



Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

HEDIS® Measurement Year 2024

Electronic Clinical Data Systems (ECDS) Measure

Measure Description: The percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Eligible Population

Members 6-12 years of age with a prescription dispensed for ADHD as of the Index Prescription Start Date (IPSD).

IPSD refers to the earliest prescription dispensing date for an ADHD medication where there is a period of 4 months prior to the dispensed date where no ADHD medications were dispensed.

Product Lines

Commercial and Medicaid

Data Collection Method

Administrative (claims) and Supplemental data.

Exclusions

Members are excluded from the measure if they meet the following criteria:

- Members who are in hospice.
- Members with a diagnosis of narcolepsy any time during the member's history through the end of the measurement period.

Measure Compliance (numerator)

Two rates are reported:

Numerator 1: Initiation Phase

Members with a dispensed prescription who had **one** follow-up visit with a practitioner with prescribing authority within 30 days from the date the prescription was filled (IPSD).

Numerator 2: Continuation & Maintenance Phase

Members with a dispensed prescription who remained on the medication for at least 210 days and who, in addition to the initiation visit, had at least **two** follow-up visits with any practitioner within 270 days (9 months) after the date the prescription was filled (IPSD).

Note: visits that occur on the same day as the IPSD do not count toward numerator 1 or numerator 2.



Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

HEDIS® Measurement Year 2024

Electronic Clinical Data Systems (ECDS) Measure

Measure Compliance (numerator), continued

Any of the following meet criteria for a follow-up visit:

- An outpatient, telehealth, or telephone visit.
- A health and behavior assessment or intervention.
- An intensive outpatient encounter or partial hospitalization.
- A community mental health center visit.

Numerator Codes

The complete NCQA approved code set list can be referenced in the coding guide at <https://healthplan.org/providers/patient-care-programs/quality-measures>.

For questions, please contact your practice management consultant. To identify your practice management consultant please refer to <https://healthplan.org/providers/overview/meet-practice-management-consultant>.

*The Health Plan has a team of member advocates, health coaches, social workers and nurses who can assist you and your patients to remove or overcome any barriers to care through benefit assistance, community resource referrals or enrollment in a THP clinical program. To refer a patient who is a THP member for assistance, call **1.877.903.7504** and let us know what we can do to help your patient receive and adhere to your recommended plan of care.*