Attachment 6.1 Version 1 of the PMCoE ADHD Follow-up Measure

DRAFT Measure #3: Follow-up and Symptom Management (composite)

Attention Deficit Hyperactivity Disorder (ADHD)

A. DESCRIPTION

Percentage of patients aged 4 through 18 years with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) for whom ALL of the specified elements of follow-up care and symptom management were provided (as appropriate for the individual patient based on treatment prescribed).

B. ELIGIBLE POPULATION

Age	Age 4 through 18 at diagnosis of ADHD
Continuous Enrollment	4 months prior to ADHD diagnosis and one year post diagnosis. 16 months total.
Allowable Gap	No allowable gap during continuous enrollment period
Anchor Date	Date of ADHD diagnosis at the physician visit
Event/Diagnosis	Any patient age 4 through 18 with an ADHD diagnosis code (314.0) at a physician visit (see Table 1 for list of acceptable codes) for whom ALL of the following specified elements of follow-up care and symptom management were provided (as appropriate for the individual patient based on treatment prescribed): 1. At least 3 follow up visits (see Table 1 list of visit codes)with an ADHD diagnosis code in the year (365 days) following initial diagnosis of ADHD, including 1 visit within 45 calendar days after initial diagnosis. 2. At least 2 of the 3 follow-up visits with assessment of ADHD symptoms (Inattention, Hyperactivity and Impulsivity) and functional impairment recorded using a validated diagnostic tool or other acceptable assessment including improvement, deterioration, or stability in ADHD symptoms and functional impairment (CPT code 96110). 3. For patients who are receiving ADHD medication[3] (with or without behavior therapy): At least 2 follow-up visits with: Height, weight, and blood pressure measured, AND Side effects of medication assessed, AND ADHD medication dose or type adjusted based on assessment, AND Rationale for continued treatment documented

Exclusion Criteria	Children with the conditions listed in Table 2.

C. DATA SOURCE

Administrative Claims Data

1. Inpatient
2. Outpatient
3. Pharmacy

D. Process

Step 1: Identify all patients age 4 through 18 with an ADHD diagnosis (314.0) at a visit (Table 1). The date of the ADHD diagnosis is the anchor date. Remove patients with any ADHD diagnosis code during the look back period (the four month period before the anchor date) and any patients meeting the exclusion criteria. This remaining group of patients is the measure denominator.

Step 2: For these patients, determine the number and timing of qualifying ADHD Follow-up Visits that occurred between initial diagnosis date and one year (365 days) from initial diagnosis date. A qualifying ADHD Follow-up Visit is defined by the a CPT code signifying an office visit (Table 1), CPT code 96110 signifying an assessment with a validated tool, and an ADHD diagnostic code (314.00 or 314.01)

Step 3: Compute composite measure. All components must be met to be in the measure numerator.

a. At least 3 follow-up visits with an ADHD diagnosis code in the year (365 days) following initial diagnosis of ADHD, including 1 visit within 45 calendar days after initial diagnosis.
b. At least 2 of the 3 follow-up visits with assessment of ADHD symptoms (Inattention, Hyperactivity and Impulsivity) and functional impairment recorded using a validated diagnostic tool or other acceptable assessment including improvement, deterioration, or stability in ADHD symptoms and functional impairment (CPT code 96110).[1]

Table 1: Evaluation and Management Codes to Identify Follow-up Visits

CPT Codes	w/ POS

[1] This is also the component for patients to meet the third arm of the measure: *"3. For patients who are receiving ADHD medication (with or without behavior therapy): At least 2 follow-up visits with:Height, weight, and blood pressure measured, AND Side effects of medication assessed, ANDADHD medication dose or type adjusted based on assessment, AND Rationale for continued treatment documented."* The only way to assess this in the administrative claims data is to rely on qualifying office visits (CPT E&M code + CPT 96110 + ADHD Dx Code). This is the same method to assess those not on medication. Therefore, it is a redundant specification and only shown once (Step 3, b) in this specification worksheet.

