

WAC 182-524-0500 Notice requirements. (1) The provisions in chapter 182-518 WAC apply to COFA islander health care, where applicable. This section applies only to notices and letters that we send regarding COFA islander health care.

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

- (a) Approve you for COFA islander health care;
- (b) Deny you for COFA islander health care;
- (c) Change or terminate your eligibility from COFA islander health care;
- (d) Ask you for more information; and
- (e) Reimburse you for premium costs, as determined by WAC 182-524-0600.

(3) All written notices we send to you include:

- (a) The date of the notice;
- (b) Specific contact information for you to use if you have questions or need help with the notice;
- (c) The nature of the action;
- (d) The effective date of the action;
- (e) The facts and reasons for the action;
- (f) The specific regulation on which the action is based;
- (g) Your appeal rights, if an appeal is available; and
- (h) Other information required by the state.

(4) If we request information from you, we allow at least ten calendar days for you to submit requested information. If you ask, we may allow you more time to get us the information.

(a) If the due date falls on a weekend or a legal holiday as described in RCW 1.16.050, the due date is the next business day.

(b) We do not deny or terminate your eligibility when we ask you to provide information.

(c) If we do not receive your information by the due date, we make a determination based on all the information available.

(5) We send a written notice to you at least ten days before taking any adverse action. The ten-day notice period starts on the day we send the notice.

(6) We may send a notice fewer than ten days before the date of the adverse action if:

- (a) You request the action;
- (b) You request termination;
- (c) A change in statute, federal regulation, or administrative rule is the sole cause of the action;
- (d) You are incarcerated and expect to remain incarcerated at least thirty days;
- (e) Mail sent to you is returned without a forwarding address and we do not have a more current address for you;
- (f) You move out-of-state;
- (g) Your plan ends because you move to a county where your current silver level qualified health plan (QHP) is not available and you fail to select a new plan;
- (h) You die;
- (i) You begin receiving other state or federal medical assistance that provides minimum essential coverage; or
- (j) Your silver level QHP is closed and you do not enroll in another silver level QHP.

[Statutory Authority: 2018 c 161, 2018 c 299 § 213 (1)(hhh) and (4)(d), RCW 41.05.021 and 41.05.160. WSR 19-11-082, § 182-524-0500, filed 5/17/19, effective 6/17/19.]