for AOD

WHY IS THE FUA MEASURE IMPORTANT?

High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care.¹ Timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days.^{2,3,4}

WHO IS INCLUDED IN THE MEASURE?

Members with an ED visit for a principal diagnosis of AOD

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is a follow-up visit with any practitioner with a principal diagnosis of AOD within 7 (and 30) days after the ED visit

Please Note: Visits may occur on the same date of the ED visit

Applies to members age 13+; Commercial, Medicaid and Medicare LOB are included.

What counts as a follow up visit?

Any of the following with a principal diagnosis of AOD:

- An outpatient visit
- Telehealth
- Intensive outpatient visit
- Partial hospitalization
- An observation visit
- A telephone visit
- An online assessment

WHICH MEMBERS ARE EXCLUDED?

Detox-only chemical dependency visits are excluded

ED visits followed by an inpatient admission within 30 days are excluded; and

Members on hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE FUA RATES?

- Use appropriate documentation and correct coding
- Maintain appointment availability for patient with recent ED visits
- Explain the importance of follow-up to your patients
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- Telehealth visits with the appropriate principle diagnosis will meet the follow-up criteria
- Provide timely submission of claims and encounter data

What are the ED Visit Codes that need a follow-up Visit?

These are some common ICD-10 codes for alcohol / drug abuse or dependence that need a follow up visit within 7 (or no longer than 30) days after the ED Visit:

F10.10, F10.120, F10.121, F10.129, F10.19, F10.20, F10.220, F11.10, F11.120, F11.121, F11.20, F11.220, F11.23, F11.24, F13.19, F13.220, F14.10, F14.120, F15.10, F15.120, F16.10, F16.120, F18.19, F18.20, F18.220, F19.10, F19.120, F19.239, F19.24, F19.250

WHAT IS HEDIS® ?

HEDIS (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS measures results and drives improvement efforts surrounding best practices

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- 1 New England Health Care Institute (NEHI). 2010. "A Matter of Urgency: Reducing Emergency Department Overuse, A NEHI Research Brief." Available from URL: http://www.nehi.net/writable/publication_files/file/nehi_ed_overuse_issue_brief_032610final edits.pdf
- 2 Kunz, F.M., French, M.T., Bazargan-Hejazi, S. (2004). Cost-effectiveness analysis of a brief intervention delivered to problem drinkers presenting at an inner-city hospital emergency department. *Journal of Studies on Alcohol and Drugs*, 65, 363-370
- 3 Mancuso, D., Nordlund, D.J., Felver, B. (2004). Reducing emergency room visits through chemical dependency treatment: focus on frequent emergency room visitors. Olympia, Wash: Washington State Department of Social and Health Services, Research and Data Analysis Division
- 4 Parthasarathy, S., Weisner, C., Hu, T.W., Moor, C. (2001). Association of outpatient alcohol and drug treatment with health care utilization and cost: revisiting the offset hypothesis. *Journal of Studies on Alcohol and Drugs*, 62 89-97