

## Requesting an Appeal

If your first request is denied, you have the right to ask for an appeal. This includes asking for drugs that are not on our list of covered drugs. You must ask for an appeal within 60 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 or if you need a drug that has one of the following controls:

- PA
- ST
- QL

You can 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 are asking for this.

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

- Calling Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan using the number on the back of your Molina Dual Options ID card
- Mailing your appeal to Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan at 7050 Union Park Center, Suite 200 Midvale, Utah 84074
  - o Include your name, address, Member ID number, and the reason for your appeal

If your appeal is for 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 Molina Dual Options look at it. If you do not agree with their ruling, you ask for the next level of appeal. You will be told about your appeal rights if this happens.

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

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