CONDUENT

Master Administrator Change Request Form

How to use this form:

✓ Use this form to update the Master Administrator for the New Mexico Medicaid Web Portal.
✓ Complete all applicable fields and submit the completed form to hipaa.desknm@state.nm.us
✓ Please allow 2-5 business days from date of submission to process the update request.

Date*: _____

Provider/Facility Name*: _____

REQUESTOR INFORMATION

Requested By*: _____

Reason For Change*: _____

ACCOUNT INFORMATION – Enter the information of the portal account that needs to be updated.

Name of Previous
Master Administrator* _____

NEW MASTER ADMINISTRATOR INFORMATION – Enter the following information for the user that is to be the new Master Administrator. If you do not have an existing account on the portal, please use the User ID you wish to use in the appropriate box (the User ID must be alpha-numeric with a minimum of 6 characters, up to a maximum of 12).

Name of User (First and Last) *: _____

Valid Phone Number* _____

Valid Email Address* _____

User ID* _____

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*Indicates Required Information

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NPI/ PROVIDER ID YOU NEED ACCESS TO – Enter the NPIs or Provider IDs of each account requesting administrative rights, along with the corresponding provider/group name.

Provider ID or NPI*: _____ Name*: _____

Provider ID or NPI: _____ Name: _____

Provider ID or NPI: _____ Name: _____

Provider ID or NPI: _____ Name: _____

Provider ID or NPI: _____ Name: _____

CERTIFICATION STATEMENT – Please read the following disclosure notice, sign, and date.
I certify by my signature below that I am authorized to sign and execute this Master Administrator update change request on behalf of the aforementioned Provider.

Name*: _____ Email*: _____

Signature*: _____ Date*: _____

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*Indicates Required Information