



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Client's Rights
	Sub Section:	Problem Resolution
	Section Number:	02.02.04
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised
SIGNATURE		DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>11/6/19</u>

**SUBJECT:** Notice of Adverse Benefit Determination (NOABD)

**PURPOSE:**

To outline the process of issuing the required Notice of Adverse Benefit Determination (NOABD) forms for all Medi-Cal beneficiaries receiving services through Orange County Behavioral Health Services (BHS) Mental Health Plan (hereby referred to as Orange MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) County-operated and County-contracted clinics and Inpatient Treatment Programs. The NOABD informs Medi-Cal beneficiaries of a decision to take action regarding Specialty Mental Health or Drug Medi-Cal Organized Delivery Services, and their right to appeal.

**POLICY:**

This policy establishes a uniform standard of issuing and tracking Notice of Adverse Benefit Determination forms for all Medi-Cal beneficiaries and pertinent information contained on the forms.

**SCOPE:**

This procedure is to be followed by all County and County Contracted clinical staff, students, volunteers and administrative staff working for Behavioral Health Services (BHS) and/or working under the Orange MHP, Title IX Regulations and the DMC-ODS.

**REFERENCES:**

[MHSUDS Information Notice No. 18-010E, Federal Grievance and Appeal System Requirements with Revised Beneficiary Notice Templates](#)

[Title IX, California Code of Regulations, § 1850.212 Contents of a Notice of Action](#)

[California Welfare and Institution Code \(WIC\), Division 9, § 14684 Mental Health Managed Care](#)

[Section 1557 of the Affordable Care Act \(ACA\)](#)

[Title 42, Code of Federal Regulations \(CFR\), § 438.400\(b\) Statutory basis, definitions, and applicability](#)

**SUBJECT: Notice of Adverse Benefit Determination**

---

[Title 42, Code of Federal Regulations \(CFR\), §438.420 Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending](#)

[Title 42, Code of Federal Regulations \(CFR\), § 438.404\(c\) Timely and adequate notice of adverse benefit determination](#)

**NOABD FORMS:**

Orange MHP NOABD Link: [http://www.ochealthinfo.com/bhs/about/medi\\_cal](http://www.ochealthinfo.com/bhs/about/medi_cal)

DMC-ODS NOABD Link: Forms available on DMC-ODS share drive or contact DMC-ODC Support Team

Delivery System Notice- NOABD

Denial Notice – NOABD

Termination Notice - NOABD

Modification Notice – NOABD

Timely Access - NOABD

Delay in processing authorization of services - NOABD

Failure to timely resolve grievances and appeals – NOABD

Financial Liability Notice - NOABD

Payment Denial Notice - NOABD

**NOABD ATTACHMENTS:**

- “Your Rights”
- Language Assistance Taglines
- Non-discrimination Notice

**DEFINITIONS:**

Adverse Benefit Determination - Consistent with Title 42, CFR, § 438.400(b) the Final Rule replaced the term “Action” with “Adverse Benefit Determination”. The definition of an “Adverse Benefit Determination” encompasses all previous elements of “Action” under federal regulations with the addition of language that clarifies the inclusion of determinations involving medical necessity, appropriateness and setting of covered benefits, and financial liability. An Adverse Benefit Determination is defined to mean any of the following actions taken by a Plan:

**SUBJECT: Notice of Adverse Benefit Determination**

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- The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services in a timely manner;
- The failure to act within the required timeframes for standard resolution of grievances and appeals; or
- The denial of a beneficiary's request to dispute financial liability.

Appeals - Appeals are defined as a request for a review of an "adverse benefit determination" (see above for definition of adverse benefit determination). Appeals processes are outlined in the BHS Policy and Procedure 09.02.02 Beneficiary Appeal of Action Process.

Authority and Quality Improvement Services (AQIS) – Is an administrative unit providing oversight and coordination of quality improvement and compliance activities across the Divisions of BHS.

Beneficiary – A person with Medi-Cal coverage. For the purposes of this policy and procedure, "beneficiary" includes a parent, guardian, conservator, or other authorized representative, unless otherwise specified.

Days - Defined as calendar days unless otherwise specified.

Enrollee – A beneficiary receiving services under the MHP or DMC-ODS.

