Anthem BlueCross

Medi-Cal Managed Care

Provider Bulletin
December 2022

No Wrong Door policy

On March 30, 2022, the Department of Health Care Services (DHCS) released ***APL 22-005****, No Wrong Door for Mental Health Services*. Within this policy, DHCS sets forth several requirements to ensure members are receiving appropriate mental health services timely and regardless of where they seek care. DHCS's goal is for members to maintain relationships with trusted providers without any interruption to their care.

The following update does not change the specialty mental health services (SMHS) procedure or coverage, and both providers and members should continue to contact their county directly for support with SMHS. SMHS are managed by the counties and these mental health providers are required to provide or arrange for the provision of medically necessary SMHS for members in their counties who meet access criteria for SMHS as described in *Behavioral Health Information Notice (BHIN 21-073)*.

Effective July 1, 2022

Anthem Blue Cross (Anthem) will arrange for members to receive the following non-specialty mental health services (NSMHS):

- Mental health evaluation and treatment, including individual, group, and family psychotherapy.
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring drug therapy.
- Psychiatric consultation.
- Outpatient laboratory, drugs, supplies, and supplements[1].

This applies to the following populations:

- Members who are 21 years of age and older with mild to moderate distress, or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current *Diagnostic and Statistical Manual of Mental Disorders*.
- Members who are under the age of 21, to the extent they are eligible for services through the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, regardless of the level of distress or impairment, or the presence of a diagnosis.
- Members of any age with potential mental health disorders not yet diagnosed.

[1] This does not include medications covered under the Medi-Cal Rx Contract Drug List, which can be accessed at: **https://medi-calrx.dhcs.ca.gov/home/cdl**.

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Furthermore, Anthem will cover clinically appropriate NSMHS for the above populations **even when**:

- Services are provided prior to determination of a diagnosis, during the assessment period, or prior to a determination of whether NSMHS or SMHS access criteria are met. Anthem will cover NSMHS delivered by providers during the assessment process, as well not deny or disallow reimbursement if the assessment concludes the member does **not** meet the criteria for NSMHS or SMHS.
- Services are not included in an individual treatment plan. Anthem will reimburse NSMHS whether or not they are indicated in the member's treatment plan.
- The member has a co-occurring mental health condition and substance use disorder (SUD). Anthem will cover NSMHS delivered by providers whether or not the member has a co-occurring SUD. Also, Anthem will not deny or disallow reimbursement for NSMHS for a member who meets NSMHS criteria based on possessing a co-occurring SUD, as long as all other Medi-Cal Managed Care and service requirements are met. Likewise, SUD services, such as alcohol and drug screening, assessment, brief interventions, referral to treatment, and medication assisted treatment (MAT), are covered whether or not the member has a co-occurring mental health illness.
- NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated. Anthem will not deny or disallow reimbursement for NSMHS when a member is simultaneously receiving clinically appropriate SMHS if the services have been coordinated and are not duplicative. Further, the concurrent services, for adults and children under 21 years of age, must be coordinated between Anthem and mental health plans (MHPs) to ensure member choice. This involves coordination between Anthem and MHPs to facilitate care transitions and referrals, ensuring the referral loop is closed, with the members involvement in the decision-making process.

If you have any questions, please reach out to your assigned Provider Relationship Management representative.

Email is the quickest and most direct way to receive important information from Anthem Blue Cross.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (**https://bit.ly/3lLgko8**).