

Apple Health Member Address Change form

Managed Care Organizations (MCO) can use this to share updated member contact information with the Health Care Authority (HCA) for updating in Washington Healthplanfinder applications.

Before completing this template, confirm the change applies to the entire household. If the change **does not** apply to the entire household (e.g.: someone moved out of the home) refer the client to Washington Healthplanfinder at 1-855-923-4633 to report the change and receive application assistance.

1

Change information (All fields must be complete prior to submission)

Head of household name

Head of household ProviderOne ID number

Head of household date of birth

Amerigroup

Community Health Plan of Washington

Coordinated Care

Molina

UnitedHealthcare

MCO Call reference identifier

Name of person requesting the change

Updates being made (check all that apply)

Address

Phone number

Address being updated

Mailing

Physical

Original address

City

State

Zip code

Updated address

City

State

Zip code

Is this an out of state address change?

Yes

No

Not applicable

Original phone number

Updated phone number (If applicable)

Additional information (if applicable)

By submitting this to the appropriate email box below, staff are attesting that all information in the template is true and accurate to the best of their knowledge.

2

Submit change

In-state address updates and phone number changes only

Email: askmedicaid@hca.wa.gov

Out-of-state address updates

Email: askmagi@hca.wa.gov

Next steps

This change will be made to the application three business days after HCA receives this form. The member should expect a notice verifying this update based on their communication preference in Washington Healthplanfinder.