Grievance - A beneficiary's expressed dissatisfaction to the MHP or DMC-ODS or any provider (including contract providers) about any matter having to do with the provision of Medi-Cal services, other than a matter covered by an Appeal. This includes, but is not limited to: rudeness or attitude of staff, location of services, physical plant, access or availability. The expressed dissatisfaction is defined as a grievance, whether or not it is submitted in writing, whether or not the beneficiary states that they wish to file a grievance, even if the beneficiary explicitly states they do not want to file a grievance and whether or not the beneficiary uses the term "grievance".

Notice of Adverse Benefit Determination (NOABD) - Form used to notify the requesting provider, and give the enrollee written notice of any decision by the Plan to deny or delay a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. There are multiple versions of this form, to be used depending on the situation.

**SUBJECT: Notice of Adverse Benefit Determination**

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Participating Inpatient Health Plan (PIHP) – The State Department of Health Care Services (DHCS) has notified counties that the county MHP and DMC-ODS are considered PIHPs for purposes of CFR, Title 42, Chapter IV, § 438.

Provider Representative – The individual assigned at each clinic and treatment site to educate and assist beneficiaries and family members with grievances. The Provider Representative is the person designated to provide information to the beneficiary about the status of a grievance upon request.

Working Day – A working day is defined as Monday through Friday, 8:00am-5:00pm, excluding County holidays.

**PROCEDURES:**

I. NOABD Requirements

- A. The NOABD forms incorporate federal regulations Title 42, CFR, § 438.400(b) which delineate requirements for the contents of the NOABD, including the adverse benefit determination the provider made or plans to make, a clear and concise explanation of the reason(s) for the decision based on medical necessity criteria, clinical reasons, why the beneficiary’s condition does not meet specialty mental health services and/or DMC-ODS medical necessity criteria, a description of the criteria used, and that the beneficiary has a right to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the beneficiary’s adverse benefit determination.
- B. The provider shall not make any changes to the NOABD templates or “Your Rights” attachments, except to insert information specific to Medi-Cal beneficiaries as required into the greyed text form fill in option areas. The provider shall keep the Orange County Health Care Agency (OCHCA) logo and the plan specific OCHCA’s Authority and Quality Improvement Services (AQIS) Manager’s name and title on the NOABD forms that are given to Medi-Cal beneficiaries only.

II. Delivery System NOABD

- A. If a Medi-Cal beneficiary initially requesting services does not meet the medical necessity criteria for Specialty Mental Health Services (SMHS) within the 60 day assessment window, services will be denied. A Delivery System NOABD shall be issued to the Medi-Cal beneficiary indicating the clinical reasons for the decision regarding medical necessity and why the services have been denied and shall explicitly state why the Medi-Cal beneficiary’s condition does not meet specialty mental health services medical necessity criteria. The provider shall list on the NOABD a referral for the Medi-Cal beneficiary to receive non-specialty mental health services (i.e. CalOptima Behavioral Health for mild/moderate symptoms, The Regional Center, Primary Care Physician, Substance Use Disorder Services).
- B. The provider shall initial three times next to the text of the three enclosure documents titled “Your Rights,” Language Assistance Taglines, and Non-

**SUBJECT: Notice of Adverse Benefit Determination**

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discrimination Notice to indicate that these documents were included with the notice.

- C. The provider shall hand deliver or mail the original, completed Delivery System NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary within two (2) business days after the decision to deny SMHS has been made in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. The provider shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.
- D. A copy of the Delivery System NOABD shall be scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or a copy shall be filed into the Medi-Cal beneficiary's chart for the paper clinics. Providers shall complete necessary documentation that the Delivery System NOABD was issued to Medi-Cal beneficiary along with the three enclosure documents.
- E. The provider shall fax or secure email a copy of the Delivery System NOABD to AQIS. A copy of the Delivery System NOABD shall be filed in a log with AQIS.
- F. A Delivery System NOABD shall not be issued if a Medi-Cal beneficiary is referred within the Orange MHP or if the client does not have Medi-Cal.

**III. Denial Notice NOABD**

- A. For beneficiaries in the DMC-ODS, the denial NOABD shall be issued to the Medi-Cal beneficiary indicating the clinical reasons for the decision regarding medical necessity or residential authorization request and why the services have been denied and shall explicitly state why the Medi-Cal beneficiary's condition does not meet DMC-ODS medical necessity criteria. The provider shall list on the Denial NOABD a referral for the Medi-Cal beneficiary to receive non-DMC-ODS services (i.e. MHP, CalOptima Behavioral Health for mild/moderate symptoms, The Regional Center, Primary Care Physician).
- B. The provider shall initial three times next to the text of the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice to indicate that these documents were included with the notice.
- C. The provider shall hand deliver or mail the original, completed Denial NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary within two (2) business days after the decision to deny DMC-ODS services has been made in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. The provider shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.

