

HEDIS MEASURE OVERVIEW

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

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) is one of the performance measures used to evaluate the care and services that practices provide. Research shows:

- 4–12% of school-aged children have attention-deficit/hyperactivity disorder (ADHD). This chronic condition can cause academic underachievement, troublesome relationships, and behavioral problems.¹
- In 2022, an additional one million U.S. children 3–17 years of age received an ADHD diagnosis, compared to 2016.²

What is the ADD-E measure?

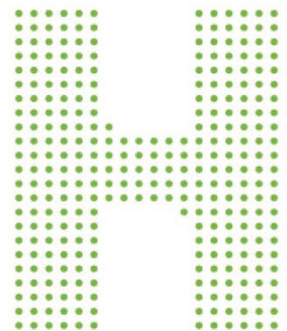
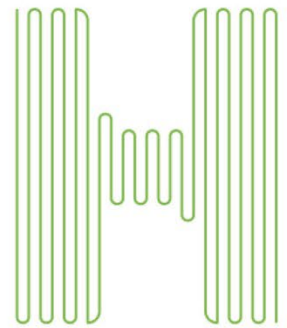
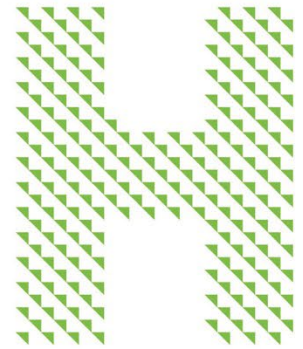
The percentage of children who are newly prescribed ADHD medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

1. Initiation phase

The percentage of patients 6–12 years of age with a prescription dispensed for ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. This excludes patients with mental, behavioral or neurodevelopmental disorder acute inpatient stays that occur within 30 days after ADHD medication is dispensed.

2. Continuation and maintenance (C and M) phase

The percentage of patients 6–12 years of age with a prescription dispensed for ADHD medication and remaining on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended. This excludes patients with mental, behavioral or neurodevelopmental disorder acute inpatient stays that occur 300 days (10 months) after ADHD medication is dispensed.



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Who is included in the ADD-E measure?

Patients 6–12 years of age who are newly prescribed ADHD medication and who had a:

- New ADHD prescription filled based on the health plan's pharmacy claim data with no history of ADHD medications dispensed in the 120 days (four months) prior to the new prescription fill date
- Prescription dispensing date between March 1 of the year prior to the measurement year and the last calendar day of February of the measurement year

Exclusions

- Patients in hospice or using hospice services
- Patients diagnosed with narcolepsy
- Patients who died during the measurement year

Follow-up visit types that meet measure compliance

Patients can be seen via:

- An outpatient visit, including those for behavioral health services
- A health and behavior assessment or intervention
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- A telehealth visit
- A telephone visit
- An e-visit or virtual check-in

Note: One of the two visits required during the C and M phase can be an e-visit or virtual check-in. These visit types are not allowed in the initiation phase.

ADHD medications

Prescription medications list	
Dexmethylphenidate	Dextroamphetamine
Lisdexamfetamine	Methylphenidate
Methamphetamine	Guanfacine
Clonidine	Atomoxetine
Viloxazine	

Measure best practices

- If prescribing a medication for ADHD, consider limiting the first prescription to a 30-day supply.
- Explain to parents the medication options, expectations and possible side effects.
- When prescribing a new medication to the patient, schedule an initial follow-up appointment before the parent or guardian leaves the office.
- Advise the parent or guardian that a follow-up visit must occur within 30 days of starting the medication to evaluate if it is working as expected and to assess any adverse effects. Telehealth visits are acceptable for this follow-up visit.
- After the initial follow-up visit, schedule at least two more visits over the next nine months to check the child's progress.
- Continue to educate the patient and parent or guardian about the importance of medication adherence and develop a joint agreement on a treatment plan.
- Discuss behavioral therapy, psychotherapy, family therapy, support groups, social skills training and/or parenting skills training in addition to medication therapy.

1 National Committee for Quality Assurance. (2025) *HEDIS Measurement Year 2025: Volume 1: Narrative*.

2 Centers for Disease Control and Prevention. (2024, November 19). *Attention-Deficit / Hyperactivity Disorder (ADHD)*.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year <2025>: Volume 2: Technical Specifications for Health Plans report.

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