



Your Extended Family.

<Date>

<Member Name>
<Member Address>
<City, State Zip>

Your Action Required!

Dear <Member's Name>:

Molina Healthcare received your oral request for an appeal on <Appeal Receipt Date> to review the denial of <Service> on <Date>. All oral appeals must be confirmed within writing within 10 calendar days from the date the appeal was first requested.

We expect to resolve your appeal by <Expected Resolution Date> and no later than 30 calendar days of Molina's receipt. However, if we do not receive your appeal request in writing, your appeal will be closed and a decision will not be made. For your convenience, we have included an Appeal Request Form that you can fill out and sign. You can send it back to us using the pre-paid envelope also included.

Questions? Call Member Services at X-XXX-XXX-XXXX or TTY 711. We're ready to help 7 a.m. to 7 p.m. Eastern Time, from Monday to Friday. We value your membership and are committed to providing you quality care.

If you have a problem reading or understanding this information, please call Member Services for help at no cost to you. We can explain this information in English or in your primary language. We can print this information in other languages. We can also help if you are visually or hearing-impaired.

Sincerely,

<Coordinator>
<Member Resolution Team Coordinator>

cc: [Member's provider/authorized rep]

Nondiscrimination Notice

Molina Healthcare of Kentucky (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

If you need these services, contact Molina Member Services at (XXX) XXX-XXXX TTY 711.

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 grievance. You can file a grievance in person, by mail, fax, email, or through MyMolina.com, our secure member portal. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (XXX) XXX-XXXX, or TTY, 711. Mail your grievance to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your grievance to civil.rights@molinahealthcare.com. Or, fax your complaint to (XXX) XXX-XXXX.

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 509E, 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-XXX-XXX-XXXX; TTY XXX-XXX-XXXX.

ATTENTION: If English is not your first language, you can get language assistance services, free of charge. Call X-XXX-XXX-XXXX. If you are deaf or hard of hearing, call 711 for TTY.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al X-XXX-XXX-XXXX (TTY: 711).

Chinese – 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 X-XXX-XXX-XXXX (TTY: 711)。

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: X-XXX-XXX-XXXX (TTY: 711).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số X-XXX-XXX-XXXX (TTY: 711).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم X-XXX-XXX-XXXX (711: رقم هاتف الصم والبكم).

Serbo-Croatian – OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite X-XXX-XXX-XXXX (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。X-XXX-XXX-XXXX (TTY: 711) まで、お電話にてご連絡ください。

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le X-XXX-XXX-XXXX (TTY : 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. X-XXX-XXX-XXXX (TTY: 711) 번으로 전화해 주십시오.

Pennsylvanian Dutch – Wann du Deutsch Pennsylvania German schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call X-XXX-XXX-XXXX (TTY: 711).

Nepali – ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् X-XXX-XXX-XXXX (टिटिवाइ: 711) ।

Cushite – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa X-XXX-XXX-XXXX (TTY: 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните X-XXX-XXX-XXXX (телетайп: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa X-XXX-XXX-XXXX (TTY: 711).

Bantu – ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona X-XXX-XXX-XXXX (TTY: 711).