

Health Care Coverage Rights and Responsibilities

Your rights (we must) for all health care coverage programs

Help you read and fill out all requested forms. You can contact the Department of Social and Health Services (DSHS) at 1-877-501-2233 for assistance.

Provide interpreter or translator services at no cost to you and without delay when communicating with DSHS or the Health Care Authority (HCA).

Keep your personal information private but we may share some information with other state and federal agencies, financial institutions, and HCA contractors for purposes of eligibility and enrollment.

Give you the opportunity to appeal if you disagree with a determination made by DSHS or HCA that affects your eligibility for health coverage, long-term services and supports (LTSS), or a health plan. If you ask for an appeal, your case will be reviewed. For information about appeals for DSHS programs, you may contact DSHS Customer Service Contact Center at 1-877-501-2233 or visit your local Community Services Office.

If the appeal is for a decision on Washington Apple Health coverage, which is unresolved by a case review, you will be scheduled an Administrative Hearing.

Treat you fairly. Discrimination is against the law. DSHS 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. DSHS and HCA does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

DSHS and HCA also 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.

DSHS 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 1-877-501-2233.

If you believe that DSHS or HCA has failed to provide these services or discriminated in another way, you can file a grievance with:

- **DSHS**
ATTN: Constituent Services
PO Box 45131
Olympia, WA 98504-5131
1-800-737-0617
Fax: 1-888-338-7410
askdshs@dshs.wa.gov
- **HCA Division of Legal Services**
ATTN: Compliance Officer
PO Box 42704
Olympia, WA 98504-2704
1-855-682-0787
Fax: 1-360-586-9551
compliance@hca.wa.gov

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the DSHS Constituent Services or HCA 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.

Your responsibilities (you must) for all health care coverage programs

SSN and Immigration Status Disclosure. With some exceptions, you must provide a Social Security Number (SSN) or immigration document number of yourself or anyone else in your household who wants to apply for health care coverage. An SSN is required to apply for health insurance premium tax credits. We use this information to determine your eligibility 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.

It is possible to apply for coverage for some members of your household, but not others. If you do not have an SSN or immigration document number for all household members, others can still apply for and get coverage. For example, you can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.

There are also some Washington Apple Health programs for people who cannot show they are in the country legally. But if you choose not to provide an SSN or immigrant document number for someone in your household, we will need to follow up with you to get information about the non-applicant's income.

If requested by the agency, provide any information or proof needed to decide if you are eligible.

Things you should know for all health care coverage programs

There are certain state and federal laws that govern the operation of Washington Connection 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 the services or benefits that you will be provided by this agency. You can register to vote at www.vote.wa.gov or order voter registration forms by calling 1-800-448-4881.

Health Insurance Portability and Accountability Act (HIPAA) restrictions prevent 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.

The Affordable Care Act prevents DSHS and HCA from giving the personally identifiable information (PII) of 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 DSHS and HCA is subject to verification by federal and state officials for purposes of determining your eligibility for health care coverage. Verification can include follow-up contacts from agency staff.

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, and making a benefit claim or appealing a denial of benefits, you should contact your health insurance carrier.**

You may apply for support enforcement services through the Division of Child Support (DCS). To get an application for these services, go to www.childsupportonline.wa.gov or contact your local DCS office.

Your rights (we must) for Washington Apple Health only

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 submit an application or 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 to provide information we need to determine eligibility. If you ask for more time, we will give you more time. If you don't 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 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) for Washington Apple Health only

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 Quality Assurance staff when asked.

Apply for and make a reasonable effort to get potential income from other sources when you ask for or receive Washington Apple Health coverage

Things you should know for Washington Apple Health only

By asking for and receiving Washington 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 182-527-2742. You can find a list of assets excluded from recovery under WAC 182-527-2746.

The State may also file a pre-death lien on your real property, at any age, if you become permanently institutionalized (WAC 182-527-2734). 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.

