

# Health Care Coverage Rights and Responsibilities

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## 1. All health care coverage programs

### Your rights

Washington Health Benefit Exchange and Health Care Authority must:

**Help you read and fill out all requested forms.** The Washington Health Benefit Exchange (HBE) administers Washington Healthplanfinder, where you go to apply for and manage your health and dental coverage. For assistance you can contact Washington Healthplanfinder Customer Support Center at 1-855-923-4633. If you are an individual who is aged, blind or disabled or in need of long-term services and supports (LTSS) you can contact the Department of Social and Health Services (DSHS) at 1-877- 501-2233.

**Provide interpreter or translator services** at no cost to you and without delay when communicating with HBE, Health Care Authority (HCA), or DSHS. You can request an interpreter any time you contact us.

**Keep your personal information private** but we may share some information with other state and federal agencies for purposes of eligibility and enrollment. Read HBE's Privacy Policy [wahealthplanfinder.org/us/en/privacy-policy.html](http://wahealthplanfinder.org/us/en/privacy-policy.html).

**Give you the opportunity to appeal** if you disagree with a determination made by HBE or DSHS that affects your eligibility for health coverage, LTSS, a health plan, health insurance premium tax credits, premium assistance or cost-sharing reductions. By asking for an appeal, your case will be reviewed. You can find more information about HBE's appeals process by visiting [wabhexchange.org/contact-us/appeals](http://wabhexchange.org/contact-us/appeals) or contacting the Washington Healthplanfinder Customer Support Center at 1-855-923-4633. For information about appeals for DSHS programs, contact DSHS at 1-877-501-2233 or visit your local Home and Community Services Office. You will be scheduled for an Administrative Hearing if the appeal is for a decision on Washington Apple Health (Medicaid) coverage.

**Treat you fairly. Discrimination is against the law.** HBE and HCA comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. HBE and HCA do not exclude or treat people differently because of their race, color, national origin, age, disability, or sex.

HBE and HCA comply with applicable state laws and do 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.

### HBE and HCA:

- Provide free aids and services to people with disabilities so they can communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages If you need these services, contact 1-855-923-4633.

If you believe HBE or HCA 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: 1-360-841-7653

[appeals@wahbexchange.org](mailto:appeals@wahbexchange.org)

- **Health Care Authority Division of  
Legal Services**

ATTN: Compliance Officer  
(ADA/Nondiscrimination Coordinator)  
PO Box 42704  
Olympia, WA 98501-2704  
1-855-682-0787  
Fax: 1-360-507-9234

[compliance@hca.wa.gov](mailto:compliance@hca.wa.gov)

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 or the HCA Division of Legal Services are 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, by mail, email, phone, or online at:

**U.S. Department of Health and Human Services**

200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

Online: [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

Complaint forms are available at: [hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](https://hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf)

## Your responsibilities

**You must provide a Social Security Number (SSN) or immigration document number** if you have one. If you do not have an SSN or immigration document, you can still apply for health care coverage but may not be eligible for all programs with financial assistance. We use this information to check your eligibility for programs by confirming your identity, citizenship, immigration status, date of birth, and availability of other health care coverage. We do not share this information with any immigration agency. An SSN is required for certain tax credits and programs.

If you do not provide SSN or immigration document number for yourself or someone in your household, we may need to follow up with you for additional information. Provide any information or proof needed to decide if you are eligible, if requested by the agency.

## Things you should know

There are certain state and federal laws that govern the operation of Washington Healthplanfinder and state-administered application systems, your rights and responsibilities as someone who uses them and the coverage you get from using them. By using these systems, you agree to comply with the laws that apply to someone using them and the coverage they get as a result.

**The National Voter Registration Act of 1973** requires all states to provide voter registration assistance through their public assistance offices. Applying to register or declining to register to vote will not affect your eligibility for coverage or the benefits and services or benefits provided through our agencies. You can register to vote at [vote.wa.gov](https://vote.wa.gov) or order voter registration forms by calling 1-800-448-4881.

