



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

ADD-E Measure Description¹

The two rates of this measure assess follow-up care for children prescribed an ADHD medication:

- **Initiation Phase:** Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.
- **Continuation and Maintenance Phase:** Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

Why is ADD-E Important?¹

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. 11% of American children have been diagnosed with ADHD. The main features include hyperactivity, impulsiveness and an inability to sustain attention or concentration. Of these children, 6.1% are taking ADHD medication.

When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

Best Practices

- ✓ Review patients access to prescribed medications and capacity for purchasing/affording medications.
- ✓ Consider limiting the first prescription of ADHD medication to 14 or 21-days to re-evaluate before refill.
- ✓ When prescribing a new ADHD medication, schedule the initial follow-up, for 2-3 weeks after.
- ✓ Educate the member regarding the timeframe for the medication to be effective & medication compliance.
- ✓ Schedule at least 2 more visits over the next 9 months to check the child's progress.

Numerator Compliance²

Rate 1: Initiation Phase - Members who had a follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD (do not include visits on the IPSD).

Rate 2: Continuation & Maintenance Phase- Members who meet the Initiation Phase and at least two follow-up visits on different dates of service with any practitioner, from 31–300 days after the IPSD.

For both rates, any of the following code combinations meet criteria for a visit; the visit must be with a provider with prescribing authority:

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

For rate 2 only:

- An e-visit or virtual check-in.

Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in.

Numerator Codes²

Refer to HEDIS Numerator Codes Dashboard on the Trillium HEDIS Resources website.

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

ADD (Data for ADD-E is not available)	Calendar Year	Trillium	NCQA National Average
Rate 1: Follow-Up Care After Initiation of Treatment	2022	54.4	43.6
	2021	56.9	39.7
Rate 2: Follow-Up Care During Continuation of Treatment	2022	64.5	53.1
	2021	68.2	50.0

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¹ Source: [ncqa.org/hedis/measures](https://www.ncqa.org/hedis/measures)

² Source: HEDIS MY 2024 Tech Specs Manual Vol. 2