

# What Is an Appeal?

## Sutter-Yuba Behavioral Health Plan Frequently Asked Questions about Appeals

### What is an Appeal?

An Appeal is defined as, "A request to review of a Notice of Adverse Benefit Determination (NOABD)." *What is NOABD?* An NOABD occurs when the Mental Health Plan (MHP) does at least one of the following:

1. 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;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner;
5. The failure to act within the required timeframes for standard resolution of grievances and appeals; or
6. The denial of a member's request to dispute financial liability.

### Where do I receive an Appeal form?

Appeal forms are available at all Sutter-Yuba Behavioral Health sites and on the Sutter County website. You can also ask any Behavioral Health employee for this form.

### How do I file an Appeal?

- A member, or a provider and/or authorized representative, may request an appeal either orally or in writing. Appeals filed by the provider on behalf of the member require written consent from the member.
- Following the receipt of a NOABD, a member has 60 calendar days from the date on the NOABD in which to file a request for an appeal
- SYBH will assist the member in completing forms and taking other procedural steps to file an appeal, including preparing a written appeal, notifying the member of the location of the forms, or providing the form to the member upon request.

If you need additional assistance in filing an Appeal, please contact one of the following Behavioral Health staff for further Information:

1. Quality Assurance Staff Analyst: (530) 822-7200
2. **Toll-Free:** 1-888-923-3800
3. TTY-CRS to Voice: 1-800-735-2929
4. Patient's Rights Advocate Ph: (530) 822-7200 press 8  
PO Box 1694, Yuba City, CA 95992

### What should I expect after filing an Appeal?

Sutter-Yuba MHP staff will investigate your Appeal within 30 calendar days of receipt and respond to you in writing. The first letter will be a notice that we have received your Appeal, and the second letter will be sent to you with the results of the investigation.

### What is the difference between a Standard Appeal and an Expedited Appeal?

The Expedited Appeal is filed when SYBH determines, or the Member and/or the Member's provider certifies, that taking the time for a standard appeal resolution could seriously jeopardize the Member's substance use disorder condition and/or the members ability to attain, maintain or regain maximum function.

SYBH will resolve and notify members within 72 hours after receipt of the expedited appeal. If the expedited appeal is denied a written notice will be sent to the member and the standard appeal process will begin.

If you feel you need urgent assistance, please contact our Psychiatric Emergency Services at 530-673-8255 or 1-888-923-3800



## Appeal Form

**Note:** Filing an Appeal following a Notice of Adverse Benefit Determination (NOABD) shall not adversely affect your services with Sutter-Yuba Behavioral Health. SYBH's Quality Management Staff will respond with a resolution within (30) thirty days for the Standard Appeal or (72) seventy-two hours for the Expedited Appeal. If the Expedited Appeal is denied, a written notice will be sent to the member and the Standard Appeal process will begin.

Please check the appropriate box:      Standard Appeal      Expedited Appeal

Date: \_\_\_\_\_ Service Location: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone Number (Please indicate best time to call): \_\_\_\_\_

**Please print or write legibly.**

**1. What is your Appeal? Please describe this issue in specific detail.** Attach additional pages, if necessary.

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**2. If you have checked the Expedited box, state the reason you believe this Appeal needs to be expedited? Please include as much detail information as possible.** Attach additional pages, if necessary.

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**3. Have you discussed this issue with your service provider (service coordinator, therapist, counselor, psychiatrist, etc...)?**  Yes  No

**4. What would you like to see happen to resolve this Appeal?**

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Today's Date:	Signature of person making the Appeal:
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If you need assistance with completing this form, you may ask any Behavioral Health staff to assist you or you may contact:

- Quality Assurance Staff Analyst  
(530) 822-7200
- Toll Free  
1-888-923-3800
- TTY-CRS  
1-800-735-2929
- Patients' Rights Advocate  
PO Box 1694  
Yuba City, CA 95992  
PH: (530) 822-7200 press 8

Individuals will not be subject to discrimination or any other penalty for filing grievances, appeals, State Fair Hearings and may authorize other persons to act on their behalf.

Stamp  
Required

Sutter-Yuba Behavioral Health  
ATT: Quality Assurance Staff Analyst  
1965 Live Oak Boulevard, Suite A  
P. O. Box 1520  
Yuba City, CA 95992



*Sutter-Yuba  
Behavioral Health*

# Appeal Form

**Standard / Expedited**

This brochure can be made available in large type, computer CD or staff can read information upon request. If you need an alternative format you can make your request known at any provider site or call us.

**Sutter-Yuba Behavioral  
Health**

**1965 Live Oak Blvd.  
Yuba City, CA, 95991 Voice:  
(530) 822-7200**

**Toll Free: 1-888-923-3800**

**TTY-CRS: 1-800-735-2929**