

HEDIS Measures Webinar

**Follow-Up After Emergency Department Visit for
Mental Illness (FUM) or Substance Use (FUA)**

Agenda

- 1) Introduction
- 2) Measure Descriptions
- 3) Promising Practices and Resources

Why are we here?

- Mental illness can affect people of all ages.
- Research suggests that follow-up care is linked to fewer repeat ED visits.
- About 7.5% of the American population, 12 y/o+, were classified as having a substance use disorder involving AOD.
- High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care.
- **DHCS Bold Goal:** “Improve follow up for mental health and substance use disorder by 50%.”

Measure Descriptions

Measure Descriptions

FUM

For members **aged 6 years and older** who go to the emergency department for a diagnosis of **mental illness or intentional self-harm**, the percentage of ED visits for which there was a **follow-up visit within 30 days**.

FUA

For members **aged 13 years and older** who go to the emergency department for a diagnosis of **substance use disorder (SUD)/drug overdose**, the percentage of ED visits for which there was a **follow-up visit or pharmacotherapy dispensing event with 30 days**.

Exclusions

Exclusions are the same for both measures

- ED visits that result in or are followed by an acute or nonacute inpatient admission (regardless of principal diagnosis):
 - On the date of the ED visit, or
 - Within 30 days after the ED visit
- Patients who were in hospice or who died any time during the measurement year

How is the denominator calculated?

- The denominator is based on submitted claims for ED visits.
 - If a patient has more than one ED visit in a 31-day period, only the first eligible visit is included.
 - After 31 days, the member may have another eligible ED visit to include in this measure.
- **It is possible for a patient to be included in the measure more than once.**

A patient visits the ED on Jan 1 for self-harm, then again for a major depressive episode on Jan 15.



Only the visit on Jan 1 counts in the denominator.

The patient visits the ED for another depressive episode on Feb 1.



This visit also counts in the denominator.

How is the numerator calculated?

- We calculate compliance based on identified eligible ED visit claims and whether there was a visit for an eligible follow-up within the 7- and 30-day time periods.
 - Follow-up visits are identified via claims data, encounter data, or EMR data.
- Follow-up visits are compliant when they include:
 - FUM: Mental health disorder as the primary diagnosis
 - Intentional self-harm can be included as a secondary diagnosis.
 - FUA: Substance use, SUD, or drug overdose in any diagnosis position.

Services that Count Towards FUM/FUA

| Services | FUM | FUA |
|---|-----|-----|
| Outpatient behavioral health visit | X | X |
| Intensive outpatient or partial hospitalization | X | X |
| Community mental health center services | X | X |
| Observation | X | X |
| Telehealth / Telephone | X | X |
| E-visit or virtual check-in | X | X |
| Electroconvulsive therapy | X | |
| Behavioral health assessment | | X |
| Substance use and disorder services | | X |
| Non-residential substance abuse treatment | | X |
| Peer Support Service | | X |
| OUD monthly office-based treatment | | X |
| Pharmacotherapy dispensing event or AOD med treatment | | X |

Who can conduct follow-up visits?

| FUM | FUA |
|---|---|
| <ul style="list-style-type: none"> ➤ There are no specific provider requirements. ➤ Any provider who can code a visit with a qualifying CPT code may conduct the visit or service. ➤ For any visit with any provider, the visit must have a principal diagnosis of mental health disorder. | <ul style="list-style-type: none"> ➤ A mental health provider <ul style="list-style-type: none"> ➤ No specifications about CPT or diagnosis code ➤ Any provider who can code a visit with a qualifying CPT code may conduct the visit or service. ➤ For any visit with any provider, the visit must have a diagnosis of SUD, substance use, or drug overdose in any position. |

“Any provider” can include MD, DO, NP, PA, RN, LCSW, others.

FUA: Who does NCQA consider a mental health provider?

A provider who delivers mental health services and meets any of the following criteria:

- An MD, DO, or PA who is certified as a psychiatrist or licensed to practice psychiatry
- A licensed psychologist
- A certified social worker
- A certified/licensed psychiatric nurse or mental health clinical nurse specialist
- A certified counselor practicing as an MFT or a professional counselor with a Specialty Certification in Clinical Mental Health Counseling
- A certified Community Mental Health Center or Certified Community Behavioral Health Clinic

FUA: Medications list

Pharmacotherapy dispensing event: member is **dispensed** one of the drugs listed in the “Alcohol Use Disorder Treatment Medications List” or the “Opioid Disorder Treatment Medications List” within the 30-day window.

| TREATMENT MEDICATIONS | |
|-------------------------------------|---|
| Alcohol Use Disorder | Opioid Use Disorder |
| Disulfiram (oral) | Naltrexone (oral, injectable) |
| Naltrexone (oral, injectable) | Buprenorphine (oral, injection, implant) |
| Acamprosate (oral, delayed-release) | Buprenorphine/naloxone (sublingual tablet or film, buccal film) |

Additional details

- An outreach/scheduling or care coordination call alone does not count.
- Meds for FUA- calling in for a refill does not count. The medication must be dispensed to count.
- The visit does not have to be provided by your own practitioners. If they receive a qualifying service by an outside provider it will count.

Follow-Up CPT Codes

| Type | Code |
|---|--|
| Behavioral Health (BH) Care Outpatient Visit | 98960, 98961, 98962, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99483, 99492-99494 |
| E-visit or Virtual Check-In | 99457, 99458 |
| Visit with a Specified POS | <p>90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99252-99255</p> <p><i>With</i></p> <p>Place of Service (POS)</p> <p>2 Telehealth Provided Other than in Patient’s Home 10 Telehealth Provided in Patient’s Home 11 Office 49 Independent Clinic 50 FQHC 52 Psychiatric Facility – Partial Hospitalization 53 Community Mental Health Center 57 Non-residential Substance Abuse Treatment Facility 58 Non-residential Opioid Treatment Facility</p> |

Resources and Support

Project Support

Quality Improvement Team

- Project Management
 - Contact: DeptQITeam@alamedaalliance.org

Reports

Gap in Care Lists

- HEDIS
- Emergency Department Utilization

FUM/FUA ED Visit Report

This report shows claims for patients who were seen at the ED.

- Reports ran each weekday. Monday reports capture weekend visits.
- Along with patient information, the report shows the diagnosis for the ED visit and the timeframe for follow-up that meets guidelines.

We are here to help!

**For any questions about program strategies or member
incentives, please email
deptQlteam@alamedaalliance.org**