

JANE DOE
GENERAL DELIVERY
OLYMPIA WA 98504

05/13/2019

Application ID:
0001

Washington Apple Health Information Request

Dear Jane Doe,

We need the following information to see if the individuals in your household are eligible for Washington Apple Health coverage.

Jane: Thank you for providing verification of your wages and 60 days of self-employment income however, we ask that you provide the most recent 90 days of income verification for self-employment income.

Jane: Proof of self-employment income. Examples can include: a complete copy of your most recent tax return, the most recent three month profit and loss for your business, etc.

If this information is not received by 05/28/2019, your coverage may be stopped or denied.

If you have questions about the information requested in this letter or would like to request more time to provide this information, call the Health Care Authority (HCA) at 1-855-682-0798.

When this information is received, we will review your household's eligibility for all available health coverage programs through Washington Healthplanfinder.

Label all submitted documentation with your Application ID.

How to Submit Documents

Online: www.wahealthplanfinder.org

- Sign into your account and upload the documents to your "Document Center".

Mobile App: Download WAPlanfinder, available for iOS and Android

- Sign in and select "Document Center" to submit a photo of your document

By Email: apple@hca.wa.gov

By Fax: 1-855-867-4467

By Mail: Health Care Authority
P.O. Box 45531
Olympia, WA 98504-5531

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	Health Care Authority Division of Legal Services
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	ATTN: Compliance Officer PO Box 42704 Olympia, WA 98504-2704 1-855-682-0787 Fax: 360-507-9234 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/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

French - ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-923-4633 (TTY: 1-855-627-9604).

Hindi - ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-923-4633 (TTY: 1-855-627-9604) पर कॉल करें।

Persian -Farsi امشد یاریدن آگیار ترو صبی نایز تالیهست، دینکی می وگتفگی سراف نایز برگا: هجوت
فراهم می باشد. با 1-855-923-4633(TTY: 1-855-627-9604)
دیریگب سامت

Romanian - ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-923-4633 (TTY: 1-855-627-9604).