90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52, 53

Table 2: Exclusion Criteria

ICD9 Diagnosis Codes	Description
299.xx	Autism
303.xx,304.xx, 305.xx	Substance Abuse
307.1	Anorexia
296.00-296.06, 296.10-296.16, 296.22, 296.24, 296.32-296.34, 296.4*, 296.5*, 296.6*, 296.7*, 296.8*	Mood Disorders
300.01, 300.10-300.19, 300.21, 300.22, 300.5*-300.9*	Anxiety

Attachment 6.2 Results of CPT 96110 Testing

1)PMCoE Measure

Definition: Number of children diagnosed with ADHD (ICD-9-CM 314.0, 314.00, 314.01, any position) who meet aspects of the PMCoE measure

Index event date is first DX date if ADHD diagnosis.

1a. MEDICAID

									Follow-up Day 1-45 (Post DX of ADHD)		Follow-up Day 1-365 (Post DX of ADHD)		Follow-up Day 1-365 (Post DX of ADHD)		Follow-up Day 1-365 (Post DX of ADHD)	
Year/ Age Category	**Total Number of enrollees 2010-2011**	**% of Enrollees by Age**	**Number of enrollees with 16 months continuous enrollment 2010-2011**	**% of enrollees with 16 months continuous enrollment 2010-2011**	**Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period**	**% Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period**	**Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (Denominator)**	**% Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (Denominator)**	**# who had valid E&M visit w/ ADHD DX code between 1-45 days**	**% of Denominator**	**# who had 3 valid E&M visit w/ ADHD DX code between 1-365 days**	**% of Denominator**	**# who had 2 CPT Codes (96110) w/ ADHD DX code between 1-365 days**	**% of Denominator**	**# meeting all 3 criteria, one follow-up visit within 45 days, 3 total visits within a year, and 2 CPT code 96110 within a year.**	**% of Denominator**
2010-2011																
4-5 years	517,079	17%	282,020	55%	9,041	3.21%	7,988	2.83%	1,465	18.3%	1,532	19.2%	17	0.2%	3	0.0%
6-12 years	1,528,105	49%	850,721	56%	35,702	4.20%	30,729	3.61%	5,729	18.6%	5,784	18.8%	101	0.3%	16	0.1%
13-18 years	1,069,625	34%	482,116	45%	13,785	2.86%	9,203	1.91%	1,992	21.7%	2,097	22.8%	18	0.2%	3	0.0%
4-18 years	3,114,809	100%	1,614,857	52%	58,528	3.62%	47,920	2.97%	9,186	19.2%	9,413	19.6%	136	0.3%	22	0.1%

1b. Commercial

									Follow-up Day 1-45 (Post DX of ADHD)		Follow-up Day 1-365 (Post DX of ADHD)		Follow-up Day 1-365 (Post DX of ADHD)		Follow-up Day 1-365 (Post DX of ADHD)	
Year/ Age Category	**Total Number of enrollees 2010-2011**	**% of Enrollees by Age**	**Number of enrollees with 16 months continuous enrollment 2010-2011**	**% of enrollees with 16 months continuous enrollment 2010-2011**	**Total Commercial Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period**	**% Commercial Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period**	**Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (Denominator)**	**% Commercial Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (Denominator)**	**# who had valid E&M visit w/ ADHD DX code between 1-45 days**	**% of Denominator**	**# who had 3 valid E&M visit w/ ADHD DX code between 1-365 days**	**% of Denominator**	**# who had 2 CPT Codes (96110) w/ ADHD DX code between 1-365 days**	**% of Denominator**	**# meeting all 3 criteria, one follow-up visit within 45 days, 3 total visits within a year, and 2 CPT code 96110 within a year.**	**% of Denominator**
2010-2011																
4-5 years	1,770,005	12%	874,510	49%	9,474	1.08%	8,431	0.96%	2,016	23.9%	2,110	25.0%	13	0.2%	10	0.1%
6-12 years	6,635,306	45%	3,408,193	51%	78,871	2.31%	72,323	2.12%	14,793	20.5%	14,627	20.2%	115	0.2%	47	0.1%
13-18 years	6,284,520	43%	3,191,657	51%	54,768	1.72%	45,685	1.43%	9,448	20.7%	9,828	21.5%	29	0.1%	12	0.0%
4-18 years	14,689,831	100%	7,474,360	51%	143,113	1.91%	126,439	1.69%	26,257	20.8%	26,565	21.0%	157	0.1%	69	0.1%

Attachment 6.3 Version 2 of the PMCoE ADHD Follow-up Measure: Removes CPT requirement

DRAFT Measure #3: Follow-up and Symptom Management (composite)

Attention Deficit Hyperactivity Disorder (ADHD)

A. DESCRIPTION

Percentage of patients aged 4 through 18 years with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) for whom ALL of the specified elements of follow-up care and symptom management were provided (as appropriate for the individual patient based on treatment prescribed).