**Health Insurance Portability and Accountability Act (HIPAA)** restrictions prevent HBE, HCA, and DSHS from discussing the health information of you or any member of your household with anyone, including an authorized representative, unless that individual has power of attorney, or you have signed a consent form authorizing the disclosure of this information. This includes disclosure of mental health information, HIV, AIDS, STD test results, or treatment and chemical dependency services. For more information about HBE's privacy policy, visit [wahealthplanfinder.org/\\_content/PrivacyPolicy.html](https://wahealthplanfinder.org/_content/PrivacyPolicy.html)

**The Affordable Care Act** prevents HBE, HCA, and DSHS from giving personally identifiable information (PII) about you or any member of your household to anyone who is not authorized to receive it, and without your consent.

**The information that you give HBE, HCA, and DSHS** is subject to verification by federal and state officials for purposes of determining your eligibility for health care coverage. Verification can include post-eligibility reviews and follow up from agency staff.

**If you begin an application for health insurance through Washington Healthplanfinder and do not complete the process for any reason**, your information will be stored in Washington Healthplanfinder and accessible by you for 90 days. If you do not complete the application after the 90-day period, your information will be deleted from the Washington Healthplanfinder system.

**HBE, HCA, and DSHS are not responsible for administering your health insurance plan.** Your health insurance carrier can provide you more information about your benefits.

If you have questions about the terms of your health insurance plan, including what benefits you are eligible for, out of pocket expenses under your plan, and making a benefit claim or appealing a denial of benefits, you should contact your health insurance carrier. If you are eligible for COBRA following the termination of any health insurance coverage purchased through Washington Healthplanfinder, administering COBRA and providing you the required COBRA notices and election periods is your employer's responsibility.

**Do not cancel any current insurance coverage or decline any COBRA benefits until you receive an approval letter and insurance policy**, also known as insurance contract or certificate, from the insurance carrier you selected. Make sure you understand and agree with the terms of the policy, pay special attention to the effective date, waiting periods, premium amount, benefits, limitations, exclusions, and riders.

## 2. Washington Apple Health only

### Your rights

Washington Health Benefit Exchange and Health Care Authority must:

**Explain to you your rights and responsibilities** if you ask.

**Allow you to submit a partial application** that includes at minimum, your name, address, and signature or the signature of the applicant's authorized representative. The day we get a partial application is your application date, which may affect when your coverage becomes effective. We will not make a final decision about your coverage until after you complete the application.

**Allow you to apply or submit a partial application** using any method listed under WAC 182-503-0005.

**Process your application promptly** and no later than the timelines described in WAC 182-503-0060.

**Give you 10 calendar days** we need to determine eligibility. If you ask for more time, we will give you more time. If you do not give us the information or ask for more time, we may deny, close, or change your health care coverage.

**Help you if you have trouble getting any information** or proof needed for us to decide if you are eligible. If we require a document that will cost you money, we will send for it and pay the cost.

**Notify you, in most cases, at least 10 days before** we stop your health care coverage.

**Give you a written eligibility decision, in most cases, within 45 days.** Health care coverage for some disability cases may take up to 60 days. We give a written decision on pregnancy medical within 15 days.

**Allow you to refuse to speak to an investigator** if we audit your case. You do not have to let an investigator into your home. You may ask the investigator to come back at another time. Such a request will not affect your eligibility for health care coverage.

**Continue Washington Apple Health coverage** while we decide if you are eligible for another program per WAC 182-504-0125

**Give you equal access services** as described in WAC 182-503-0120 if you are eligible.

## Your responsibilities

You must:

**Report changes as required** in WAC 182-504-0105 and WAC 182-504-0110 within 30 days of the change. Read your approval letter to see what changes you must report.

**Complete renewals** when asked.

**Give medical providers information** needed to bill us for health care services.

**Apply for Medicare** if you are entitled to it.

**Cooperate with HCA staff** when asked.

## Things you should know

By asking for and receiving Apple Health, you give the state of Washington all rights to any medical support and to any third-party payments for health care.

- **The Agency may share** your child's immunization history with the Child Profile Immunization Tracking System.
- **Information you report** may be provided to DSHS to determine eligibility and monthly benefits for programs such as health care coverage, cash assistance, food assistance and child care subsidies.

