2025

FUA-HH - Follow-Up After Emergency Department Visit for Substance Use

For technical questions regarding use of this application, please reach out to MDCT_Help@cms.hhs.gov. For content-related questions about measure specifications, or what information to enter in each field, please reach out to MACQualityTA@cms.hhs.gov.

Are you reporting on this measure?

- (●) Yes, I am reporting Follow-Up After Emergency Department Visit for Substance Use (FUA-HH) for 2025 quality measure reporting.
- ( ) No, I am not reporting Follow-Up After Emergency Department Visit for Substance Use (FUA-HH) for 2025 quality measure reporting.

Status of Data Reported

What is the status of the data being reported?

- (●) I am reporting provisional data.

  Please provide additional information such as when the data will be final and if you plan to modify the data reported here:

- ( ) I am reporting final data.

Measurement Specification

If your state substantially varied from the Health Home Core Set measure specifications (including different methodology, timeframe, or reported age groups), please report your data using “Other” specifications.

Did your state use 2025 Health Home Core Set measure specifications, which are based on National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year 2024 specifications to calculate this measure?

- (●) Yes, our state used 2025 Core Set specifications to calculate this measure.
- ( ) No, our state used Other specifications to calculate this measure.

Data Source

If reporting entities (e.g., health plans) used different data sources, please select all applicable data sources used below.

- [x] Administrative Data
  - What is the Administrative Data Source?
    - [ ] Medicaid Management Information System (MMIS)
    - [x] Administrative Data Other
      - Describe the data source (*text in this field is included in publicly-reported state-specific comments*):
- [x] Other Data Source
  - Describe the data source (*text in this field is included in publicly-reported state-specific comments*):

For each data source selected above, describe which reporting entities used each data source (e.g., health plans, FFS). If the data source differed across health plans or delivery systems, identify the number of plans or delivery systems that used each data source (*text in this field is included in publicly-reported state-specific comments*).

Date Range

Did your state adhere to Core Set specifications in defining the measurement period for calculating this measure?

Information for each measure is available in the Measurement Period Table resource.

- (●) Yes, our state adhered to Core Set specifications in defining the measurement period for calculating this measure.
- ( ) No, our state used a different measurement period.

Definition of Population Included in the Measure

Definition of denominator

Please select all populations that are included in the denominator. For example, if your data include both Medicaid (Title XIX) enrollees and individuals dually eligible for Medicare and Medicaid, select:

- Medicaid (Title XIX)
- Individuals Dually Eligible for Medicare and Medicaid

- [ ] Medicaid (Title XIX)
- [ ] Individuals Dually Eligible for Medicare and Medicaid
- [x] Other

Define the other denominator population (*text in this field is included in publicly-reported state-specific comments*):

Does this denominator represent your total measure-eligible population as defined by the technical specifications for this measure? This includes enrollees who move between health home providers, plans, or delivery systems during the measurement year but met continuous enrollment requirements at the state level.

- ( ) Yes, this denominator includes the total measure-eligible population as defined by the Technical Specifications for this measure.
- (•) No, this denominator does not include the total measure-eligible population as defined by the Technical Specifications for this measure.

Explain which populations are excluded and why (*text in this field is included in publicly-reported state-specific comments*):

Specify the size of the excluded measure-eligible population:

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure-eligible population represented by that service delivery system.

- [x] Fee-for-Service (FFS)

Is all of your measure-eligible Fee-for-Service (FFS) population included in this measure?

- ( ) Yes, all of our measure-eligible Fee-for-Service (FFS) population are included in this measure.
- (•) No, not all of our measure-eligible Fee-for-Service (FFS) population are included in this measure.

What percent of your measure-eligible Fee-for-Service (FFS) population are included in the measure?

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care, and select fee-for-service and enter 50.

_____ %

- [x] Primary Care Case Management (PCCM)

Is all of your measure-eligible Primary Care Case Management (PCCM) population included in this measure?