B. ELIGIBLE POPULATION

Age	Age 4 through 18 at diagnosis of ADHD
Continuous Enrollment	4 months prior to ADHD diagnosis and one year post diagnosis. 16 months total.
Allowable Gap	No allowable gap during continuous enrollment period
Anchor Date	Date of ADHD diagnosis at the physician visit
Event/Diagnosis	Any patient age 4 through 18 with an ADHD diagnosis code (314.0) at a physician visit (see Table 1 for list of acceptable codes) for whom ALL the following specified elements of follow-up care and symptom management were provided (as appropriate for the individual patient based on treatment prescribed): 1. At least 3 follow up visits (see Table 1 list of visit codes) with an ADHD diagnosis code in the year (365 days) following initial diagnosis of ADHD 2. At least 1 visit with an ADHD diagnosis code within 45 calendar days of the initial ADHD diagnosis.
Exclusion Criteria	Children with the conditions listed in Table 2.

C. DATA SOURCE

Administrative Claims Data

1. Inpatient
2. Outpatient
3. Pharmacy

D. Process

Step 1: Identify all patients age 4 through 18 with an ADHD diagnosis (314.0) at a visit (Table 1). The date of the ADHD diagnosis is the anchor date. Remove patients with any ADHD diagnosis code during the look back period (the four month period before the anchor date) and any patients meeting the exclusion criteria. This remaining group of patients is the measure denominator.

Step 2: For these patients, determine the number and timing of qualifying ADHD Follow-up Visits that occurred between initial diagnosis date and one year (365 days) from initial diagnosis date. A qualifying ADHD Follow-up Visit is defined by an ADHD diagnostic code (314.00 or 314.01)

Step 3: Compute composite measure. All components must be met to be in the measure numerator.

a. At least 3 follow-up visits with an ADHD diagnosis code in the year (365 days) following initial diagnosis of ADHD, including 1 visit within 45 calendar days after initial diagnosis.

Table 1: Evaluation and Management Codes to Identify Follow-up Visits

CPT Codes	w/ POS
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52, 53

Table 2: Exclusion Criteria

ICD9 Diagnosis Codes	Description
299.xx	Autism
303.xx,304.xx, 305.xx	Substance Abuse
307.1	Anorexia
296.00-296.06, 296.10-296.16, 296.22, 296.24, 296.32-296.34, 296.4*, 296.5*, 296.6*, 296.7*,	Mood Disorders

296.8*	
300.01, 300.10-300.19, 300.21, 300.22, 300.5*-300.9*	Anxiety

Attachment 6.4 Results of Testing of Extended Enrollment

Measure Denominators: Number of children with Continuous Coverage

1a. MEDICAID

Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with 14 months continuous enrollment 2010-2011	Number of enrollees with 16 months continuous enrollment 2010-2011	Number of enrollees with 19 months continuous enrollment 2010-2011	Number of enrollees with 22 months continuous enrollment 2010-2011	Number of enrollees with 24 months continuous enrollment 2010-2011
2010-2011						
4-5 years	513,572	305,838	281,955	250,832	226,068	210,585
6-12 years	1,528,102	915,793	850,256	762,644	693,863	649,522
13-18 years	1,064,132	533,850	481,935	415,127	359,310	326,717
4-18 years	3,105,806	1,755,481	1,614,146	1,428,603	1,279,241	1,186,824

1b. Commercial

Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with 14 months continuous enrollment 2010-2011	Number of enrollees with 16 months continuous enrollment 2010-2011	Number of enrollees with 19 months continuous enrollment 2010-2011	Number of enrollees with 22 months continuous enrollment 2010-2011	Number of enrollees with 24 months continuous enrollment 2010-2011
2010-2011						
4-5 years	1,767,905	922,570	874,406	802,688	745,524	717,715
6-12 years	6,635,306	3,579,464	3,406,940	3,151,903	2,948,347	2,847,971
13-18 years	6,243,994	3,345,813	3,190,879	2,961,248	2,776,832	2,686,886
4-18 years	14,647,205	7,847,847	7,472,225	6,915,839	6,470,703	6,252,572

