Health Plans

Early Detection & Rapid Access

- Create an internal system to flag members that receive a new diagnosis of schizophrenia spectrum disorder or psychotic disorders. Route to case management team for outreach and connection to coordinated specialty care (CSC) resources
- Contact member within 1 week after discharge for first hospitalization or emergency room visit with psychiatric concern to offer support in connecting to care. Encourage follow up appointments to be made before discharge.
- Maintain and publish a list of CSC providers within network easily accessible to members within time and distance standards
- In contracting with teams providing CSC, incorporate reimbursement for full scope of services, including dedicated time for education and outreach in the community
- Train member-facing staff in therapeutic communication approaches (e.g., trauma-informed care, motivational interviewing) and non-stigmatizing, person-first language
- Incentivize behavioral health agencies/providers through priority or reimbursement rates to provide CSC

Treatment

- Cover core CSC services through a model that allows for and supports integrated team-based care based on team makeup. (e.g., PMPM + encounter team-based rate, episode of care model tied to quality metrics, etc.)
    - Core components include diagnosis and evaluation of medical and behavioral health conditions, medication management, individual and group psychotherapy, family psychoeducation, supported employment and education, peer support services, case management and outreach
    - **Incorporate HCPCS billing codes H2040:** Coordinated specialty care, team-based, for first episode psychosis, per month, **and H2041:** Coordinated specialty care, team-based, for first episode psychosis, per encounter¡.**See Appendix X for more details**
    - Consider partnering with Washington Center of Excellence for Early Psychosis or other center of excellence body in identifying teams meeting fidelity to the standard of care
    - In contracting, account for flexibility in caseloads that will naturally fluctuate to meet community demands

- Provide coverage for evidence-based treatments for patients that experience psychotic symptoms but do not qualify for CSC, including but not limited to psychological interventions, such as cognitive behavioral therapy and pharmacological interventions, for co-occurring concerns (e.g., antidepressants, mood stabilizers, etc.)
- Reduce barriers (e.g., unnecessary prior authorization, cost-sharing) to second-generation antipsychotics, including long-acting injectable medications, as a first line therapy for FEP.
- Once enrolled in CSC, minimize prior authorization for continuous access to program through at a minimum of 2 years, and/or until meeting criteria for transition
- Offer incentives to behavioral health agencies that provide coordinated specialty care for reduction of hospitalizations/emergency room visits

Transitions of Care

- Provide increased case management services to patients with identified psychosis Support scheduling follow up appointments with providers
- Support patient and family in identifying and scheduling with a primary care provider before and during transition to less intensive care
- Support access to specialty consultations as needed after transition

Level 1

Rapid Detection & Early Access

- Train member-facing staff in therapeutic communication approaches (e.g., trauma-informed care, motivational interviewing) and non-stigmatizing, person-first language

Treatment

- Provide coverage for evidence-based treatments for patients that experience psychotic symptoms but do not qualify for CSC, including but not limited to psychological interventions, such as cognitive behavioral therapy and pharmacological interventions, for co-occurring concerns (e.g., antidepressants, mood stabilizers, etc.)

Transitions of Care

- Support scheduling follow up appointments with providers
- Support patient and family in identifying and scheduling with a primary care provider before and during transition to less intensive care
- Support access to specialty consultations as needed after transition

Level 2

Rapid Detection & Early Access

- Contact member within 1 week after discharge for first hospitalization or emergency room visit with psychiatric concern to offer support in connecting to care.
- Encourage follow-up appointments to be made before discharge.

Treatment

- Reduce barriers (e.g., unnecessary prior authorization, cost-sharing) to second-generation antipsychotics, including long-acting injectable medications, as a first line therapy for FEP.

- Once enrolled in CSC, minimize prior authorization for continuous access to program through at a minimum of 2 years, and/or until meeting criteria for transition

Transitions of Care

- Provide increased case management services to patients with identified psychosis

Level 3

Rapid Detection & Early Access

- Create an internal system to flag members that receive a new diagnosis of schizophrenia spectrum disorder or psychotic disorders. Route to case management team for outreach and connection to coordinated specialty care (CSC) resources
- Maintain and publish a list of CSC providers within network easily accessible to members within time and distance standards
- In contracting with teams providing CSC, incorporate reimbursement for full scope of services, including dedicated time for education and outreach in the community
- Incentivize behavioral health agencies/providers through priority or reimbursement rates to provide CSC
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Treatment

- Cover core CSC services through a model that allows for and supports integrated team-based care based on team makeup. (e.g., PMPM + encounter team-based rate, episode of care model tied to quality metrics, etc.)
    - Core components include diagnosis and evaluation of medical and behavioral health conditions, medication management, individual and group psychotherapy, family psychoeducation, supported employment and education, peer support services, case management and outreach
    - **Incorporate HCPCS billing codes H2040:** Coordinated specialty care, team-based, for first episode psychosis, per month, **and H2041:**

Coordinated specialty care, team-based, for first episode psychosis, per encounter¡.**See Appendix X for more details**

- Consider partnering with Washington Center of Excellence for Early Psychosis or other center of excellence body in identifying teams meeting fidelity to the standard of care
- In contracting, account for flexibility in caseloads that will naturally fluctuate to meet community demands

- Offer incentives to behavioral health agencies that provide coordinated specialty care for reduction of hospitalizations/emergency room visits

Transitions of Care