



Overview of Substance Use Disorder Measures in the 2024 Child, Adult, and Health Home Core Sets

Introduction

Improving outcomes for Medicaid beneficiaries with substance use disorders (SUDs) is a top priority for the Centers for Medicare & Medicaid Services (CMS). The opioid epidemic in particular continues to highlight the need for both preventing inappropriate prescribing and providing access to high quality treatment. In keeping with these objectives, the Child, Adult, and Health Home Core Sets include several measures that focus on SUD.¹ Table 1 shows the SUD measures in the 2024 Core Sets and the measures that are subject to mandatory reporting beginning in FFY 2024.

Mandatory reporting requires states² to ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in state reporting.³ This includes beneficiaries who moved in or out of a program (Medicaid or CHIP), who were enrolled in more than one managed care plan, or who changed delivery systems (fee-for-service, managed care, primary care case management) during the measurement period, as long as the beneficiary meets the measure’s continuous enrollment requirement at the state level.

This technical assistance resource provides an overview of the SUD measures in the 2024 Child, Adult, and Health Home Core Sets. Successful reporting of these measures will help CMS and states to continue their quality improvement efforts across the continuum of

¹ The list of 2024 Child Core Set measures is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-child-core-set.pdf>. The list of 2024 Adult Core Set measures is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-adult-core-set.pdf>. The list of 2024 Health Home Core Set measures is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-health-home-coreset.pdf>.

care for SUDs and to monitor progress in combatting the opioid crisis.

Table 1. SUD Measures Included in the 2024 Child, Adult, and Health Home Core Sets

CMIT #	Measure Name	Child	Adult	Health Home
394	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD / IET-HH)		√ ^a	√ ^a
26	Follow-Up After Emergency Department Visit for Substance Use (FUA-CH / FUA-AD / FUA-HH)	√ ^a	√ ^a	√ ^a
750	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD / OUD-HH)		√ ^a	√ ^a
748	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)		√	
150	Concurrent Use of Opioids and Benzodiazepines (COB-AD)		√	

^a This measure is mandatory for FFY 2024 Core Set reporting.

SUD Treatment Measures in the Child, Adult, and Health Home Core Sets

The 2024 Child, Adult, and Health Home Core Sets include several measures of treatment for substance use

² The term “states” includes the 50 states, the District of Columbia, and the territories.

³ The mandatory Medicaid and CHIP Core Set Reporting final rule is available at <https://www.federalregister.gov/d/2023-18669>. The initial Core Set Mandatory Reporting Guidance is available at https://www.medicaid.gov/sites/default/files/2023-12/sho23005_0.pdf.

disorder, including opioid use disorder and alcohol and other drug abuse or dependence (AOD). Table 2 presents an overview of the mandatory SUD measures included in the Core Sets.

Initiation and Engagement of Substance Use Disorder Treatment (IET-AD / IET-HH)

The “Initiation and Engagement of Substance Use Disorder Treatment” (IET-AD / IET-HH) measure examines the percentage of new SUD episodes that result in treatment initiation and engagement. This measure includes two rates: one for the initiation of timely SUD treatment and one for the continuation (engagement) of SUD treatment. In addition to the total initiation and engagement rates, the measure is stratified by three diagnosis cohorts: (1) alcohol use disorder, (2) opioid use disorder, and (3) other substance use disorder.

Key changes for the FFY 2024 reporting cycle include:

- Added guidance for reporting clarifying that the SUD diagnosis in the Negative SUD Diagnosis History does not need to match the diagnosis on the claim for the given SUD episode.
- Replaced “detoxification” references with “withdrawal management.”
- Added a new step and Note in the “Event/diagnosis” section with guidance on deduplicating eligible episodes.

Follow-up After Emergency Department Visit for Substance Use (FUA-CH / FUA-AD / FUA-HH)

The “Follow-up After Emergency Department Visit for Substance Use” (FUA-CH / FUA-AD / FUA-HH) measure examines the percentage of emergency department (ED) visits for beneficiaries with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up. The measure includes two rates: (1) follow-up within 30 days of the ED visit, and (2) follow-up within 7 days of the ED visit.

