

## Transition Policy

### Why your drug might not be covered

We try to make your drug coverage work well for you, but sometimes a drug might not be covered in the way that you would like it to be. For instance:

- **The drug you want to take is not covered by the plan.**  
The drug might not be on the drug list. A generic of the drug might be covered, but the brand name you want to take is not. A drug might be new and we have not yet reviewed it for safety and effectiveness.
- **The drug is covered, but there are special rules or limits on coverage for that drug.**  
As told in the section above, some of the drugs covered by the plan have rules that limit their use. In some cases, you or your doctor may want to ask us for an appeal to a rule.

There are things you can do if your drug is not covered in the way that you would like it to be.

### You can get a short term supply

In some cases, the plan can give you a short term supply of a drug when the drug is not on the Drug List or when it is limited in some way. This gives you time to talk with your doctor about getting a different drug or to ask the plan to cover the drug.

### To get a short term supply of a drug, you must meet the two rules below:

#### 1. The drug you have been taking:

- is no longer on the plan's Drug List, *or*
- was never on the plan's Drug List, *or*
- is now limited in some way.

#### 2. You must be in one of these situations:

- **You are new to the plan and do not live in a long-term care facility.**

We will cover a short term supply of your drug **during the first 180 days of your membership** in the plan. The total supply will be for up to a 31-day supply for Part D drugs and a 90-day supply for non-Part D drugs. If your drug is written for fewer days, we will allow more than one fill to provide up to a maximum of the number of days allowed. You must fill the drug at a network drug store.

- **You were in the plan last year and live in a long-term care facility.**

We will cover a short term supply of your drug **during the first 90 days of the calendar year**. The total supply will be for up to a 31-day supply. If your prescription is written for fewer days, we will allow more than one fill to provide up to a maximum of a 31-day supply of this drug. (Please note that the long-term care drug store may provide the drug in smaller amounts at a time to prevent waste.)

- **You are new to the plan and live in a long-term care facility.**

We will cover a short term supply of your drug **during the first 180 days of your membership** in the plan. The total supply will be for up to a 60-day supply for Part D drugs and a 90-day supply for non-Part D drugs. If your prescription is written for fewer days, we will allow more than one fill to provide up to a maximum of the number of days allowed. (Please note that the long-term care drug store may provide the drug in smaller amounts at a time to prevent waste.)

- **You have been in the plan for more than 90 days and live in a long-term care facility and need a supply right away.**

We will cover one 31-day supply, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply.

- If you are a new resident of a long-term care center and have been a member in our Plan for more than 180 days and need a drug that is not on our drug list or is subject to other limits, such as step therapy or dosage limits, we will cover a 31-day emergency supply of that drug (unless it is written for fewer days) while the member pursues a drug list appeal. You can ask for an appeal when you have a change in the level of care you are getting that also makes you move from one center or treatment center to another. In such cases, you would be in line for a short term, one-time fill appeal even if you are outside of the first 180 days as a member of the plan. Please note that this policy applies only to those drugs that are “Part D drugs” and bought at a network drug store. The policy cannot be used to buy a non-Part D drug or a drug out of network unless you qualify for out of network access.

### **How to ask for a short term supply**

To ask for a short term supply of a drug, call <Member Services>.

When you get a short term supply of a drug, you should talk with your doctor to decide what to do when your supply runs out. Here are your choices:

- **You can change to another drug.**

There may be a different drug covered by the plan that works for you. You can call <Member Services> to ask for a list of covered drugs that treat the same condition. The list can help your doctor find a covered drug that might work for you.

**OR**

- **You can ask for an appeal.**

You and your doctor can ask the plan to make an appeal. For instance, you can ask the plan to cover a drug even though it is not on the Drug List. Or you can ask the plan to cover the drug without limits. If your doctor says you have a good reason for an appeal, he or she can help you ask for one.

## Asking for an appeal

If a drug you are taking will be taken off the Drug List or limited in some way for next year, we will allow you to ask for an appeal before next year. We will tell you about any change in the coverage for your drug for next year. You can then ask us to make an appeal and cover the drug in the way you would like it to be covered for next year. We will answer your request for an appeal within 72 hours after we get your request (or your doctor's supporting statement).

- To learn more about asking for an appeal, see Chapter 9.
- If you need help asking for an appeal, you can contact <Member Services> or you're Care Coordinator.

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid 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) 735-5831, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare of South Carolina (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 735-5831; TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

- English      ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5831 (TTY: 711).
- Spanish      ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5831 (TTY: 711).
- Arabic        ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5831 (رقم هاتف الصم والبكم: 711).
- Portuguese    ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
- Russian        ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5831 (телетайп: 711).
- Vietnamese    CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5831 (TTY: 711).
- Brazilian Portuguese    ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
- Mandarin      注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-735-5831 (TTY: 711)。
- Falam        RALRINNAK: Falam (Laizo) `ong na thiam asile, man lo tein `onglettu bawmh le hna`uan seknak nangmah hrangah aum. ah ko aw 1-855-735-5831 (TTY: 711).
- Hindi         ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-5831 (TTY: 711) पर कॉल करें।
- Korean        주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5831 (TTY: 711) 번으로 전화해 주십시오.
- Chin          THEIHDING: Lai holh na thiam asi ah cun, holh let tu a lak in kan in hlan piak lai. 1-855-735-5831 (TTY: 711) ah in rak hlat te.
- French        ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5831 (TTY : 711).
- Karen         ဟံသး-နမ့ၢ်ကတိၤကညီၣ်ကျိၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်,တၢ်ဒီးန့ၢ်ဟ့ၣ်ကလိၤတဖၣ်န့ၢ်ဝဲဒၣ်လၢနဂီၢ်. ကိးယီၤ (၁-၈၅၅-၇၃၅-၅၈၃၁) (TTY:၇၁၁).
- Amharic      ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-735-5831 (መስማት ለተሳናቸው: 711)።
- Burmese      သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-735-5831 (TTY: 711) သို့ ခေါ်ဆိုပါ။