Attachment 6.5 Results of Testing with Extended Look Back Period

Expanded Look-Back of current PMCoE Measure denominator

1)PMCoE Measure

Definition: Number of children diagnosed with ADHD (ICD-9-CM 314.0, 314.00, 314.01, any position) who meet aspects of the PMCoE measure

Index event date is first DX date if ADHD diagnosis.

1a. MEDICAID				2010 Denominator	Kids in 2011 Denominator with ADHD DX prior to the 4 month clean period				
						For the kids in the 2011 denominator with ADHD diagnosis code (314.0*) *before* their 4 month clean period, when does the most recent ADHD diagnosis occur?			
Year/ Age Category	**Total Number of enrollees 2010-2011**	**Number of enrollees with 16 months continuous enrollment 2010-2011**	**Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period**	**Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (2010 Denominator)**	**For kids in the 2010 denominator, number of children with ADHD diagnosis code (314.0*) *before* their 4 month clean period**	**1-60 Days prior to the clean period**	**61-120 Days prior to the clean period**	**121-180 Days prior to the clean period**	**181-240 Days prior to the clean period**
2010-2011									
4-5 years	513,572	281,955	11,127	9,759	5,965	583	333	182	113
6-12 years	1,528,102	850,256	58,611	50,779	40,331	6,925	4,270	2,066	1,151
13-18 years	1,064,132	481,935	21,502	14,853	12,152	2,067	1,380	674	430
4-18 years	3,105,806	1,614,146	91,240	75,391	58,448	9,575	5,983	2,922	1,694

1b. Commercial				2010 Denominator	Kids in 2011 Denominator with ADHD DX prior to the 4 month clean period				
						For the kids in the 2011 denominator with ADHD diagnosis code (314.0*) *before* their 4 month clean period, when does the most recent ADHD diagnosis occur?			
Year/ Age Category	**Total Number of enrollees 2010-2011**	**Number of enrollees with 16 months continuous enrollment 2010-2011**	**Total Commercial Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period**	**Total Commercial Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (2010 Denominator)**	**For kids in the 2010 denominator, number of children with ADHD diagnosis code (314.0*) *before* their 4 month clean period**	**1-2 Months prior to the clean period**	**3-4 Months prior to the clean period**	**5-6 Months prior to the clean period**	**7-8 Months prior to the clean period**
2010-2011									
4-5 years	1,767,905	874,406	11,181	9,920	4,748	624	364	174	105
6-12 years	6,635,306	3,406,940	118,004	108,581	75,126	13,848	10,565	5,153	2,929
13-18 years	6,243,994	3,190,879	78,669	66,152	46,291	8,035	6,475	3,412	2,138
4-18 years	14,647,205	7,472,225	207,854	184,653	126,165	22,507	17,404	8,739	5,172

Attachment 6.6 Final Version of the PMCoE ADHD Follow-up Measure: Chronic Care Model

DRAFT Measure #3: ADHD Chronic Care Follow-up Measure

Attention Deficit Hyperactivity Disorder (ADHD)

A. DESCRIPTION

Percentage of patients aged 4 through 18 years with a primary or secondary diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in the year prior to the measurement year who have at least one follow-up visit in the measurement year with ADHD as the primary diagnosis.

B. ELIGIBLE POPULATION

Age	Age 4 through 18 at diagnosis of ADHD
Continuous Enrollment	All days during the measurement year and 1 or more days in the prior year (identification year).
Allowable Gap	No allowable gap during continuous enrollment period
Anchor Date	January 1st of the measurement year
Event/Diagnosis	Any patient age 4 through 18 with a primary or secondary ADHD diagnosis code (314.0) at an outpatient physician visit (see Table 1 for list of acceptable codes) in the identification year who has a follow up outpatient visit (see Table 1 list of visit codes) with a primary ADHD diagnosis code in the measurement year.
Exclusion Criteria	Children with the conditions listed in Table 2 as a primary or secondary diagnosis during the identification year.

