WASHINGTON STATE OFFICE OF ADMINISTRATIVE HEARINGS

In the matter of:

Docket No. DOCKETNO

APPELLANTNAME,

NOTICE OF HEARINGTYPEUPPER

Date and Time

Your Name

Appellant.

Agency: Health Care Authority
Program: Washington Apple Health

Agency No. AGENCYNO

On FILINGDATE, APPELLANTNAME requested a hearing under RCW 74.09.741 regarding Washington Apple Health. The Office of Administrative Hearings (OAH) has scheduled a HEARINGTYPE with an administrative law judge as follows:

DATE: HEARINGDATE

TIME: HEARINGTIME Pacific Time

LOCATION: Telephone Conference Call (see instructions below)

JUDGE: JUDGENAME

If you or a witness needs an INTERPRETER, we will provide one at no cost. Please call OAH at OAHPHONE to request an interpreter.

If you no longer need or want this hearing, please let us know in writing by mail, fax, or e-mail to **hcamagi@oah.wa.gov**.

If you have questions about your Medicaid/Washington Apple Health eligibility, you may contact HCA Administrative Hearing Coordinator AGENCYREPNAME at AGENCYREPPHONE.

How to participate in the HEARINGTYPE:

- 1. At the time of the HEARINGTYPE, call 1-855-929-3239.
- 2. When prompted, enter WEBEXCODE followed by the # key.
- 3. You will not have an Attendee ID Number. When prompted by the system for your Attendee ID Number, just press #.
- 4. You will now be in the conference and may hear other participants on the call. Please announce yourself as you join the conference.
- 5. Make sure your phone has reception and is charged to last at least an hour.
- 6. Make sure you are in a quiet place where you can hear and be heard clearly.

If you have problems joining the telephone conference, or if the judge does not join
within ten minutes after the HEARINGTYPE start time, immediately call OAH at
OAHPHONE.

If you get disconnected, call back in using the same code.

If you have trouble getting reconnected to the telephone conference, call OAHPHONE immediately for help.

If you do not join the conference within 15 minutes after the scheduled start time, the administrative law judge may hold you in default and dismiss your appeal, which means **you may lose your right to a hearing**. RCW 34.05.440(2).

If you are not able to attend the hearing at the scheduled time, please call the Health Care Authority Representative AGENCYREPNAME at AGENCYREPPHONE. WAC 182-526-0280. You must attend the hearing unless OAH notifies you that it has been continued (postponed).

You may be represented by an attorney or other representative at your own expense. RCW 34.05.428 and WAC 182-526-0155.

You may request to attend your hearing in person or by telephone by calling OAH at OAHPHONE.

The hearing will be conducted under RCW 74.09.741 and WAC 182-526-0025. A hearing is a formal proceeding conducted on the record by an independent administrative law judge to address issues raised in the request for hearing.

Tell the Office of Administrative Hearings immediately if your address or phone number changes. We mail you important information about the case and also need to be able to reach you by phone for your hearing. We may dismiss your appeal if we cannot reach you for the hearing.

If you have a disability or sensory impairment and need accommodation when using our facilities or services, we may be able to help. Please contact us at OAHPHONE.

Please read the enclosed "Your Hearing Rights" brochure to learn your rights, how to prepare, and how hearings work. You can find general information about the hearing process at **www.oah.wa.gov**. You can reach OAH and the administrative law judge using the following contact information:

Office of Administrative Hearings

OAHADDRESS
OAHCITYSTATEZIP
Phone: OAHPHONE

Fax: OAHFAX

Firearms and other dangerous weapons are prohibited at hearings and in all Office of Administrative Hearings offices. WAC 10-20-010. If you have a safety concern about the hearing, please call us at OAHPHONE.

NOTICE OF HEARINGTYPEUPPER Docket No. DOCKETNO 8026-HCA (MAGI)

Office of Administrative Hearings OAHADDRESS OAHCITYSTATEZIP Phone: OAHPHONE Page 2

DECLARATION OF SERVICE

I certify that true copies of this document were served on those listed below, from Tacoma, Washington via Consolidated Mail Services by one of the following: First Class Mail, Certified Mail, Hand Delivery via Messenger, Campus Mail, Facsimile, or by email.

[DATALIST]
Dated NOTICEMAILINGDATE at OAHCITY, Washington.
(DATE OF MAILING)

Representative
Office of Administrative Hearings
OAHADDRESS
OAHCITYSTATEZIP