Provider View – Initial Application


- Select Create or Manage an Account

- Select OK on the Leaving NPPES Website pop up.
User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.
One account will be created to access multiple systems. Select Create Account Now to proceed.

Complete the User Registration fields.
- E-mail Address / Confirm E-mail Address
- Captcha
- Submit
Provider View – Initial Application

- Complete the **User Registration** – User Security fields
  - User ID / Password / Confirm Password

* indicates required field(s)

**User ID:**
NPlisCool

**Password:**

**Confirm Password:**

**User ID Compliance:**
- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

**Password Compliance:**
- Must be 8-12 alphanumeric characters.
- Must contain at least one letter.
- Must contain at least one number.
- Must contain at least one valid special character.
- Must not contain any invalid special characters.
- Must not start with numeric characters.
- Must not contain three repeating characters.
- Must not be the same as your User ID.
- Password must match Confirm Password.

**Five Security Questions and Answers**

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Answer 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the first and last name of your first boyfriend or girlfriend?</td>
<td>Smith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2:</th>
<th>Answer 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your favorite food?</td>
<td>Broccoli</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3:</th>
<th>Answer 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the name of your first pet?</td>
<td>Oreo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 4:</th>
<th>Answer 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What city were you born in?</td>
<td>Austin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 5:</th>
<th>Answer 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What year did you graduate from high school?</td>
<td>1992</td>
</tr>
</tbody>
</table>
Complete the **User Registration** – User Information fields

- First & Last Name
- Business Phone
- DOB
- SSN
- Personal Phone
- Home Address
- City
- Country
- State / Province / Territory
- Zip Code

- Primary E-mail Address (auto-filled)
Select your address:

- Use Standardized Address
- Use the Address I Entered
Multi-Factor Authentication is required to verify the user’s identity via:

- Phone Number Text/SMS
- E-Mail Address
- Phone Number Voice Call
Multi-Factor Authentication is required to verify the user’s identity via:

- Phone Number Text/SMS
- E-Mail Address
- Phone Number Voice Call
Multi-Factor Authentication is required to verify the user’s identity via:

- Phone Number Text/SMS
- E-Mail Address
- Phone Number Voice Call
Once the MFA code is received via the selected route, the user will enter the 6-digit code and select Verify Code.

The MFA code can be resent as needed.
The **Begin Alternative Setup** option can be used to set up an additional form of MFA or the user can continue with the **Complete Registration** option.
User Registration – Registration Complete

Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

The user has now created an account in Identity & Access...this is only the first step!

- Sign Out of Identity and Access and return to NPPES.
The next time a User signs into I&A, they will be asked where to send the verification code and about the device.

- **Public Device** – MFA code will only verify access for that **ONE** session.
- **Private Device** – the system will install a cookie on the device, & the MFA is good for **24 hours**.
Once back at https://nppes.cms.hhs.gov, the user will sign in under Registered User Sign In to begin the initial NPI application.
The user will be presented a page detailing MFA requirements for NPPES.

- Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
- If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.
NPPES MFA Verification

- After the code is sent, the user must select the device type.
- **VERIFY CODE** is selected.

**Public Device** – MFA code will only verify access for that **ONE** session.

**Private Device** – the system will install a cookie on the device, & the MFA is good for **24 hours**.
Initial Application for Myself – Type 1
Upon logging in with the I&A established User ID and password, the user can select **Apply for an NPI for myself.**
Provider Profile – Optional Information

Tip: Once a radio button is selected, it can be changed; however the selection cannot be removed completely.
Applications are not required to be completed in one sitting. Users can save information and come back to it at a later point.

On any page, the **SAVE & RETURN TO MAIN PAGE** button may be utilized to save the application progress.
To return in an application that is in progress, select the pencil icon to return to the page that was last completed in that application.
Initial Application - Address

- Users must provide both a **Business Mailing Address** and, at minimum, one **Practice Location**.

---

**Business Mailing Address (Correspondence Address)**

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

[ADD A BUSINESS MAILING ADDRESS]

---

**Practice Location (only one required)**

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

[ADD A PRACTICE LOCATION]
Business Mailing Address

<table>
<thead>
<tr>
<th>Select Type of Address:</th>
<th>US Domestic</th>
<th>Military</th>
<th>Outside US / Foreign</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is my home address</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address 1: [Street Number and Name or Post Office Box]

Mailing Address 2: [e.g., Apartment/Suite Number]

City:          State:          Zip Code:    Zip Ext:    Telephone Number: Extension: Fax Number: Organization Name (Optional):

**Civilian**

**Military**

- Users must select the type of address that will populate the required fields for the Business Mailing Address.
  - **US Domestic**
  - **Military**
  - **Outside US / Foreign**

