

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Why is the FUI Measure Important?

Timely follow-up and continuity of care after being discharged from high-intensity services for a diagnosis of substance use disorder (SUD) is critical. Individuals receiving treatment for SUD in these settings are vulnerable to losing contact with the healthcare system.¹

What is the FUI Measure Looking At?

This measure assesses the percentage of acute inpatient hospitalizations, residential treatments, or withdrawal management visits for a diagnosis of substance use disorder among Medicaid members ages 13 and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

1. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within 30 days **after** the visit or discharge.
2. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within 7 days **after** the visit or discharge.

What is Included?

- The denominator is based on all episodes between January 1 and December 1 of the measurement year.
- Only follow-up visits that occur after episode/discharge count toward measure compliance.

What is Excluded?

- Nonacute inpatient stays, other than behavioral health is excluded from the denominator.
- Follow-up for withdrawal management (detox) events are excluded from the numerator.
- Members in hospice or who died during the measurement year.

What Can You Do to Help?

- Offer virtual, telehealth and phone visits.
- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Consider Medication Assisted Treatment (MAT) options for patients with alcohol or opioid use disorder and maintain appointment availability.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to reschedule.
- Provide integrated/coordinated care between the physical and behavioral health providers to address any comorbidity.

- Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of side effects, etc.
- Partner with the health plan to address social determinants, health equity and quality care.
- Provide timely submission of claims and code substance related diagnosis and visits correctly.

How is FUI Adherence/Compliance Met?

- The measure is met when the member adheres to a 7-day follow-up visit or event with any practitioner for a principal diagnosis of SUD. If follow-up did not occur within 7 days, it must occur within 30 days after discharge.

Additional Support:

- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - [samhsa.gov](https://www.samhsa.gov)
- Provider Clinical Support Systems (PCSS)
 - [pcssnow.org](https://www.pcssnow.org)
 - Answers from clinicians in real time.

We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

For additional tools and resources, visit www.sunflowerhealthplan.com/providers/quality-improvement.html or contact your Provider Relations representative or Quality Practice Advisor for assistance.