- ( ) Yes, all of our measure-eligible Primary Care Case Management (PCCM) population are included in this measure.
- (•) No, not all of our measure-eligible Primary Care Case Management (PCCM) population are included in this measure.

What percent of your measure-eligible Primary Care Case Management (PCCM) population are included in the measure?

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care, and select fee-for-service and enter 50.

_____ %

- [x] Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP)

What is the number of Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) plans that are included in the reported data?

Is all of your measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population included in this measure?

- ○ Yes, all of our measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population are included in this measure.
- ◉ No, not all of our measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population are included in this measure.

What percent of your measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population are ***included*** in the measure?

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care, and select fee-for-service and enter 50.

%

How many of your measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) plans are ***excluded*** from the measure? If none are excluded, please enter zero.

☑ Integrated Care Models (ICM)

Is all of your measure-eligible Integrated Care Models (ICM) population included in this measure?

- ○ Yes, all of our measure-eligible Integrated Care Models (ICM) population are included in this measure.
- ◉ No, not all of our measure-eligible Integrated Care Models (ICM) population are included in this measure.

What percent of your measure-eligible Integrated Care Models (ICM) population are ***included*** in the measure?

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care, and select fee-for-service and enter 50.

%

How many of your measure-eligible Integrated Care Models (ICM) plans are ***excluded*** from the measure? If none are excluded, please enter zero.

- [x] Other

Describe the Other Delivery System represented in the denominator (*text in this field is included in publicly-reported state-specific comments*):

Percentage of total other population represented in data reported:

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care, and select fee-for-service and enter 50.

%

If applicable, list the number of Health Plans represented:

Are all Health Home Providers represented in the denominator?

- ( ) Yes, all Health Home Providers are represented in the denominator.
- (•) No, not all Health Home Providers are represented in the denominator.

Explain why all Health Home Providers are not represented in the denominator:

Performance Measure

Percentage of emergency department (ED) visits for health home enrollees age 13 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

- Percentage of ED visits for which the enrollee received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the enrollee received follow-up within 7 days of the ED visit (8 total days)

If this measure has been reported by the state previously and there has been a substantial change in the rate or measure-eligible population, please provide any available context below:

Enter a number for the numerator and the denominator. Rate will auto-calculate:

Please review the auto-calculated rate and revise if needed.

Follow-up within 30 days of ED visit

Ages 13 to 17

Numerator

Denominator

Rate

Ages 18 to 64

Numerator

Denominator

Rate

Age 65 and older

Numerator

Denominator

Rate

Total (Age 13 and older)

Numerator

Denominator

Rate

Follow-up within 7 days of ED visit

Ages 13 to 17

Numerator

Denominator

Rate

Ages 18 to 64

Numerator

Denominator

Rate

Age 65 and older

Numerator

Denominator

Rate

Total (Age 13 and older)

Numerator

Denominator

Rate

Variations from Measure Specifications

Did your calculation of the measure vary from the measure specification in any way?

For example: variation from measure specification might include different methodology, timeframe, or reported age groups.

- (●) Yes, the calculation of the measure varies from the measure specification.

  Explain the variation(s) (*text in this field is included in publicly-reported state-specific comments*):

No, the calculation of the measure does not vary from the measure specification in any way.

Additional Notes/Comments on the measure (optional)

Please add any additional notes or comments on the measure not otherwise captured above (*text in this field is included in publicly-reported state-specific comments*):

Do you have questions or need support?

For technical questions regarding use of this application, please reach out to MDCT_help@cms.hhs.gov. For content-related questions, such as about measure specifications or what information to enter into each field, please reach out to MACQualityTA@cms.hhs.gov.

Beginning with FFY 2024 reporting, states are required to report all of the measures on the Child Core Set and the behavioral health measures on the Adult Core Set. States with approved Health Home Programs in operation by June 30, 2023 are required to report all of the measures on the Health Home Core Sets. More information on mandatory reporting requirements is included in the Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets and Health Home Core Sets.