

Chapter 182-518 WAC

WASHINGTON APPLE HEALTH—LETTERS AND NOTICES

WAC

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WAC 182-518-0005 Washington apple health—Notice requirements—General. (1) For the purposes of this chapter, "we" refers to the agency or its designee and "you" refers to the applicant for, or recipient of, health care coverage.

(2) This section applies only to notices and letters that we send about eligibility for Washington apple health (WAH) programs. WAC 182-501-0165 applies to notices and letters regarding prior authorization or other action on requests to cover specific fee-for-service health care services.

(3) We send you written notices (letters) when we:

(a) Approve you for health care coverage for any program;

(b) Reconsider your application for other types of health care coverage based on new information;

(c) Deny you health care coverage (including because you withdrew your application) for any program (according to rules in WAC 182-503-0080);

(d) Ask you for more information to decide if you can start or renew health care coverage;

(e) Renew your health care coverage; or

(f) Change or terminate your health care coverage, even if we approve you for another kind of coverage.

(4) We send notices to you in your primary language if you ask us to and in English according to the rules in WAC 182-503-0110. If you need help to apply for or access your health care coverage due to a disability, we follow the equal access rules in WAC 182-503-0120.

(5) All WAH notices we send you include the following information:

(a) The date of the notice;

(b) Specific contact information for you if you have questions or need help with the notice;

(c) Your appeal rights, if an appeal is available, and the availability of potentially free legal assistance; and

(d) Other information required by state or federal law.

[Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-518-0005, filed 7/29/14, effective 8/29/14.]

WAC 182-518-0010 Washington apple health—Notice requirements approval and denial notices. (1) We send written notice when we approve, reopen, reinstate, or

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deny coverage for any Washington apple health (WAH) program. The notice includes the information described in WAC 182-518-0005(4) and all of the following:

(a) The WAH coverage for each person approved, reopened or reinstated;

(b) The date that each person's coverage begins (the effective date); and

(c) The dates for which we approved each person's coverage (certification period).

(2) Denial and withdrawal notices include:

(a) The date of denial;

(b) Specific facts and reason(s) supporting the decision;

(c) Specific rules or statutes that support or require the decision; and

(d) Information to get help applying for nonmodified adjusted gross income (MAGI)-based WAH.

(3) If we deny your request for health care coverage or consider it withdrawn because you failed to give us requested information, the denial notice also includes:

(a) A list of the information you did not give us;

(b) The date we asked you for the information and the date it was due;

(c) Notice that we will reconsider your eligibility if we receive any information related to determining your eligibility, including any changes to information we have, within thirty days of the date of the notice;

(d) Information described in subsection (1) of this section; and

(e) Notice of administrative hearing rights.

[Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-518-0010, filed 7/29/14, effective 8/29/14.]

WAC 182-518-0015 Washington apple health—Notice requirements verification requests. (1) We send you written notice when we need more information as described in WAC 182-503-0050 to decide if you are eligible to receive or continue receiving Washington apple health (WAH) coverage. The notice includes:

(a) A description or list of the information that we need;

(b) When we must have the information (see WAC 182-503-0060 for applications and WAC 182-504-0035 for renewals);

(c) What action we will take and on what date, if we do not receive the information; and

(d) Information required in WAC 182-518-0005(4).

(2) If we have received conflicting information about facts we need to determine your coverage, the notice will also include:

(a) The information we received that does not match what you gave us and the source; and

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(b) A request that you send us a statement explaining the difference(s) between the information from you and the information from the other source.

(3) We allow you at least ten days to return the information. If you ask, we may allow you more time to get us the information. If the tenth day falls on a weekend or holiday, the due date is the next business day.

(4) If the information we ask for costs money, we will pay for it or help you get the information in another way.

[Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-518-0015, filed 7/29/14, effective 8/29/14.]

WAC 182-518-0020 Washington apple health—Notice requirements—Renewals. (1) We send you written notice before we stop your WAH coverage at the end of your certification period as described in WAC 182-504-0035.

(2) When we can administratively renew your coverage (as defined in WAC 182-500-0010), the notice includes:

- (a) Your new certification period;
- (b) The information we used to renew your coverage; and
- (c) A request for you to give us updated information, if any of the information we used is inaccurate.