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-877-501-2233 (TRS: 711).

[Amharic] የጽሑፍ ለገዛ እንዲሁም፣ አስተርጓሚ እና የሰነዶችን ትርጉም ጨምሮ በነጻ ይገኛል። 1-877-501-2233 (TRS: 711) ይደውሉ።

[Arabic] خدمات المساعدة في اللغات، بما في ذلك المترجمين الفوريين وترجمة المواد المطبوعة، متوفرة مجاناً، اتصل على رقم 1-877-501-2233 (TRS: 711).

[Burmese] ဘာသာပြန်ဆိုသူများနှင့် ထုတ်ပြန်ထားသည့် စာရွက်စာတမ်းများဘာသာပြန်ခြင်းအပိုအခံဘာသာစကားအထောက်အကူဆောင်ရွက်မှုများကို အခမဲ့ရရှိပါသည်။ 1-877-501-2233 (TRS: 711) ကိုဖုန်းခေါ်ဆိုပါ။

[Cambodian] សេវាជំនួយភាសា រួមមានទាំងអ្នកបកប្រែផ្ទាល់មាត់ និងការបកប្រែឯកសារព្រះពុទ្ធ គឺអាចរកបានដោយឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅលេខ 1-877-501-2233 (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 1-877-501-2233 (TRS: 711)。

[Korean] 통역 서비스와 인쇄 자료 번역을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-501-2233 (TRS: 711)번으로 전화하십시오.

[Laotian] ການບໍລິການດ້ານພາສາ, ລວມທັງບາບແປພາສາ ແລະ ການແປເອກສານຕີພິມ, ມີໄວ້ໃຫ້ໃຊ້ໂດຍບໍ່ຄິດຄ່າ. ໂທຫາເລກ 1-877-501-2233 (TRS: 711).

[Oromo] Tajajilli gargaarsa afaanii, nama afaan hiikuu fi ragaalee maxxanfaman hiikuun, kaffaltii malee ni argattu. 1-877-501-2233 (TRS: 711) irratti bilbilaa.

[Persian] خدمات کمک زبانی، از جمله مترجم شفاهی و ترجمه اسناد و مدارک (مطالب) چاپی، بصورت رایگان ارائه خواهد شد. شماره 1-877-501-2233 (TRS: 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ—ਦੁਬਾਸ਼ੀਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦੇ ਅੰਨ੍ਹਵਾਦ ਸਮੇਤ—ਮੁਫਤ ਉਪਲੱਬਧ ਹਨ। 1-877-501-2233 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Serviciile de asistență lingvistică, inclusiv cele de interpretariat și de traducere a materialelor imprimate, sunt disponibile gratuit. Apelați 1-877-501-2233 (TRS: 711).

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру 1-877-501-2233 (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 1-877-501-2233 (TRS: 711).

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-877-501-2233 (TRS: 711).

[Swahili] Huduma za msaada wa lugha, ikiwa ni pamoja na wakalimani na tafsiri ya nyaraka zilizochapishwa, zinapatikana bure bila ya malipo. Piga 1-877-501-2233 (TRS: 711).

[Tagalog] Mga serbisyonang tulong sa wika, kabilang ang mga tagapagsalin at pagsasalin ng nakalimbag na mga kagamitan, ay magagamit ng walang bayad. Tumawag sa 1-877-501-2233 (TRS: 711).

[Tigrigna] ተርጓሚን ናይ ዝተሓሓፉ ግተርያላት ትርጉምን ሓዲሱ ናይ ጽንድ ሓገዝ ግልጋሎት፣ ብዘይ ምንም ክፍሊት ይርከቡ። ብ 1-877-501-2233 (TRS: 711) ደውል።

[Ukrainian] Мовна підтримка, у тому числі послуги перекладачів та переклад друкованих матеріалів, доступна безкоштовно. Зателефонуйте за номером 1-877-501-2233 (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 1-877-501-2233 (TRS: 711).