



Health Care Coverage Rights and Responsibilities

YOUR RIGHTS (WE MUST) FOR ALL HEALTH INSURANCE PROGRAMS

- **Help you read and fill out all requested forms.** You can contact Washington Healthplanfinder for assistance.
- **Provide interpreter or translator services** at no cost to you when communicating with Washington Healthplanfinder.
- **Keep your personal information private** but we may share some information with other state and federal agencies for purposes of eligibility and enrollment.
- **Give you the opportunity to appeal** if you disagree with a determination made during your use of Washington Healthplanfinder that affects your eligibility for a health plan, health insurance premium tax credits, or cost-sharing reductions through Healthplanfinder. By asking for an appeal, your case will be reviewed. You can find more information about the Healthplanfinder appeals process by visiting the Healthplanfinder Appeals Page at <http://wahbexchange.org/appeals/> or contacting the Healthplanfinder Customer Support Center at 1-855-923-4633. 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** without regard to your race, color, political beliefs, national origin, religion, age, gender (including gender identity and sex stereotyping), sexual orientation, disability, honorably discharged veteran or military status, or birthplace. To file a complaint of discrimination, you contact the U.S. Department of Health and Human Services at:
 - <http://www.hhs.gov/ocr/civilrights/complaints/>; or
 - 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
Voice phone 800-368-1019
Fax 206-615-2297
TDD 800-537-7697

YOUR RESPONSIBILITIES (YOU MUST) FOR ALL HEALTH INSURANCE 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 a SSN or immigration document number for all household members, others can still apply for and get coverage. 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 a SSN or immigrant document number for someone in your household, we will need to follow up with you to get information about the non-applicants 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 INSURANCE PROGRAMS

- **There are certain state and federal laws** that govern the operation of Washington Healthplanfinder, your rights and responsibilities as a user of Washington Healthplanfinder, and the coverage obtained through Washington Healthplanfinder. By using Washington Healthplanfinder, you agree to comply with these laws as they may apply to users of this website and coverage obtained hereunder.
- **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 the Health Care Authority (Washington Apple Health) 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 the Washington Healthplanfinder 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 Washington Healthplanfinder** 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.

- **If you begin completing an application for health insurance on Healthplanfinder and do not complete the process for any reason**, your information will be stored in Healthplanfinder and accessible by you for 90 days. If you do not complete an application after the 90-day period, your information will be deleted from the Healthplanfinder system.
- **Washington Healthplanfinder is 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 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.
- **You may apply for support enforcement services through the Division of Child Support (DCS).** To get an application for these services, go to <http://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 applicants 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 182-503-0010.
- **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 healthcare 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 healthcare coverage.
- **Give you a written decision**, in most cases, within 30 days. Health care coverage for some disability cases may take 45 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.
- **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 the Department of Social and Health Services to determine eligibility and monthly benefits for programs such as health care coverage, cash assistance, food assistance and child care subsidies.
- **By law (RCW 41.05A.090 and WAC 182-527)**, if you are age 55 or older AND receive Washington Apple Health services, the Health Care Authority (HCA) may take from your estate (assets you own at the time of death) the amount of costs we paid for certain types of health care assistance, such as nursing home care or long-term care.

(HCA may recover the costs for state-only funded long-term care services received at any age.) This is called ESTATE RECOVERY. You can find a full list of the types of health care assistance subject to estate recovery at WAC 182-527-2740 and WAC 182-527-2742.

- **Estate Recovery does not occur until after death and the death of your surviving spouse**, if any. We 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 Alaskan Natives may be exempt from recovery (WAC 182-527-2754). If you have dependent heirs, estate recovery may be delayed for some hardship reasons.
- **You may be restricted to one health care provider**, pharmacy, and/or hospital if you seek out unnecessary health care services from providers.

THINGS YOU SHOULD KNOW FOR QUALIFIED HEALTH PLANS ONLY

- **If you enroll in a qualified health plan through Healthplanfinder and you do not provide enough information for Healthplanfinder to verify your eligibility** or if any information you provide is not verifiable, you will have 90 days to provide further information to satisfy Washington Healthplanfinder's eligibility requirements. During this time, you should work with Healthplanfinder staff to try to provide any missing information or resolve any inconsistencies so that your coverage may be effective as soon as possible.
- **If you enroll in a qualified health plan through Healthplanfinder and you have a change in income**, you should notify Healthplanfinder as soon as possible. A change in income could change the tax credits or cost-sharing reductions for which you are eligible. 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 subsidy you receive if your income increases and you do not report the change.
- **Rates shown are subject to change** based on the health insurance carriers underwriting practices and your selection of available optional benefits, if any. Final rates are always determined by the health insurance carrier.
- **Rates shown are for your requested effective date ONLY.** If the actual effective date of your policy is different from your requested effective date, the actual cost of your policy may differ from the rates above, due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) 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 Washington Healthplanfinder.** You

acknowledge that granting this consent will help to simplify the application and redetermination process for Washington Healthplanfinder. Your personal information will be protected as described in the Healthplanfinder Privacy Policy.

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. Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). HHS is an equal opportunity provider and employer.