C. DATA SOURCE

Administrative Claims Data

1. Outpatient

D. Process

Step 1 (Denominator): Identify children with complete coverage in the measurement year and 1 or more days of coverage in the prior year (identification year).

Step 1 (Denominator): Identify all patients age 4 through 18 at the time of the primary or secondary ADHD diagnosis (314.0) at a visit (Table 1) during the identification year. Remove patients meeting the exclusion criteria. This remaining group of patients is the measure denominator.

Step 2 (Numerator): For these patients, determine the number of children with an E&M visit with a primary ADHD diagnostic code (314.00 or 314.01) during the measurement year (numerator).

Table 1: Evaluation and Management Codes to Identify Outpatient Follow-up Visits

CPT Codes	w/ POS
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52, 53

Table 2: Exclusion Criteria: Any primary or secondary diagnosis during the identification year

ICD9 Diagnosis Codes	Description
299.xx	Autism
303.xx,304.xx, 305.xx	Substance Abuse
307.1	Anorexia
296.00-296.06, 296.10-296.16, 296.22, 296.24, 296.32-296.34, 296.4*, 296.5*, 296.6*, 296.7*, 296.8*	Mood Disorders
300.01, 300.10-300.19, 300.21, 300.22, 300.5*-300.9*	Anxiety

We developed the measure using ICD9 codes, but the codes can be converted to equivalent version ICD-10. However, the measure was not tested using ICD-10 codes.

Attachment 6.7 Results of Testing Chronic Care Follow-up Measure

ADHD Chronic Care Meaure-Final Results

1a. MEDICAID

Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with complete coverage in 2011 and 1 or more days of coverage in 2010	% of total enrollees	Total Medicaid (w/ sufficient coverage) and who are Diagnosed with ADHD in 2010 excluding kids with specific conditions (Denominator)	% of kids with sufficient coverage	Follow-up Visit		Follow-up Visit		Follow-up Visit		Follow-up Visit	
						# who had valid *specific psychiatric** E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid *other psychiatric*** E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid *non-psychiatric* E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had *any* valid E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator
2010-2011													
4-5 years	513,572	263,052	51%	17,532	7%	4,274	24.38%	2,999	17.11%	9,072	51.73%	11,806	67.33%
6-12 years	1,528,102	802,451	53%	111,934	14%	26,142	23.35%	15,763	14.08%	56,118	50.13%	74,652	66.69%
13-18 years	1,064,132	412,283	39%	37,005	9%	7,069	19.10%	3,606	9.74%	12,771	34.51%	18,605	50.27%
4-18 years	3,105,806	1,477,786	48%	166,471	11%	37,485	22.52%	22,368	13.43%	77,961	46.83%	105,063	63.11%

* Specific Psychiatric visits are E&M codes 90804-90807 (any POS) and 90862-90863 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

** Other Psychiatric visits are E&M codes 90808-90815 (any POS) and 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90875, 90876 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

1b. Commercial

Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with complete coverage in 2011 and 1 or more days of coverage in 2010	% of total enrollees	Total Commercial (w/ sufficient coverage) and who are Diagnosed with ADHD in 2010 excluding kids with specific conditions (Denominator)	% of kids with sufficient coverage	Follow-up Visit		Follow-up Visit		Follow-up Visit		Follow-up Visit	
						# who had valid *specific psychiatric** E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid *other psychiatric*** E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid *non-psychiatric* E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had *any* valid E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator
2010-2011													
4-5 years	1,767,905	835,488	47%	19,866	2%	3,062	15.41%	2,059	10.36%	8,189	41.22%	10,214	51.40%
6-12 years	6,635,306	3,271,156	49%	235,424	7%	34,372	14.60%	17,446	7.41%	101,603	43.15%	127,062	53.97%
13-18 years	6,243,994	3,068,626	49%	147,467	5%	18,158	12.31%	6,585	4.46%	45,756	31.02%	61,231	41.52%
4-18 years	14,647,205	7,175,270	49%	402,757	6%	55,592	13.80%	26,090	6.48%	155,548	38.62%	198,507	49.29%

* Specific Psychiatric visits are E&M codes 90804-90807 (any POS) and 90862-90863 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

** Other Psychiatric visits are E&M codes 90808-90815 (any POS) and 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90875, 90876 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

Notes: Columns G, I, and K are not mutually exclusive

Exclusion criteria is based on a diagnosis for a specific condition anytime during the two year (2010-2011) time window.

