

To: AmeriHealth Caritas Louisiana Providers

Date: July 16, 2021

Subject: HEDIS Measure: ADHD Follow-Up After Medication Administration

Summary: HEDIS Measurement Years (MY) 2020 and 2021, Volume 2, technical specifications are provided regarding the effectiveness of care for Behavioral Health medication management and the follow-up care of children 6-12 years of age who are prescribed ADHD Medication for an ADD diagnosis.

HEDIS ADHD Population is described as the percentage of children 6–12 years of age who had a newly prescribed ADHD medication and 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.

Two rates are reported:

- 1. Initiation phase (IP):** Members who had one follow-up visit with a practitioner with prescribing authority during the 30 days following the IPSPD
- 2. Continuation phase:** Members who remained on the medication for at least 210 days, had a visit in the initiation phase, and had at least two follow-up visits within 270 days after the initiation phase ended

Documentation required:

The IP is the 12-month window starting March 1st of the year prior to the MY and ending the last calendar day of February of the MY. The Index Prescription Start Date (IPSPD) is the earliest prescription dispensing date for an ADHD medication in the IP. Telephone and telehealth visits are acceptable in both the Initiation and Continuation Phases. Only one of the two Continuation Phase visits can be e-visit or virtual check.

What do you need to know?

- Studies indicate that behavioral therapy has positive effects when it is combined with medication for ADHD
- Children 6-12 years of age should receive both ADHD medication and behavioral therapy
- Adolescents (13-18) should receive medication and behavioral therapy too, if possible
- Members are identified through administrative claims and pharmacy claims
- This is also a measure (ADD-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests
- AmeriHealth Caritas Louisiana's Data Exchange Program can assist with this measure

References

American Academy of Pediatrics. Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. ADHD: Clinical guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Pediatrics. 2011;128(5):1007–1022

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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Where can I find more information on COVID-19?

AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit <http://amerihealthcaritasla.com/covid-19> for up-to-date information for both providers and members, including frequently asked questions, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.