

JANE DOE
GENERAL
DELIVERY
TACOMA WA 98409

05/10/2019

Application ID:
0001

Washington Apple Health Termination

Dear Jane Doe,

Your Washington Apple Health coverage for the individuals listed below will end on 05/31/2019.

Name	Reason
Jane Doe	You have not completed your renewal for Washington Apple Health.

You must complete your renewal by 05/23/2019 or coverage for the individuals listed above will end.

Even if you no longer qualify for Washington Apple Health, complete your renewal to see if you qualify for other coverage.

Reconsideration

We will reconsider this decision if you complete your renewal within 90 days of the date coverage ends. If the renewal is not completed within 90 days, you will need to reapply for coverage:

- Online: www.wahealthplanfinder.org
- Call: 1-855-WAFINDER (1-855-923-4633)
- Mail or Fax: print and return a paper application from <https://www.hca.wa.gov/assets/free-or-low-cost/18-001P.pdf>

The rules we used to make this decision can be found in the Washington Administrative Code (WAC) 182-504-0035. You can check these rules online at <http://apps.leg.wa.gov/wac/> or view them at your public library reference desk.

Hearing Rights

If you disagree with the decisions above you have the right to request an administrative hearing. See the attached information about your hearing rights. There are deadlines to request a hearing, so you should act quickly.

For more help

- Visit www.wahealthplanfinder.org or visit www.wahbexchange.org for tips and resources
- Call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604)
- Contact us by fax at 1-855-867-4467 or by mail at PO Box 946 Olympia WA 98507

You can drop off an application, renewal form, or any other documents at:

- An HCA Community-Based Specialist near you at www.hca.wa.gov/HCAcommunitystaff
- A local DSHS Community Service Office near you at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>

Contact Customer Support for help locating a drop-off location in your area.

Administrative Hearing Rights and Deadlines

You have the right to appeal a decision about Washington Apple Health coverage or Qualified Health Plan tax credits, cost-sharing reductions, and special enrollment periods. This is called an administrative hearing, which is a legal process where a judge reviews an agency decision. Contact us as we may be able to help you before you file an appeal.

To appeal your **Washington Apple Health** decision, contact the Health Care Authority:

- Send a written request or download and complete the form found at: <http://www.hca.wa.gov/sites/default/files/free-or-low-cost/12-511.pdf>.
 - Fax: 1-855-867-4467
 - Email: askmagi@hca.wa.gov
 - Mail: Health Care Authority
PO Box 45531
Olympia, WA 98504-5531
- Call and request an appeal at 1-800-562-3022

For more information, see Washington Administrative Code (WAC) chapter 182-526.

To appeal your **Qualified Health Plan** decision, contact the Washington Health Benefit Exchange:

- Send a written request or download and complete the form found at: www.wahbexchange.org/appeals
 - Fax: 360-841-7653
 - Email: appeals@wahbexchange.org
 - Mail: Washington Health Benefit Exchange Appeals
PO Box 1757
Olympia, WA 98507
- Call and request an appeal at 1-855-859-2512

Interpreter services and other help is available to help you complete an appeal. You can appoint an attorney or a personal representative to help with your appeal. For free legal assistance, contact Coordinated Legal Education Advice and Referral (CLEAR) at 1-888-201-1014 (1-888-387-7111 if you are age 60 and over).

Important Information

- You have 90 days from the date of this notice to request an appeal.
- You may be able to keep your Washington Apple Health coverage during the appeal process, if you request an appeal within 10 days from the date of this notice or by the end of the month, whichever is later.
- If you receive continued Washington Apple Health coverage and lose your appeal, you may have to pay back up to 60 days of the continued coverage.
- If you were denied Washington Apple Health coverage, you cannot receive coverage while waiting for an appeal.
- If you have an urgent health care need, you may request an expedited hearing and must submit medical evidence of the need. The judge will decide if you can have one.
- If you are receiving continued Washington Apple Health coverage, you may not receive an expedited hearing.

The outcome of an appeal could change the eligibility of other members of your household even if they did not ask for an appeal.

Discrimination is Against the Law

The Washington Health Benefit Exchange/Health Care Authority complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Washington Health Benefit Exchange/Health Care Authority does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

The Washington Health Benefit Exchange/Health Care Authority also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

The Washington Health Benefit Exchange/Health Care Authority:

- Provides free aids and services to people with disabilities so they can communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact 1-855-923-4633.

If you believe that the Washington Health Benefit Exchange/Health Care Authority has failed to provide these services or discriminated in another way, you can file a grievance with:

Washington Health Benefit Exchange Legal Department ATTN: Legal Division Equal Access/Equal Opportunity Coordinator PO Box 1757 Olympia, WA 98507-1757 1-855-859-2512 Fax: 360-841-7653 appeals@wahbexchange.org	Health Care Authority Division of Legal Services ATTN: Compliance Officer PO Box 42704 Olympia, WA 98504-2704 1-855-682-0787 Fax: 360-507-9234 Compliance@hca.wa.gov
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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Washington Health Benefit Exchange Legal Department/Health Care Authority Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-855-923-4633 (TTY: 1-855-627-9604).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-923-4633 (TTY: 1-855-627-9604).

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 1-855-923-4633 (TTY : 1-855-627-9604) 。

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-923-4633 (TTY: 1-855-627-9604).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-923-4633 (TTY: 1-855-627-9604) 번으로 전화해 주십시오.

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-923-4633 (телетайп: TTY: 1-855-627-9604).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-923-4633 (TTY: 1-855-627-9604).

Ukrainian - УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-923-4633 (телетайп: TTY: 1-855-627-9604).

Cambodian (Khmer)- ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ ឬសំនៀង យើងនឹងផ្តល់ជូនសេវាបកប្រែ ឥតគិតថ្លៃ ។ ប្រសិនបើអ្នកចង់ទាក់ទង ឬបំប្រែអ្នកអាចទូរស័ព្ទ 1-855-923-4633 (TTY: 1-855-627-9604) ។

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。1-855-923-4633 (TTY: 1-855-627-9604) まで、お電話にてご連絡ください。

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-923-4633 (መስማት ለተሳናቸው: TTY: 1-855-627-9604)።

