



IMPROVING HEALTH CARE QUALITY

Follow-Up Care for Children Prescribed ADHD Medication

Blue Cross and Blue Shield of Illinois (BCBSIL) collects quality data from our providers to measure and improve the care our members receive. Follow-up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of children ages 6 to 12 who are newly prescribed ADHD medication and who have at least three follow-up visits within 10 months. One of these visits is within 30 days of the ADHD medication first being dispensed. Rates are reported for two phases:

Initiation Phase

- One follow-up visit with a provider with prescribing authority within 30 days of the first prescription

Continuation and Maintenance Phase

- Two or more follow-up visits with a provider within 270 days (nine months) after the initiation phase
- Member remains on the ADHD medication for at least 210 days

Visits for both phases can be by telehealth, depending on the member's benefits.



This measure is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

ADHD is one of the most common behavioral health disorders in children, according to the [Centers for Disease Control and Prevention](#). ADHD medication can help manage symptoms, which include hyperactivity, impulsiveness and inattention. It's important that children be monitored by a provider with prescribing authority to ensure medication is prescribed and managed correctly. Learn more from [NCQA](#).

Eligible Population

Members included in this measure must be age 6 (as of March 1 of the year before the measurement year) to age 12 (as of the last day of February of the measurement year).

Exclusions: Members are excluded from this measure who:

- Are receiving hospice care
- Have a diagnosis of narcolepsy before or during the measurement year

Tips to Consider

- Educate members and caregivers about:
 - Common medication side effects
 - Potential for abuse and use of legal medication for illegal purposes
- Consider limiting the first prescription to a 14- or 21-day supply so that members are re-evaluated before refilling the prescription.
- Schedule an initial visit and a back-up appointment during the initiation phase in case members need to reschedule the initial visit.
- Schedule follow-up visits before members leave the office. Reach out to those who cancel appointments and help them reschedule as soon as possible.
- Learn more from the American Academy of Pediatrics about [ADHD](#).

How to Document

Data for this measure is collected from claims data. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSIL Network Consultant.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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