



Requesting a Re-determination

If your first request for a coverage determination is denied, you have the right to ask for a re-determination. This includes asking for drugs that are not on our list of covered drugs. This is called an appeal. You must ask for an appeal within 60 calendar days of the first denial. You can ask for more time if you have a good reason for missing the deadline.

You may ask for an exception if you believe you need a drug that is not on our drug list. You may also ask us for exceptions to the following rules:

- Prior authorization
- Step therapy
- Quantity limit

You may also ask for a tiering exception if you think you should get a drug at a lower cost-sharing amount. Your doctor must tell us why you need this exception.

You, your doctor, or your representative may ask for an urgent or standard appeal by:

- Calling Central Health using the number on the back of your Central Health ID card
- Mailing your appeal to Central Health Medicare Plan at 7050 Union Park Center, Suite 600 Midvale, Utah 84074. Include your name, address, Member ID number, and the reason for your appeal

If your appeal is about a drug that is not on our list of covered drugs, your doctor must say that all the other drugs on the list will not work for you. We will then look at your case. If your appeal is denied, you can ask to have someone outside of Central Health look at it. If you disagree with their decision, you ask for another appeal. You will be told about your appeal rights if this happens.

Central Health Medicare Plan is an HMO/HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.

https://centralhealthplan.com/Docs/Member/Multi_Lanugage_Insert.pdf