**SUBJECT: Notice of Adverse Benefit Determination**

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- D. A copy of the Denial NOABD shall be scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or a copy shall be filed into the Medi-Cal beneficiary's chart for the paper clinics. Providers shall complete necessary documentation that the Denial NOABD was issued to Medi-Cal beneficiary along with the three enclosure documents.
- E. The provider shall fax or secure email a copy of the Denial NOABD to AQIS. A copy of the Denial NOABD shall be filed in a log with AQIS.
- F. A Denial NOABD shall not be issued if a Medi-Cal beneficiary is referred within the DMC-ODS or if the client does not have Medi-Cal.

IV. Termination NOABD

- A. If the Medi-Cal beneficiary is already in treatment or receiving services, and the Plan terminates, reduces, or suspends a previously authorized service a Termination NOABD shall be issued.
- B. If the provider is unable to locate the Medi-Cal beneficiary and the Medi-Cal beneficiary drops out of treatment; the Medi-Cal beneficiary is admitted to an institution where he or she is ineligible for further services such as incarceration; the Medi-Cal beneficiary is in long term hospitalization, or Medi-Cal beneficiary is deceased, a Termination NOABD shall be issued. The provider shall indicate in the Termination NOABD the dates of outreach attempts and time frame of lack of engagement for beneficiaries clients who drop out of treatment. For DMC-ODS services, services shall be terminated after 30 consecutive days of no contact from the beneficiary.
- C. The provider shall initial three times next to the text of the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice to indicate that these documents were included with the notice.
- D. The provider shall hand deliver or mail the original, completed Delivery System NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary at least ten (10) business days prior to termination, in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. The provider shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.
- E. If the Beneficiary's address is determined unknown based on returned mail with no forwarding address, providers may issue Termination NOABD and terminate services on the same date. Providers may also terminate immediately "for cause" in the event that beneficiaries pose an immediate threat to the program staff or other participants. Other instances include if the Medi-Cal beneficiary is in long term hospitalization, incarcerated, deceased, or missing without any address or

**SUBJECT: Notice of Adverse Benefit Determination**

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form of contact. If there's an invalid address, proof of returned mail with date of returned mail shall be copied and scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or a paper copy filed into the Medi-Cal beneficiary's chart for the paper clinics to indicate Medi-Cal beneficiary's address is determined unknown/invalid.

- F. A copy of the Termination NOABD shall be scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or copy shall be filed into the Medi-Cal beneficiary's chart for the paper clinics. Providers shall complete necessary documentation that the Delivery System NOABD was issued to Medi-Cal beneficiary along with the three enclosure documents.
- G. The provider shall fax or secure email a copy of the Termination NOABD to AQIS. A copy of the Termination NOABD shall be filed in a log with AQIS.
- H. A Termination NOABD shall not be issued if a consumer does not have Medi-Cal.

V. Modification NOABD

- A. If the Medi-Cal beneficiary is already in treatment or receiving services, but the Plan modifies or limits a request for a service, including reductions in frequency and/or duration of services, approval of alternative treatments and services, or a change in the level or duration of covered services, but the Medi-Cal beneficiary does not agree with the decision, then a Modification NOABD will be issued.
- B. The provider shall initial three times next to the text of the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice to indicate that these documents were included with the notice.
- C. The provider shall hand deliver or mail the original, completed Modification NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary within two (2) business days after the decision to modify SMHS has been made, in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. The provider shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.
- D. A copy of the Modification NOABD shall be scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or a copy shall be filed into the Medi-Cal beneficiary's chart for the paper clinics. Providers shall complete necessary documentation that the Modification NOABD was issued to Medi-Cal beneficiary along with the three enclosure documents.
- E. The provider shall fax or secure email a copy of the Modification NOABD to AQIS. A copy of the Modification NOABD shall be filed in a log with AQIS.
- F. A Modification NOABD shall not be issued if a client does not have Medi-Cal.

