

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

Dear Parkland Community Health Plan Participating Provider,

As part of our ongoing commitment to enhancing the quality of care and health outcomes for our members, we are reaching out to provide guidance on improving the performance of the **Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) metric**, a key component of the **Healthcare Effectiveness Data and Information Set (HEDIS)** metrics. This measure is designed to assess the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within 10 months, one of which occurred within 30 days of when the first ADHD medication was dispensed.

To support you in meeting this critical metric, we strongly encourage all providers to implement the following best practices, which are aimed at improving ADD-E performance and, more importantly, ensuring the delivery of optimal care for your patients.

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

1. Prescription Utilization

Develop a tracking method for patients who were prescribed or restarted ADHD medication.

2. Scheduling

If the caregiver/patient's work schedule is a barrier to the visit, consider offering extended evening or weekend hours.

3. Utilize Reminders and Outreach

Initiative-taking patient communication is key to improving visit adherence. Consider implementing calls at least three days before the appointment to ensure the member returns, or telemedicine appointments if in-person visits are not available.

4. Engage with Patients

Educating patients and caregivers/parents on the importance of taking medication as prescribed and remaining on the medication, along with the possible side effects and the length of time it will take for the medication to have the desired effect.

Why This Matters

Improving performance on the **ADD-E measure** matters because ADHD is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties, academic underachievement, troublesome relationships with family members and peers, and behavioral issues.

Next Steps for Providers

- **Schedule** at least two or more visits to monitor progress over the next nine months.
- **Explain the importance** of follow-up care to the parents/caregivers.
- **Share** these best practices with your care teams to enhance awareness and improve adherence to the guidelines.

The ADD-E Tip Sheet is attached for your reference. This resource provides additional details and actionable steps to help guide your practice in improving care and meeting the ADD-E HEDIS measure.

If you have any questions or require additional resources, please do not hesitate to contact Jeniffer Gonzalez at Jeniffer.Gonzalez@phhs.org or visit our Provider Portal for further assistance.

Thank you for your dedication to providing high-quality care to our members. By working together, we can continue to positively impact maternal and child health throughout our community.

Sincerely,
PCHP Provider Relations

Follow-Up Care for Children Prescribed ADHD Medication | ADD-E

Did you know?

An average of **45% of Parkland Community Health Plan members** received ADHD treatment in the Initiation Phase (first 30-days) in 2023.



Measure Description

The percentage of members 6–12 years of age, newly prescribed ADHD medication, who had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Rates Reported

Two rates are reported:

- **Initiation Phase:** A follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance Phase:** Children who remained on the ADHD 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 (9 months) after the Initiation Phase ended.

ADD-E Measurement Period

January 1 – December 31 of the measurement year

How can you improve your performance?

- During the Initiation Phase, schedule an outpatient, intensive outpatient, partial hospitalization, observation, health and behavior assessment or intervention, community mental health center, telehealth or telephone follow-up visit with a prescribing practitioner.
- Explain the importance of follow-up care to the parents/guardians.
- Schedule at least two more visits with any practitioner over the next 9 months to check the child's progress.*

Coding**

BH- Stand-Alone Outpatient Visit

CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510

HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H220, M0064, T1015

UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Health & Behavior Assessment/Intervention

CPT: 96155-96159, 96164-96168, 96170– 96171

Telephone Visits

CPT: 98966-98968, 99441-99443

**Only one of the two visits during the C&M Phase may be an e-visit or virtual check-in.*

***Additional codes are available upon request from the Parkland Community Health Plan Quality Department.*