

JANE DOE
GENERAL DELIVERY
OLYMPIA, WA 98504

12/10/2019
Application ID:
0001

Subject – **Washington Apple Health Termination**

Dear Jane Doe,

Your Washington Apple Health coverage for the individuals listed below will end on 12/31/2019.

Name	Reason
Jill Doe	Your child/children have other creditable medical coverage.

A child is not eligible for Apple Health with Premiums when they have health insurance available through a parent's employment with a public agency, even if the parent declines coverage.

Loss of eligibility creates a special open enrollment for your child in Public Employees Benefits Board (PEBB) or School Employees Benefits Board (SEBB) program coverage.

To enroll during the special open enrollment you must:

1. Enroll online or complete an enrollment form, available at hca.wa.gov/erb, and
2. Submit a copy of this letter to your personnel, payroll, or benefits office **within 60 days** of the end of your child's Apple Health with Premiums coverage.

To avoid a gap in coverage you must complete the steps above **before** your child's coverage ends.

If you have questions about this letter, please contact your employer's personnel, payroll, or benefits office.

The rules we used to make this decision can be found in WAC 182-505-0210, WAC 182-505-0215 and 42 CFR 457.310(c).

You can check these rules online at 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.

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

- Online at wahealthplanfinder.org
- By email at CustomerSupport@wahbexchange.org;
- By calling 1-855-WAFINDER (855-923-4633) and 855-627-9604;
- By Fax 1-855-867-4467;
- By mail at:
PO Box 946
Olympia WA 98507

You can drop off an application, renewal form, or any other required documents at a local DSHS Community Service Office. To find the nearest Community Service Office, call Washington Healthplanfinder at the number above or visit dshs.wa.gov/onlinecso/findservice.shtml.

Washington Apple Health Administrative Hearing Rights and Deadlines

You have the right to an administrative hearing if you disagree with our decision that denied, ended, or changed your Washington Apple Health coverage.

- o You have 90 days from the date at the top of this notice to request a hearing. If you do not request a hearing within 90 days, you may lose your right to a hearing.
- o If you want to keep your coverage during the hearing process, the deadline is 10 days. See **Continued coverage during the administrative hearing process** below.
- o You can review the hearing rules in the Washington Administrative Code (WAC), chapter 182-526.
- o You may not have a right to a hearing if your coverage is denied, ends, or changes because state or federal law changes and automatically affects all people enrolled in a program in the same way (RCW 74.09.741(3)).

If you are low-income, Coordinated Legal Education Advice and Referral (CLEAR) may help you find free legal assistance. You can apply at <http://nwjustice.org/clear-online>, or:

- o If under age 60, call CLEAR at 1-888-201-1014.
- o If age 60 or over, call CLEAR Senior at 1-888-387-7111.

Continued coverage during the administrative hearing process

- o If we ended or changed your Washington Apple Health coverage, you can keep your coverage during the hearing process. To keep your coverage, you must ask for a hearing within 10 days of receiving this notice or by the end of the month, whichever is later.
- o If you receive continued coverage and lose your hearing, you may have to pay back up to 60 days of the continued coverage.
- o You cannot receive coverage while waiting for a hearing to challenge the denial of your Washington Apple Health application.

Requesting an administrative hearing

To request an administrative hearing, or if you want an interpreter or other help to request a hearing, do one of the following:

- o Call 1-855-WAFINDER (1-855-923-4633) or 1-855-623-9357.
- o Log in to your Healthplanfinder account at <http://wahealthplanfinder.org> and submit an appeal.
- o Write a letter requesting a hearing or complete the Administrative Hearing Request Form 12-511 (which is available at <http://www.hca.wa.gov/medicaid/forms/>) and

Y Fax to 1-360-586-9080; or

Y Mail to:

Health Care Authority
PO Box 45504
Olympia, WA 98504-5504

We will review your case and try to contact you to resolve the issue before the hearing.