Key changes for the FFY 2024 reporting cycle include:

- Added eligible population instructions for ED visits followed by residential treatment.
- In the Benefit section, clarified that beneficiaries with withdrawal management, as well as detoxification-only chemical dependency benefits, do not meet the criteria.

Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD / OUD-HH)

The “Use of Pharmacotherapy for Opioid Use Disorder” (OUD-AD / OUD-HH) measure examines the use of medication-assisted treatment for opioid use disorders to improve understanding of the quality of care across the continuum of care for SUDs. For states that operate a SUD-focused Health Home Program, this measure supports reporting requirements under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Community (SUPPORT) Act.

The measure assesses the percentage of beneficiaries who filled a prescription for or were administered or dispensed a Food and Drug Administration (FDA)-approved medication for the disorder during the measurement year. The measure includes a total rate capturing any medication used in the medication-assisted treatment of opioid dependence and addiction as well as four separate rates representing the following types of FDA-approved drug products: (1) buprenorphine, (2) oral naltrexone, (3) long-acting, injectable naltrexone, and (4) methadone.

The key change for the FFY 2024 reporting cycle is:

- Updated codes in the value set directory for FDA-approved medication for opioid use disorder.

Table 2. Overview of Mandatory SUD Treatment Measures in the 2024 Child, Adult, and Health Home Core Sets

	IET-AD / IET-HH	FUA-CH / FUA-AD / FUA-HH	OUAD / OUD-HH
Measure steward	National Committee for Quality Assurance	National Committee for Quality Assurance	Centers for Medicare & Medicaid Services
Description	<p>Percentage of new SUD episodes^a that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> Initiation of SUD treatment, defined as the percentage of new SUD episodes that result in treatment initiation within 14 days Engagement of SUD treatment, defined as the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation <p>Each rate is stratified by the following SUD diagnosis cohorts:</p> <ul style="list-style-type: none"> Alcohol use disorder Opioid use disorder Other substance use disorder Total 	<p>Percentage of emergency department (ED) visits for beneficiaries^b with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> A follow-up visit within 30 days of the ED visit (31 total days) A follow-up visit within 7 days of the ED visit (8 total days) 	<p>Percentage of Medicaid beneficiaries^c ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year. Five rates are reported:</p> <ul style="list-style-type: none"> A total (overall) rate capturing any medications used in medication assisted treatment of opioid dependence and addiction (Rate 1) Four separate rates representing the following types of FDA-approved drug products: <ul style="list-style-type: none"> Buprenorphine (Rate 2) Oral naltrexone (Rate 3) Long-acting, injectable naltrexone (Rate 4) Methadone (Rate 5)
SUD Episode Date	The date of service for an encounter between November 15 of the year prior to the measurement year to November 14 of the measurement year with a diagnosis of SUD.	None	None
Numerator	Beneficiaries who received SUD treatment: <ul style="list-style-type: none"> Within 14 days of the SUD Episode Date (Initiation of SUD treatment) Within 34 days of the initiation event (Engagement of SUD treatment) 	Number of ED visits for beneficiaries with a principal diagnosis of SUD or any diagnosis of drug overdose who had a follow-up visit or pharmacotherapy dispensing event: <ul style="list-style-type: none"> Within 30 days of the ED visit (31 total days) Within 7 days of the ED visit (8 total days) 	Beneficiaries, with evidence of at least one prescription filled or who were administered or dispensed an FDA-approved medication for the disorder during the measurement year
Denominator	Beneficiaries with a new episode of SUD during the intake period.	ED visits with a principal diagnosis of SUD or any diagnosis of drug overdose.	Beneficiaries who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year.
Exclusions	Beneficiaries in hospice or using hospice services or who die during the measurement year	Beneficiaries in hospice or using hospice services or who die during the measurement year	None
Data source	Administrative or electronic health record	Administrative	Administrative

^a The IET-AD measure is reported for beneficiaries age 18 and older. The IET-HH measure is reported for Health Home enrollees age 13 and older.

^b The FUA-CH measure is reported for beneficiaries ages 13 to 17. The FUA-AD measure is reported for beneficiaries age 18 and older. The FUA-HH measure is reported for Health Home enrollees age 13 and older.