VI. Timely Access NOABD

- A. Timely Access NOABD is sent to a Medi-Cal beneficiary or the representative when the Orange MHP or DMC-ODS fails to provide services within a pre-determined time frame. Providers are responsible for ensuring timely access standards are met.
- B. Immediately the provider must consult and verify with AQIS if it is appropriate to issue the Timely Access NOABD. AQIS will provide a copy of the Timely Access NOABD form to the provider to complete and mail to the beneficiary within 2 business days.
- C. The provider shall issue the Timely Access NOABD when there is a delay in providing the beneficiary with timely services, as required by the timely access standards applicable to the delayed service. The provider shall enter the date, the name of the Medi-Cal beneficiary, the number of business days required to provide the respective requested services, the date services were requested, and the service(s) requested on the spaces provided on the Timely Access NOABD form.
- D. The provider shall hand deliver or mail the original, completed Timely Access NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary within two (2) business days of the decision, in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. The provider shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.
- E. A copy of the Timely Access NOABD shall be scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or a copy shall be entered into the Medi-Cal beneficiary's chart for the paper clinics. The provider shall complete necessary documentation that the Timely Access NOABD was issued to Medi-Cal beneficiary along with the three enclosure documents.
- F. The provider shall fax or secure email a copy of the Timely Access NOABD to AQIS. A copy of the Timely Access NOABD shall be filed in a log with AQIS.
- G. A Timely Access NOABD shall not be issued if a client does not have Medi-Cal.
- H. AQIS shall administratively monitor timely access standards. AQIS shall monitor and ensure corrective action is taken if there is failure to comply with timely access requirements.

VII. Delay in Processing Authorization of Services NOABD

- A. A Delay in Processing Authorization of Services NOABD shall be issued when there is a delay in processing a provider's request for authorization of SMHS or substance use disorder residential services. When the Plan extends the timeframe to make an authorization decision, it is a delay in processing a provider's request.



**SUBJECT: Notice of Adverse Benefit Determination**

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This includes extensions granted at the request of the beneficiary or provider, and/or those granted when there is a need for additional information from the beneficiary or provider, when the extension is in the beneficiary's interest.

- B. The provider shall initial three times next to the text of the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice to indicate that these documents were included with the notice.
- C. The provider shall hand deliver or mail the original, completed Delay in Processing Authorization of Services NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary within two (2) business days after the delay in authorization of services has occurred in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. The provider shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.
- D. A copy of the Delay in Processing Authorization of Services NOABD shall be scanned into the Medi-Cal beneficiary's chart for the Electronic Health Record (EHR) or a copy shall be filed into the Medi-Cal beneficiary's chart for the paper clinics. Providers shall complete necessary documentation that the Delay in processing NOABD was issued to Medi-Cal beneficiary along with the three enclosure documents.
- E. The provider shall fax or secure email a copy of the Delay in Processing Authorization Services NOABD to AQIS. A copy of the Delay in processing authorization NOABD shall be filed in a log with AQIS.
- F. A Delay in processing authorization NOABD shall not be issued if the client does not have Medi-Cal.

**VIII. Failure to Timely Resolve Grievances and Appeals NOABD (utilized by BHS Administration)**

- A. A Failure to Timely Resolve Grievances and Appeals NOABD will be utilized by Authority and Quality Improvement Services (AQIS) when there is a delay in processing a Medi-Cal beneficiary grievance or appeal within the required time frame. AQIS shall complete the form, entering the date, the name of the Medi-Cal beneficiary, the date the Medi-Cal beneficiary filed the grievance/appeal, and the initial request made by the Medi-Cal beneficiary in the spaces provided on the form.
- B. AQIS shall hand deliver or mail the original, completed Failure to Timely Resolve Grievances and Appeals NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary within two (2) business days of the decision, in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse

**SUBJECT: Notice of Adverse Benefit Determination**

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benefit determination. The AQIS shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.

- C. A copy of the Failure to Timely Resolve Grievances and Appeals NOABD shall be filed in a log with AQIS.
- D. A Failure to Timely Resolve Grievances and Appeals NOABD shall not be issued if a client does not have Medi-Cal.