There is no clean period requirement for a diagnosis of ADHD.

2)CHIPRA Measure

Definition: Number of children prescribed ADHD medication

Index event date is first dispensing of medication.

1a. MEDICAID

Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with 14 months continuous enrollment 2010-2011	Total prescribed ADHD medication between May 1, 2010 and March 1, 2011 with a 4 month clean period - (b) CHIPRA Denominator	Follow-up Day 1-30		Follow-up Day 31-300		Follow-up Day 1-300	
				# who had valid E&M visit between 1-30 days	% of Denominator	# who had 2 valid E&M visits between 31-300 days	% of Denominator	# meeting both criteria, one follow-up visit within 30 days, 2 visits within 31-300 days.	% of Denominator
2010-2011									
6-12 years	1,528,102	915,793	44,041	18,956	43.04%	34,327	77.94%	16,850	38.26%

1b. Commercial

Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with 14 months continuous enrollment 2010-2011	Total prescribed ADHD medication between May 1, 2010 and March 1, 2011 with a 4 month clean period - (b) CHIPRA Denominator	Follow-up Day 1-30		Follow-up Day 31-300		Follow-up Day 1-300	
				# who had valid E&M visit between 1-30 days	% of Denominator	# who had 2 valid E&M visits between 31-300 days	% of Denominator	# meeting both criteria, one follow-up visit within 30 days, 2 visits within 31-300 days.	% of Denominator
2010-2011									
6-12 years	6,635,306	3,579,464	85,979	32,636	37.96%	65,049	75.66%	27,949	32.51%

Attachment 6.9 Children in both PMCoE Measure Version 1 and CHIPRA measure

1)Children in both PMCoE Measure Version 1 and CHIPRA measure

Definition: Number of children diagnosed with ADHD (ICD-9-CM 314.0, 314.00, 314.01, any position) who meet aspects of the PMCoE measure

Index event date is first DX date if ADHD diagnosis.

1a. MEDICAID

							For the children in both measures, numbers of kids who filled their ADHD medication within N days of the index								
Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with 16 months continuous enrollment 2010-2011	Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period	(a) PMCOE: Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (Denominator)	(b) CHIPRA: Total prescribed ADHD medication between May 1, 2010 and March 1, 2011 with a 4 month clean period (Denominator)	Number of children who are in the denominator for *both* the (a) PMCOE and (b) CHIPRA measures	Filled 0-30 days after visit	%	Filled 31-60 days after visit	%	Filled 61+ days after E&M Visit	%	Filled *Before* index E&M visit	%	For kids who filled their meds *before* the index visit, mean number of days between medication fill and E&M visit
2010-2011															
6-12 years	1,528,102	850,256	58,611	50,779	44,041	21,325	13,849	65%	1,412	7%	2,413	11%	3,651	17%	58.84

1b. Commercial

							For the children in both measures, numbers of kids who filled their ADHD medication within N days of the index								
Year/ Age Category	Total Number of enrollees 2010-2011	Number of enrollees with 16 months continuous enrollment 2010-2011	Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period	(a) PMCOE: Total Medicaid Diagnosed with ADHD between May 1, 2010 and Dec 31, 2010 with a 4 month clean period excluding kids with specific conditions (Denominator)	(b) CHIPRA: Total prescribed ADHD medication between May 1, 2010 and March 1, 2011 with a 4 month clean period (Denominator)	Number of children who are in the denominator for *both* the (a) PMCOE and (b) CHIPRA measures	Filled 0-30 days after visit	%	Filled 31-60 days after visit	%	Filled 61+ days after E&M Visit	%	Filled *Before* index E&M visit	%	For kids who filled their meds *before* the index visit, mean number of days between medication fill and E&M visit
2010-2011															
6-12 years	6,635,306	3,406,940	118,004	108,581	85,979	39,079	20,577	53%	3,041	8%	6,687	17%	8,774	22%	62.42