^c The OUD-AD measure is reported for beneficiaries ages 18 to 64. The OUD-HH measure is reported for Health Home enrollees ages 18 to 64.

Opioid Use Measures in the Adult Core Set

As part of CMS’s effort to combat the opioid crisis, two Adult Core Set measures assess potentially inappropriate prescribing of opioids: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) and Concurrent Use of Opioids and Benzodiazepines (COB-AD) (see Table 3). Because these measures are included in the Care of Acute and Chronic Conditions domain in the Adult Core Set, they are not subject to mandatory reporting for FFY 2024, but states are encouraged to voluntarily report these measures.

Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

The “Use of Opioids at High Dosage in Persons Without Cancer” (OHD-AD) measure examines the percentage of beneficiaries who were prescribed opioids with a high average daily dosage over a period of 90 days or more, which is a measure of potential overuse and is linked to an increased risk of morbidity and mortality.⁴

The key change for the FFY 2024 reporting cycle is:

- Clarified in the Guidance for Reporting how to identify beneficiaries in palliative care for the exclusions.

Concurrent Use of Opioids and Benzodiazepines (COB-AD)

The “Concurrent Use of Opioids and Benzodiazepines” (COB-AD) measure addresses two measurement areas: early opioid use and polypharmacy. This measure examines the percentage of beneficiaries with concurrent use of prescriptions for opioids and benzodiazepines, which is linked to an increased risk of morbidity and mortality.

Key changes for the FFY 2024 reporting cycle include:

- Updated the definition of Concurrent Use to refer to the use of opioid and benzodiazepine for 30 or more cumulative days during the measurement year.
- Clarified in the Guidance for Reporting how to identify beneficiaries in palliative care for the exclusions.

Table 3. Overview of Opioid Use Measures in the 2024 Adult Core Set

	OHD-AD	COB-AD
Measure steward	Pharmacy Quality Alliance	Pharmacy Quality Alliance
Description	Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines for 30 or more cumulative days
Numerator	Beneficiaries who received prescriptions for opioids with an average daily dosage greater than or equal to 90 MME over a period of 90 days or more	Beneficiaries with two or more prescription claims for any benzodiazepine and concurrent use of opioids and benzodiazepines for 30 or more cumulative days during the measurement year
Denominator	Beneficiaries with two or more opioid prescription claims, for which the sum of the days’ supply is greater than or equal to 15	Beneficiaries with two or more opioid prescription claims, for which the sum of the days’ supply is greater than or equal to 15
Index Prescription Start Date	Beneficiary must have an index prescription start date between January 1 and October 3 of the measurement year and have an opioid episode of 90 days or more	Beneficiary must have an index prescription start date between January 1 and December 2 of the measurement year

⁴ Centers for Disease Control and Prevention. “CDC Guideline for Prescribing Opioids for Chronic Pain.” 2016. Available at <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>.

	OHD-AD	COB-AD
Exclusions	Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care	Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care
Data source	Administrative	Administrative

Technical Assistance Resources for Calculating the SUD Measures

Several resources are available to help states calculate the SUD measures for Child, Adult, and Health Home Core Set reporting:

- The FFY 2024 technical specifications for all nine SUD measures are in the Child, Adult, and Health Home Core Set Resource Manuals.
- The FFY 2024 Core Set Measurement Period Tables include the date ranges that should be used for the denominators and numerators for the SUD measures.
- The FFY 2024 Child, Adult, and Health Home Core Set Reporting: Data Quality Checklist for States contains additional guidance to help states improve the completeness, accuracy, consistency, and documentation of the data reported.
- The OHD-AD and COB-AD value sets that include the National Drug Codes (NDC) for opioid and benzodiazepine medications. The only opioids and benzodiazepines that should be included when calculating these measures are those in the NDC lists. The file also contains guidance on MME conversion factors.

Child Core Set resources are available at: <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>.

Adult Core Set resources are available at: <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>.

Health Home Core Set resources are available at: <https://www.medicare.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/quality-reporting/index.html>.

For More Information

For technical assistance related to calculating and reporting SUD measures, or other Child, Adult, and Health Home Core Set measures, please contact the TA mailbox at MACQualityTA@cms.hhs.gov.