

JANE DOE  
GENERAL  
DELIVERY  
TACOMA WA 98409

05/15/2018

Application ID:  
0001

## Eligibility Results

Dear Jane Doe,

Below is a summary of your household's updated coverage information.

### Health Plan Eligibility

Name	Program	Eligibility Start Date	Eligibility End Date
Jane Doe	Washington Apple Health Adult Coverage	06/01/2017	05/31/2019

## ProviderOne Services Card

Each individual eligible for Washington Apple Health will receive their own ProviderOne Services Card in the mail.

The ProviderOne Services Card is permanent. Keep the card, even if you lose or change coverage. If you lose your card or if any of your information is incorrect, you can contact us for a replacement card at [https://fortress.wa.gov/hca/p1contactus/Client\\_WebForm](https://fortress.wa.gov/hca/p1contactus/Client_WebForm) or by calling 1-800-562-3022.

You can receive health care services before you get your ProviderOne Services Card.

## Washington Apple Health

Most individuals eligible for Washington Apple Health will receive their coverage through a managed care plan. You will receive more information from the Health Care Authority and your plan within the next few

weeks.

Some individuals may receive limited coverage including incarcerated individuals who only qualify for inpatient hospital services, and recipients of Alien Emergency Medical who only qualify for services related to their emergent medical condition.

If you have questions or need help or need more information visit [www.hca.wa.gov](http://www.hca.wa.gov) or call the Health Care Authority at 1-800-562-3022.

## Change Reporting Requirements

If you bought health care coverage through Washington Healthplanfinder or if you get Washington Apple Health, you must tell us when information about you or your household changes because it may affect your health care coverage.

No matter what kind of health care coverage you receive, you have 30 days to report changes in the information listed below (for Washington Apple Health, see WAC 182-504-0105).

- Residential address
- Mailing address
- Marital status of any person in the home
- Persons moving in or out of your home, or who is in your tax filing unit
- Pregnancy status of any person in the home
- Incarceration or institutional status
- Health insurance coverage including Medicare eligibility
- Immigration or citizenship status
- Income of \$150 or more a month that is expected to continue for at least two months
- Federal income tax filing status

If you or someone in your household is only enrolled in Washington Apple Health pregnancy or children's coverage, you do not have to report the types of changes listed below until the next time you have to renew your coverage.

- Income changes of \$150 or more a month that are expected to continue for at least two months;
- Federal income tax filing status; or
- The number of tax dependents claimed on federal income taxes.

We will send you a notice to let you know when your household's coverage must be renewed.

## 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](http://www.wahealthplanfinder.org) or visit [www.wahbexchange.org](http://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 we need at a local DSHS Community Service Office. To find the nearest Community Service Office, call the Washington Healthplanfinder number above or go online at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>.

## 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](mailto:askmagi@hca.wa.gov)
  - Mail: Health Care Authority  
PO Box 45531  
Olympia, WA 98599-9840
- 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](http://www.wahbexchange.org/appeals)
  - Fax: 360-841-7653
  - Email: [appeals@wahbexchange.org](mailto: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.**



## Notice of Privacy Practices

October 2015

*This notice describes how the Washington State Health Care Authority (HCA, we, or us) uses or discloses medical information about you and how you can get access to this information. **Please review it carefully.***

You are receiving this notice because HCA is required by law to maintain the privacy of your information and to provide this notice to all Health Care Authority clients. It does not affect your eligibility for services or coverage.

# Summary

## Your Rights

### You have the right to:

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list (with some exceptions) of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

► **Go to page 2**  
*for more information.*

## Your Choices

### You can tell us your choices about certain health information we use or share.

#### For example, how we:

- Answer coverage questions from your family and friends.
- Provide disaster relief.

We do not market our services or sell your information.

► **Go to page 3**  
*for more information.*

## Our Uses and Disclosures

### We may use and share your information for these reasons:

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.
- Identify quality improvement opportunities.

► **Go to page 3 & 4**  
*for more information.*

# Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

## **Get a copy of your health and claims records**

- You can ask, in writing, to see or get a copy of your health and claims records and some other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. There are some records we do not need to give you.

## **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. This applies to certain records, such as those we use to make decisions about you. Ask us how to do this.
- We may say “no” to your request, but we'll tell you why in writing within 60 days.

## **Request confidential communications**

- You can ask us, in writing, to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

## **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

## **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

If you believe your privacy rights have been violated or you have questions:

- Contact HCA's privacy officer by calling 1-844-284-2149 or writing to HCA Privacy Officer, Health Care Authority, P.O. Box 42704, Olympia, WA 98504-2704. OR
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.  
**Example:** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. Or we send information to Children's Administration, if you are a child in foster care.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.  
**Example:** *We use health information about you to develop better services for you.*

**Pay for your health services**

- We can use and disclose your health information as we pay for your covered health services.  
**Example:** *We might share information about you with your doctor to coordinate payment for your surgery.*
- If you ask for an administrative hearing to review a denial, we usually have to disclose information in the hearing process.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Our Uses and Disclosures

### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease.
  - Helping with product recalls.
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Are there specially protected types of information?

Yes, some types of information have greater protection under Washington State or federal laws. The above disclosure practices don't necessarily apply to these types of information, which include confidential HIV-related information that is protected by Washington State laws; alcohol and substance abuse treatment information that is protected under both Washington State and federal laws; and mental health treatment information that is protected.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it if you ask.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see this federal government website:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. We will give you the new notice, or tell you about it and how to get a copy. The revised notice will be available on our web site, and we will email or mail a copy to you on request. This notice is available in several languages; check our website at [www.hca.wa.gov/pages/privacy.aspx](http://www.hca.wa.gov/pages/privacy.aspx).

## 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 <a href="mailto:appeals@wahbexchange.org">appeals@wahbexchange.org</a>	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 <a href="mailto:Compliance@hca.wa.gov">Compliance@hca.wa.gov</a>
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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](http://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 ឬសំនៀម យើងផ្តល់ជូនសេវាប្រយោជន៍ភាសា ដោយឥតគិតថ្លៃ ។ ទូរស័ព្ទរហូតដល់លេខ 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 ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-923-4633 (ማስማት ለተሳናቸው: TTY: 1-855-627-9604).

Oromo - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-923-4633 (TTY: 1-855-627-9604).

Somali - MUHIIM AH: Haddii aad ku hadashid Af-soomaali, adeegaha caawimaada luuqada, ee lacag la'aanta ah, ayaad heli kartaa. Wac 1-855-923-4633 (TTY: 1-855-627-9604).

Arabic - 1-855-923-4633 مقرب لصتا . ناجملاب لك رفاوتت تبوغلا فدعاسملا تامدخ نإف ، تغللا ركذا ثدحتت تنك اذا : تظوحلم - (رقم هاتف الصم والبكم: TTY: 1-855-627-9604).

Punjabi - ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-923-4633 (TTY: 1-855-627-9604) 'ਤੇ ਕਾਲ ਕਰੋ।

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-923-4633 (TTY: 1-855-627-9604).

Lao - ພາສາລາວ: ພາສາລາວ ການສື່ສານ ທາງໂທລະສັບ ຈຳນວນ 1-855-923-4633 (TTY: 1-855-627-9604).

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 सफ़्त स भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-923-4633 (TTY: 1-855-627-9604) पर कॉल करें।

Persian -Farsi :امشده یارید نایگزین ترو صبی نایز تالیهست ، دینک می وگتنگی سراف نایز می رگا :مچوت -Farsi 1-855-923-4633 (TTY: 1-855-627-9604) با فراهم می باشد. 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).