**By law, the State of Washington may recover the costs it paid for certain types of medical services from your estate through Estate Recovery** (RCW 41.05A.090, RCW 43.20B.080, and Chapter 182-527 WAC). Estate Recovery doesn't happen until after your death, the death of your surviving spouse, and your surviving children are age 21 or older. It also doesn't happen if a surviving child was blind/disabled at your time of death. Recoverable costs include:

- Certain Washington Apple Health long-term services and supports, if you're age 55 or older at the time you received the services;
- Certain state-only funded services, regardless of your age at the time you received the services.

You can find a list of services subject to cost recovery under WAC 182-527-2746. You can find a list of assets excluded from recovery under WAC 182-527-2754. The State may also file a pre-death lien for recovery after death, subject to requirements of 42 U.S. Code 1396p. Tribal lands and certain properties belonging to American Indians and Alaska Natives may be exempt from recovery (WAC 182-527-2754). The State may recover from a sale of the property, or your estate, unless:

- Your spouse lives at the property;
- Your sibling lives at the property, is a co-owner, and meets certain conditions.
- Your child lives at the property, and is blind/disabled; or
- Your child lives at the property and is younger than age 21.

You can find a list of services subject to cost recovery under a pre-death lien in WAC 182-527-2734.

You may be restricted to one health care provider, pharmacy, and/or hospital if you seek out unnecessary health care services from providers.

### 3. Qualified Health Plans only

#### Things you should know

If you enroll in a qualified health plan through Washington Healthplanfinder and do not provide enough information to verify your eligibility, you will have 90 days to provide further information to satisfy eligibility requirements. Any advance payments of tax credits paid on your behalf are subject to reconciliation.

**If you have a Social Security Number (SSN), you must provide it on your application.** If you do not have an SSN, you can still purchase health insurance on Washington Healthplanfinder. We use this information to check if you are eligible for health care coverage by confirming your identity, citizenship, immigration status, date of birth, and availability of other health care coverage. We do not share this information with any immigration agency. An SSN is required for certain tax credits and programs.

If you do not provide a Social Security number for yourself or someone in your household, we may need to follow up with you for additional information.

**If you enroll in a qualified health plan through Washington Healthplanfinder and have a change in income,** you should notify us as soon as possible. A change in income could change the tax credits or cost-sharing reductions you are eligible for. You could be eligible for a lower-cost plan following a change of income, or you could be required to pay back a portion of a tax credit you receive if your income increases, and you do not report the changes.

You can report a change of income by logging into your Washington Healthplanfinder account and selecting “Report a Change.” For assistance, or to notify us by phone, call our Customer Support Center at 1-855-923-4633.

**Reconciling tax credits is required:** You are required to report the tax credits you receive to the IRS. You do this by filing an annual IRS tax return and including the correct IRS forms. Failure to report tax credits to the IRS will keep you from receiving tax credits in the future. For more information read the instructions provided with the IRS forms 1095 and 8962.

**Health insurance costs shown can change:** Costs can change based on the health insurance carrier's underwriting practices and your choice of any available options.

**Rates shown are for your requested effective date only.** Your premium rate depends on the age of people in your household. If a member in your household has a birthday between the time you review the plan and the time your plan starts (effective date), your premium cost may increase. The carrier you selected may not guarantee their rates for any period of time. Your coverage will not be active until your insurer confirms receipt of payment.

**You consent to the Washington State Employment Security Department's release of your wage and employment data to HBE.** You acknowledge that granting this consent will help to simplify the application and redetermination process in Washington Healthplanfinder. Your personal information will be protected as described in our Privacy Policy. View HBE's privacy policy at [wahealthplanfinder.org/us/en/privacy-policy.html](https://wahealthplanfinder.org/us/en/privacy-policy.html).

### 4. File a Complaint

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, contact HHS.

**Regional Manager,  
Office for Civil Rights  
U.S. Department of Health and Human Services**  
2201 Sixth Ave. M/S: RX-11  
Seattle, WA 98121-1831  
Phone: 1-800-368-1019  
TDD: 1-800-537-7697  
Fax: 206-615-2297

You can also file a civil rights complaint with HHS, Office for Civil Rights.

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-800-562-3022 (TRS: 711).

[Amharic] የጽንፅ እገዛ አገልግሎት፣ አስተርጓሚ እና የሰነዶችን ትርጉም ጨምሮ በነጻ ይገኛል። 1-800-562-3022 (TRS: 711) ይደውሉ።

[Arabic] خدمات المساعدة في اللغات، بما في ذلك المترجمين الفوريين وترجمة المواد المطبوعة، متوفرة مجاناً، اتصل على رقم (TRS: 711) 1-800-562-3022.

