



# Provider Alert

July 14, 2021

FFS Medi-Cal Inpatient Hospital

A Publication of the Local Mental Health Plan (LMHP) of the County of Los Angeles Department of Mental Health

## IN THIS ISSUE

### **NOTICE OF ADVERSE BENEFITS DETERMINATION (NOABD)**

The Notice of Adverse Benefits Determination (NOABD) will replace the NOA (Notice of Action) form for claims submitted for retrospective authorization. NOABDs are currently utilized for concurrent authorization. The Notice of Appeal Resolution (NAR) provides the workflow for the appeals process between the Department of Mental Health and the hospital provider. This notice brings the two authorization processes into alignment, and follows the Department's recent adoption of the NOABD for all other programs.

Please find enclosed the DHCS MHSUDS Information Notice: 18-010E, which details the NOABD appeal procedures. This includes the timeframes for processing appeals with the Mental Health Plan (MHP) and when the beneficiary can request for a State Fair Hearing. It also outlines the State requirement for the beneficiary's written consent for an appeal made by the provider, as well as the criteria and process to request an Expedited Appeal. In addition, please note the attached DHCS Information Notice: 20-11 which delineates the change in the timeframe for beneficiaries to request Medi-Cal State Fair Hearings during the COVID-19 public health emergency.

Please contact [mtredinnick@dmh.lacounty.gov](mailto:mtredinnick@dmh.lacounty.gov) if you have any questions about the enclosures.

Sincerely,

Michael Tredinnick, Ph.D.  
Program Manager III  
Clinical Operations  
Intensive Care Division

Encl:  
MHSUDS Information Notice No.: 18-010E  
MHSUDS Information Notice No.: 20-11