**IX. Payment Denial NOABD (utilized by BHS Administration)**

- A. A Payment Denial NOABD form applies to services that have been rendered to a Medi-Cal beneficiary at the time he/she was hospitalized.
- B. The Payment Denial NOABD shall be given by the Inpatient Treatment Authorization Requests (TAR) Unit which processes Treatment Authorization Requests (TARs) from inpatient facilities requesting authorization for payment.
- C. When the Inpatient Unit receives a TAR, it shall conduct a retrospective review of documentation submitted by the hospital in support of the TAR. When the Inpatient Unit determines that medical necessity for psychiatric inpatient hospital services or related professional services has not been adequately documented, a TAR is denied. The Inpatient TAR Unit shall issue an Payment Denial NOABD along with the along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice to the Medi-Cal beneficiary which will be given to the hospital and provider with a copy to the patient at the time of any action denying or affecting the provider's claim. The inpatient unit shall also communicate the decision to the hospital and affected provider within 24 hours of making the decision. This may be a phone call prior to the formal written notice. A copy of the Payment Denial NOABD is filed with the Inpatient TAR Unit. The inpatient unit shall also fax or secure email a copy of the Payment Denial NOABD to AQIS, which shall be filed in a log with AQIS.
- D. The Payment Denial NOABD states that payment for a service, which has already been provided has been denied. The notice further states that the beneficiary is not responsible for the bill and does not have to pay for the services rendered. The inpatient unit may receive questions from beneficiaries regarding the receipt of a Payment Denial NOABD. It is important to understand and to reassure the beneficiary that he or she is not responsible for the payment being denied.
- E. A Payment Denial NOABD shall not be issued if a consumer does not have Medi-Cal.

**X. Financial Liability NOABD (utilized by BHS Administration)**

- A. A Financial Liability NOABD form applies to services that have been rendered to a Medi-Cal beneficiary, but the Plan denies a beneficiary's request to dispute financial liability, including cost-sharing and other beneficiary financial liabilities.

- B. AQIS periodically may receive a Conlan Claim, which are Medi-Cal beneficiary requests for reimbursement for their out of pocket expenses for Medi-Cal covered services. AQIS shall make a determination whether the claim meets the reimbursement guideline. AQIS shall issue a Financial Liability NOABD if the beneficiary's request to dispute financial liability is denied.
- C. AQIS shall hand deliver or mail the original, completed Financial Liability NOABD, along with the three enclosure documents titled "Your Rights," Language Assistance Taglines, and Non-discrimination Notice, to the Medi-Cal beneficiary at the time of any action regarding the dispute has been made in accordance with Title 42 CFR, § 438.404(c) timely and adequate notice of adverse benefit determination. AQIS shall also communicate the decision to the affected provider, if there is one, within 24 hours of making the decision.
- D. A copy of the Dispute of Financial Liability NOABD shall be filed in a log with AQIS.
- E. A Financial Liability NOABD shall not be issued if the client does not have Medi-Cal.

XI. NOABD Attachments

- A. There are three attachments that must accompany all NOABD forms which include the NOABD "Your Rights" Attachment, Non-discrimination Notice, and Language Assistancess Tagline.
  - 1. NOABD "Your Rights" Attachment - Consistent with Title 42, CFR, §438.420, the "Your Rights" attachment is a new form that informs beneficiaries of critical appeal and State hearing rights which accompanies the NOABD. These attachments must be sent to beneficiaries with each NOABD. The "NOABD Your Rights" attachment provides beneficiaries with the following required information pertaining to NOABD.
    - a) The beneficiary's or provider's right to request an internal appeal with the Plan within 60 calendar days from the date on the NOABD;
    - b) The beneficiary's right to request a State hearing only after filing an appeal with the Plan and receiving a notice that the Adverse Benefit Determination has been upheld;
    - c) The beneficiary's right to request a State hearing if the Plan fails to send a resolution notice in response to the appeal within the required timeframe;
    - d) Procedures for exercising the beneficiary's rights to request an appeal

**SUBJECT: Notice of Adverse Benefit Determination**

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- e) Circumstances under which an expedited review is available and how to request it; and,
  - f) The beneficiary's right to have benefits continue pending resolution of the appeal and how to request continuation of benefits in accordance with Title 42, CFR, § 438.420.
- 2. Non-discrimination Notice - Consistent with Section 1557 of the Affordable Care Act (ACA), Federal regulations require Plans to post the Non-discrimination Notice which informs beneficiaries that discrimination because of race, color, national origin, age, disability, or sex is against the law and provides free aids and services to people with disabilities to help them communicate better, and free language services to people whose primary language is not English.
  - 3. Language Assurances Taglines - Consistent with Section 1557 of the Affordable Care Act (ACA), Language Assurances Taglines inform beneficiaries that language assistance services, free of charge, are available as well as Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available free of charge upon request.

**XII. NOABD Appeal by a Beneficiary**

- A. A beneficiary receiving an NOABD may appeal the action by contacting Orange County MHP at (866) 308-3074.
- B. See BHS P&P 09.02.01 Beneficiary Problem Resolution and Grievance Process and BHS P&P 09.02.02 Beneficiary Appeal of Actions Process P&P for these processes.