[Burmese] ဘာသာပြန်ဆိုသူများနှင့် ထုတ်ပြန်ထားသည့် စာရွက်စာတမ်းများဘာသာပြန်ခြင်းအပါအဝင် ဘာသာစကားအထောက်အကူပြုဆောင်ရွက်မှုများကို အခမဲ့ရရှိနိုင်ပါသည်။ 1-800-562-3022 (TRS: 711) ကိုဖုန်းခေါ်ဆိုပါ။

[Cambodian] សេវាជំនួយភាសា រួមមានទាំងអ្នកបកប្រែផ្ទាល់មាត់ និង ការបកប្រែប្រភេទសារបោះពុម្ព គឺអាចរកបានដោយឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅលេខ 1-800-562-3022 (TRS: 711)។

[Chinese] 免费提供语言协助服务，包括口译员和印制资料翻译。请致电 1-800-562-3022 (TRS: 711)。

[Farsi (Persian)] خدمات کمک زبانی، از جمله مترجم شفاهی و ترجمه اسناد و مدارک (مطالب) چاپی، بصورت رایگان ارائه خواهد شد. شماره 1-800-562-3022 (TRS: 711) تماس بگیرید.

[French] Des services d'aide linguistique, dont des interprètes et la traduction des documents, sont disponibles gratuitement. Appelez le 1-800-562-3022 (TRS : 711).

[Korean] 통역 서비스와 인쇄 자료 번역을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-562-3022 (TRS: 711)번으로 전화하십시오.

[Laotian] ການບໍລິການດ້ານພາສາ, ລວມທັງນາຍແປພາສາ ແລະ ການແປເອກສານຕີພິມ, ມີໄວ້ໃຫ້ຝຣີໂດຍບໍ່ຄິດຄ່າ. ໂທຫາເລກ 1-800-562-3022 (TRS: 711).

[Pashto] په انګلیسي ژبه باندې دپوهیدلو، په شمول د ژباړونکي او د چاپ شوي موادو ژباړه کولو د مرستې خدمتونه، پرته له تادیبي په وړیا توګه شتون لري. دې خدمت ته لاسرسی موندلو لپاره دې شمېرې 1-800-562-3022 ته زنگ ووهئ (د اوریدلو یا خبرو کولو معلولیت لرونکي خلکو د زنگ وړولو شمېره (TRS): 711)

[Portuguese] Serviços de assistência linguística, incluindo interpretação e tradução de versões impressas, estão disponíveis gratuitamente. Ligue para 1-800-562-3022 (TRS: 711).

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ—ਦੁਆਰੀਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦੇ ਅੰਨ੍ਹਾਵਾ ਸਮੇਤ—ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-800-562-3022 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру 1-800-562-3022 (TRS: 711).

[Somali] Adeego caawimaad luuqada ah, ay ku jirto turjubaano afka ah iyo turjumid lagu sameeyo waraaqaha la daabaco, ayaa lagu helayaa lacag la'aan. Wac 1-800-562-3022 (TRS: 711).

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-800-562-3022 (TRS: 711).

[Tagalog] Mga serbisyong tulong sa wika, kabilang ang mga tagapagsalin at pagsasalin ng nakalimbag na mga kagamitan, ay magagamit ng walang bayad. Tumawag sa 1-800-562-3022 (TRS: 711).

[Tigrigna] ተርጉምቲን ናይ ዝተፅሓፉ ማተርያላት ትርጉምን ሓፂሉ ናይ ጽንፅ ሓገዝ ግልጋሎት፣ ብዘይ ምንም ክፍሊት ይርከቡ። ብ 1-800-562-3022 (TRS: 711) ደውል።

[Ukrainian] Мовна підтримка, у тому числі послуги перекладачів та переклад друкованих матеріалів, доступна безкоштовно. Зателефонуйте за номером 1-800-562-3022 (TRS: 711).

[Vietnamese] Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch viên và bản dịch tài liệu in, hiện có miễn phí. Gọi 1-800-562-3022 (TRS: 711).