

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 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 need this exception.

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

- Calling Molina Dual Options Medicare-Medicaid Plan using the number on the back of your Molina ID card
- Mailing your appeal to Molina Dual Options Medicare-Medicaid Plan at 7050 Union Park Center, Suite 200, 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 Molina Healthcare 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.

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: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.