

## Understanding HEDIS® and the ADD-E Measure

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The **Healthcare Effectiveness Data and Information Set** (HEDIS®) is one of the most widely used performance improvement tools in healthcare, developed and maintained by the **National Committee for Quality Assurance (NCQA)**. HEDIS measures help assess the quality of care and services provided by health plans, covering a broad range of health issues. By tracking performance on key dimensions of care, HEDIS identifies areas for improvement and monitors progress over time.

As we continue our commitment to exceptional member care, we want to highlight one critical HEDIS measure: **ADD-E- Follow up care for Children Prescribed ADHD Medication** (Initiation Phase and Continuation and Maintenance Phase).

### Why is the ADD Quality Measure Important?

Research shows that the best outcomes for most individuals, especially those with moderate to severe attention deficit/hyperactivity disorder (ADHD), are achieved through a combination of **behavioral therapy and medication**<sup>1,2</sup>. A study from Massachusetts General Hospital<sup>3</sup> found that pharmacologic treatment in children and adolescents with ADHD **can reduce the risk of substance use later in life**.

### How Can You Help?

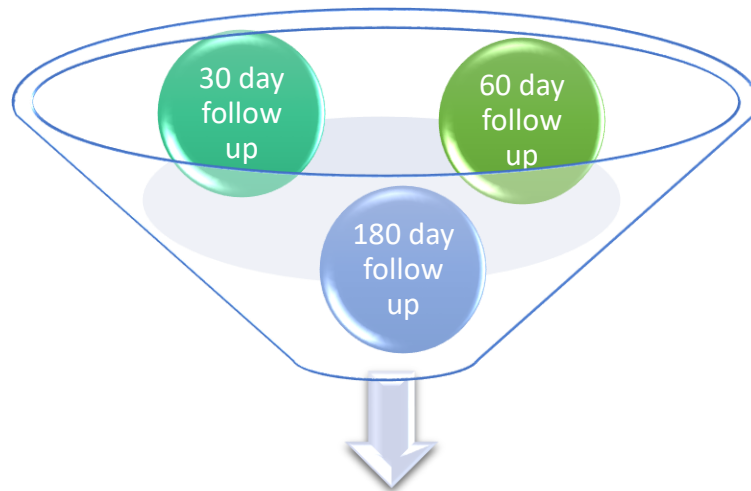
Timing of follow-up visits is key based on the prescription day supply to evaluate medication effectiveness, monitor side effects, and track progress.

When prescribing a new ADHD medication:

- Schedule follow-up visits **before the refill is given**.
- Set up **30-day, 60-day and 180-day follow-up visits** before the patient leaves the office.
- Consider scheduling a follow-up visit **within 14 to 21 days of each prescription**.
- Start with an initial **two-week supply**, then move to 30-day prescriptions to encourage patient follow-up.

### Additional Best Practices

- Review and adjust the treatment plan if the patient's symptoms do not respond.
- Continue treatment as long as symptoms remain present and cause impairment.
- Monitor for treatment-emergent side effects.
- Periodically assess whether treatment is still needed.



### **How is ADD Measured?**

The ADD measure includes two separate components based on the percentage of children newly prescribed ADHD medication who had at least **three follow-up care visits within 10 months**, including one within 30 days of the initial prescription.

- **Initiation Phase:** The percentage of members ages 6-12 with a prescription dispensed for ADHD medication, who had one follow-up visit within 30 days of the initial ADHD medication being dispensed by an ambulatory care provider and had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and Maintenance Phase:** The percentage of members ages 6-12 with a prescription dispensed for ADHD medication, who remained 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 within 270 days** (nine months) after the Initiation Phase ended. Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.

If you have any questions contact Behavioral Health Quality Specialist Amie Ashegh, LMHC, CCM, at [aashegh@nhpri.org](mailto:aashegh@nhpri.org).

<sup>1</sup> Houmann TB, Kaalund-Brok K, Clemmensen L, Petersen MA, Plessen KJ, Bilenberg N, Verhulst F, Jeppesen P; INDICES. Early treatment response as predictor of long-term outcome in a clinical cohort of children with ADHD. *Eur Child Adolesc Psychiatry*. 2024 Feb;33(2):357-367. doi: 10.1007/s00787-023-02158-z. Epub 2023 Feb 16. PMID: 36795232; PMCID: PMC10869385.

<sup>2</sup> Wolraich, M. L., Hagan, J. F., Jr., Allan, C., Chan, E., Davison, D., Earls, M., Evans, S. W., Flinn, S. K., Froehlich, T., Frost, J., Holbrook, J. R., Lehmann, C. U., Lessin, H. R., Okechukwu, K., Pierce, K. L., Winner, J. D., Zurhellen, W., & Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactive Disorder. (2019). Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*, 144(4), e20192528. <https://doi.org/10.1542/peds.2019-2528>

<sup>3</sup> Medication for pediatric psychiatric disorders reduces later onset of substance use problems. Retrieved from Massachusetts General Hospital: <https://www.massgeneral.org/news/press-release/medication-treatmentpediatric-psychiatry-reduces-later-substance-use-problems>