

KEVIN W LOCKWOOD
1743 6TH ST
APT C
BREMERTON WA 98337

12/05/2022

Application ID:
2411862

Eligibility Results

Dear Kevin W Lockwood,

This letter is a summary of your household's coverage eligibility.

Health Plan Eligibility

Name	Program	Eligibility Start Date	Eligibility End Date
Kevin W Lockwood	Washington Apple Health Adult Coverage	02/01/2018	01/31/2024

Washington Apple Health

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

The Health Care Authority administers dental coverage for individuals eligible for Washington Apple Health. If you have questions about dental services or need to find a dental provider, visit www.hca.wa.gov/dental-services.

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, visit www.hca.wa.gov or contact the Health Care Authority at <https://fortress.wa.gov/hca/p1contactus> or by phone at 1-800-562-3022.

Requests for Information

For Washington Apple Health, coverage is approved based on the information provided on your application. We may send you a letter requesting verification. If you do not respond to the requests we send you, coverage may change or end.

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> or by calling 1-800-562-3022.

You may receive your physical, dental and behavioral health (mental health and substance use disorder treatment) services before you get your ProviderOne Services Card.

Health Care Authority Notice of Privacy Practices

All Health Care Authority clients have a right to know how the Health Care Authority uses or discloses information about you and how you can access your information.

The Health Care Authority is required by law to maintain the privacy of your information and to provide this notice to you. It does not affect your eligibility for services or coverage.

To review your privacy rights, visit: <https://www.hca.wa.gov/about-hca/hca-notice-privacy-practices>

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.

Family Planning Services

Family planning services are available through the Health Care Authority for certain individuals who are not eligible for Washington Apple Health. These services cover contraception, family planning options, and certain health screenings and exams. To find out if you qualify, call 1-800-562-3022 or go to <http://www.hca.wa.gov/family-planning>.

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 or visit 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 at:

- An HCA Community-Based Specialist near you at www.hca.wa.gov/HCAcommunitystaff
- A local DSHS Community Service Office near you at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>

Contact Customer Support for help locating a drop-off location in your area.

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
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.

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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរស្រីជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល , ទូរស័ព្ទអាចមានទសំរាប់បំរើអ្នក។ ចូរ 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 - ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-923-4633 (መስማት ለተሳናቸው: TTY: 1-855-627-9604)፡፡

Oromo - XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila 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 - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-923-4633 (رقم هاتف الصم والبكم: TTY: 1-855-627-9604).

Punjabi - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ 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 - ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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 मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-923-4633 (TTY: 1-855-627-9604) पर कॉल करें।

Farsi Persian - توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-923-4633 (TTY: 1-855-627-9604) تماس بگیرید

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).