



BEHAVIORAL HEALTH
& RECOVERY SERVICES

*Presented by San Mateo
BHRS Quality Management
July 2021*

NOABD – NAR AVATAR FORM

Notice of Adverse Benefit Determination (NOABD)
Notice of Appeals Resolution (NAR)

BENEFITS TO USING AVATAR NOABD

- The form is easy to complete on Avatar and streamlines the process.
- Reduces printing.
- **You may email clients and providers** a PDF copy of completed NOABDs.
 - **IMPORTANT! put #sec# in the email subject line to encrypt.**
- Reduces scanning for Admin staff.

FAQs

All requests for assessment and/or services must be considered, and a **decision must be made within 14 calendar days.**

When a prior Auth is required decisions are made within **5 business days.**

Expedited decisions are made within **72 hours.**

The decision may be to assess.

Question: *How do I figure out if I need to issue a NOABD?*

Answer: *The client has Medi-Cal and one of these takes place:*

You **deny services** (decision to not start treatment at any BHRS program or CBO) or limit authorization, based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit (issue notice within 2 business days of the decision).

You **reduce, suspend, or stop** a **previously authorized service** (issue notice a minimum of 10 days before action).

You **discharge a client that wants service** with an active treatment plan (issue notice a minimum of 10 days before action).

You **do not or cannot offer to provide** the **first assessment** or **first treatment service** in a **timely manner** (issue notice within 2 business days of the decision).

You **do not pay**, in whole or in part, **for a service** that the **client has already received** (issue notice **within 24 hours.**)

You **deny** the beneficiary's **request to dispute financial liability** (issue notice **within 24 hours.**)

You are **late providing** a standard **resolution of a grievance or appeal** (issue notice within 2 business days of the decision).

NOTICE TYPE

Authorization Delay NOABD	When there is a DELAY in processing a provider's request for specialty mental health services or substance use disorder residential services that REQUIRE AN AUTHORIZATION.
Delivery System NOABD	Mild to Moderate referred Health Plan of San Mateo (HPSM). SED referred to School District for mental health
Denial NOABD	Use when NO SERVICES WILL BE PROVIDED due to assessment determining no medical necessity, no qualifying diagnosis, level or type of service not appropriate, or service not effective for diagnosis.
Financial Liability NOABD	A client disputes financial liability, including cost sharing and/or beneficiary's other financial liabilities.
Modification NOABD	Beneficiary is already authorized for a service; then, frequency and/or duration of authorized services is REDUCED.
Timely Access NOABD	Timely access standards not met: FIRST ASSESSMENT or FIRST TREATMENT APPOINTMENT NOT OFFERED within required timeframe, or client placed on WAITLIST.
Payment Denial NOABD	When BHRS DENIES—in whole or in part for any reason—a request for payment for services already delivered.
Termination NOABD	BHRS terminates or suspends a currently authorized service (or ends treatment that a client still wants).
Overtaken Appeal Resolution (NAR)	Use this when a client appeals a Notice of Adverse Benefit Determination and BHRS overturns the original decision, in the client's favor.
Upheld Appeal Resolution (NAR)	Use this when a client appeals a Notice of Adverse Benefit Determination and BHRS upholds the original decision, NOT in the client's favor.
Grievance-Appeal Timely Resolution	BHRS does not meet required timeframes for the standard resolution of grievances and appeals.



AVATAR DEMO

RESOURCES

Quick Guide to figure out when and what type of NOABD to complete

[How to determine what type NOABD](#)

Guide to completing the Avatar NOABD / NAR Form

<https://www.smchealth.org/sites/main/files/file-attachments/noabdavatarform.pdf>

Templates to help you complete the reason for issuing the NOABD / NAR

<https://www.smchealth.org/sites/main/files/file-attachments/noabdreasons.pdf>

Policy and Word Versions of NOABD / NAR in threshold languages

<https://www.smchealth.org/bhrs-policies/consumer-problem-resolution-noa-19-01>

THANK YOU!