(3) When we cannot administratively renew your coverage, the notice includes:

- (a) Information we currently have on record;
- (b) How to complete the renewal using any of the methods described in WAC 182-504-0035 (1)(b);
- (c) What action we will take on what date if we do not receive your completed renewal application on time; and
- (d) That we follow the rules in WAC 182-518-0015.

(4) We send your renewal notice following the timeline in:

- (a) WAC 182-504-0035(2) for programs based on modified adjusted gross income (MAGI); or
- (b) WAC 182-504-0035(3) for non-MAGI based programs.

[Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-518-0020, filed 7/29/14, effective 8/29/14.]

WAC 182-518-0025 Washington apple health—Notice requirements—Changes in and terminations of coverage. (1) We send you written notice before your Washington apple health (WAH) coverage changes or ends. The notice includes:

- (a) The change in coverage;
- (b) The date your coverage will change or end;
- (c) Specific facts and reason(s) for the decision;
- (d) Specific rules the decision is based on; and
- (e) Information found in WAC 182-518-0005(4).

(2) Before we send any notices to end your WAH coverage because your income is more than the modified adjusted gross income (MAGI) standard, we determine if you are eligible for other health care coverage (including non-MAGI-based coverage) based on information you have provided, as described in WAC 182-504-0125.

(3) We notify you at least ten days before we change or end your health care coverage. The ten days start on the day

we send you the notice and end on the tenth day. We are not required to give ten days' notice if:

- (a) You asked us to change or end your coverage;
- (b) We are changing or ending your coverage due to a change in law;
- (c) We are ending your coverage because everyone in your household either died or has been accepted to receive medicaid coverage somewhere else (another local jurisdiction, state, territory, or commonwealth);
- (d) We are ending your coverage because mail we sent you was returned to us with no forwarding address and we do not have a more current address for you;
- (e) You are incarcerated and it is expected to last more than thirty days; or
- (f) We have facts indicating probable fraud by you, in which case we may notify you five days before we change or end your coverage.

(4) If we do not have to give ten days' advance notice, we send the notice right away after getting the information that caused the change, but no later than the date we took the action described in the notice.

(5) You may request an appeal if you disagree with our decision to change or end your health care coverage and get continued coverage as described in WAC 182-504-0130.

[Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-518-0025, filed 7/29/14, effective 8/29/14.]

WAC 182-518-0030 Washington apple health—Notice requirements—Electronic notices. (1) We send you letters (notices) to inform you about your eligibility for Washington apple health (WAH) programs as described in WAC 182-518-0005 through 182-518-0025.

(2) For programs based on modified adjusted gross income (MAGI), you have the right to choose to get WAH eligibility notices by regular mail, in an electronic format, or both.

- (3) To receive electronic notices you must:
 - (a) Have an account with Washington Healthplanfinder. (There is no charge to create an account); and
 - (b) Provide us with the following information: A valid e-mail address, your name, and your application identification number.

(4) You may ask to receive WAH notices electronically by:

- (a) Mailing, delivering, or giving us a written letter to the address listed on our web site;
- (b) Sending a facsimile letter to us as directed on our web site;
- (c) Calling the WAH customer service center at the number listed on our web site;
- (d) Logging on to your Healthplanfinder account online and selecting the "I would prefer to receive written communications by e-mail" check box on the contact information page; or
- (e) Calling the Healthplanfinder customer support center.

(5) When you have asked for electronic notification, we:

- (a) Send the notice to your Healthplanfinder account no later than one business day after creating the notice.

(b) Send you an e-mail message to notify you when a new WAH notice has been sent electronically to your Healthplanfinder account.

(i) The e-mail message will not include the notice, information about the content of the notice, or other confidential information; and

(ii) You must log on to your Healthplanfinder account to get the notice.

(6) We will stop sending WAH notices electronically to you if you ask us. You must notify us if your e-mail address changes.

[Statutory Authority: RCW 41.05.021, 41.05.160, Public Law 111-148, 42 C.F.R. § 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-16-052, § 182-518-0030, filed 7/29/14, effective 8/29/14.]