

PROVIDER NETWORK MANAGEMENT (PNM) SYSTEM ADMINISTRATOR CHANGE REQUEST 2026 VIEW ONLY

Each Medicaid ID, including individual practitioners, must have an assigned **PNM** Administrator to manage their provider data and assign agent roles as appropriate. **Each Medicaid ID can only have one active Administrator at a time.** If there is some business reason that the Administrator role must be changed or if a practitioner moves to another billing organization, the Ohio Department of Medicaid requires approval of the organization or individual practitioner, as appropriate, to make the Administrator change.

This form provides **two options** for changing the PNM Administrator role assignment.

Option 1	Change PNM Administrator from one individual to another in your organization, when the Self-Service PNM option is not available. This option requires a letter on organization letterhead stating, "the PNM Administrator Change Request has been reviewed and approved by the appropriate staff within the organization." The letter must be signed by senior leadership within the organization and submitted to the ODM Integrated Help Desk (IHD) along with this completed form.
Option 2	For Individual Practitioner Only: Request to have PNM Administrator Role assigned to someone other than the individual practitioner when someone else is going to maintain the individual's PNM provider data.

Please select the appropriate option and complete and submit this form to IHD@medicaid.ohio.gov. Please include "Administrator Change Request" in the subject line on the e-mail.

Option 1: Change PNM Administrator when the PNM Self-Service change option is not accessible

Provider Name	Provider Medicaid ID	Provider NPI
New Administrator Name	New Administrator OHID	

By signing this form, I affirm that I have obtained permission from my organization's senior leadership for the new Administrator named above to manage our Ohio Medicaid provider information in the Provider Network Management system and I have attached the required letter signed by my organization's senior leadership.

Authorizing Signature/Printed Name of Authorizing Signature

Date

Option 2: Individual Practitioner PNM Administrator Role Assignment and Authorization

Individual Practitioner Name	Individual Practitioner Medicaid ID	Individual Practitioner NPI
New Administrator Name	New Administrator OHIO	

My signature authorizes the New Administrator identified above to manage my Ohio Medicaid provider data in the Provider Network Management system on my behalf.

Practitioner Signature Authorizing PNM Administrator

Date