



KY Medicaid Administrator Change Request Form

I _____ (print name of new Administrator) officially request the transfer of all Administrator rights pertaining to the KY Health Choices website.

I understand that it is the responsibility of the new Administrator to add and delete agent accounts, as well as monitor and specify their roles. The logon/username for the Administrator will not change, however, the password should be changed immediately.

This form can be used to change the email address for an agent account or an administrative account.

	Current Administrator	Replacement Administrator
Kentucky Medicaid Provider ID Number <i>*Required</i>		(Same as current administrator)
Logon/Username		(Same as current administrator)
Name		
E-mail		
Address		
Phone #		

*** Please attach a copy of your driver's license for account validation and to protect against fraudulent request changes. Your request cannot be processed without this documentation.**

Please select the reason for the update:

- _____ **Employee left provider office**
- _____ **Change e-mail address administrative account**
- _____ **Change e-mail address agent account**
- _____ **Failed to change security question**

Fax to 502-209-3200 or e-mail to: KY EDI Helpdesk@dx.com (Please note there is an underscore after KY and EDI in this e-mail address.)