- Additional checkbox to indicate: ‘This is my home address’
Business Mailing Address Verification

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

**Your input address:**

- Address Line 1: (Street Number and Name)
  300 45th St S
- Address Line 2: (e.g., Apartment/Suite Number)
- City:
  Fargo
- State:
  ND - NORTH DAKOTA
- Zip Code:
  58103
- Zip Ext:
  
**Your standardized address:**

300 45th St S
Fargo, ND 58103-1189

**Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.

**Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.

**Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than what was input.

**Tell us why you don’t want to use the standardized address (shown to your right)**

- Incorrect Street address (e.g: Street instead of BLVD)
- Incorrect City
- Incorrect State
- Incorrect Zip Code
- Incorrect PO Box
- Other: This will allow users to enter comments
# Business Practice Location

**US Domestic**

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

- **Indicates Required fields.**
- **Select Type of Address:** US Domestic  ○ Military  ○ Outside US / Foreign
- **Same as mailing address**
- **This is my home address**
- **Primary practice location**

### Address Information

- **Address Line 1:** Street Number and Name
- **Address Line 2:** e.g., Apartment/Suite Number
- **City:**
- **State:**  ○ **Zip Code:**  ○ **Zip Ext:**

### Contact Information

- **Telephone Number:** __ __ __
- **Extension:**
- **Fax Number:** __ __ __

### Languages Spoken

<table>
<thead>
<tr>
<th>Languages Spoken</th>
<th>Actions</th>
</tr>
</thead>
</table>

### Optional Information

- Is this office accessible to individuals with mobility disabilities? ○ Yes  ○ No
- Does this office have exam rooms accessible to individuals with mobility disabilities? ○ Yes  ○ No
- Does this office have medical equipment accessible to individuals with mobility disabilities? ○ Yes  ○ No

### Office Hours

- **Monday:** OPEN
- **Tuesday:** OPEN
- **Wednesday:** OPEN
- **Thursday:** OPEN
- **Friday:** OPEN
- **Saturday:** CLOSE
- **Sunday:** CLOSE

<table>
<thead>
<tr>
<th></th>
<th>Apply to all</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
</tr>
<tr>
<td></td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
<td>○ Yes  ○ No</td>
</tr>
</tbody>
</table>

---

CANCEL  SAVE

CANCEL  SAVE

CANCEL  SAVE

CANCEL  SAVE

CANCEL  SAVE
Business Practice Location Verification

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

- **Address Line 1:** (Street Number and Name)
  - 100 Universal City Plaza

- **Address Line 2:** (e.g., Apartment/Suite Number)

- **City:**
  - Universal City

- **State:**
  - CA - CALIFORNIA

- **Zip Code:**
  - 91608

- **Organization Name (Optional):**

- **Tell us why you don’t want to use the standardized address (shown to your right):**

  Select

Your standardized address:

- **100 Universal City Plz**
- **Universal City, CA 91608-1002**

- **ACCEPT STANDARDIZED ADDRESS**

- **USE INPUT ADDRESS**
- **REVALIDATE ADDRESS**

- **Accept Standardized Address** – Accepts what is listed in the box on the right / Information may be different than what was input.

- **Use Input Address** – Leaves the information that was input / Comments are required if using Input Address.

- **Revalidate Address** – Allows the user to modify information and NPPES will provide an address to accept.
Once additional practice location(s) are added, the user must select one practice location as a **Primary Location**.

The pencil or trash can be utilized at any point to edit or delete information that has been entered on the application.
Endpoints may be associated with an NPI.

- Endpoints provide a simple and secure way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet.
- Can be used to exchange health information between health care entities (primary care physicians, specialists, hospitals, labs, etc.).
## Endpoint

In the context of a provider directory, secure locations on computer networks where protected health information can be sent and received.

### Endpoint Description

Freeform narrative that provides information on the Endpoint. Used to provide context.

### Endpoint Use

Indicates the most common ways an Endpoint is utilized, for Direct Email, for sending data to an HIE, or other. Used to provide additional context and direction to users of the directory.

### Endpoint Content Type

Further definition of endpoint details that provide guidance in the use of a particular endpoint and what one might expect when implementing a connection to an Endpoint.

---

Endpoints should not include personal email information.
- Select **Endpoint Type**: 

- Input the **Endpoint**: 

- Select **Yes or No** to *Is provider affiliated to another organization?*
If **Yes**, the user must select **Choose Affiliation** and look up the organization using either the NPI, full EIN, or LBN. Search Results will show below the search bar.
The user can select from the search results by selecting **select** next to the appropriate affiliated organization LBN.

They must choose the corresponding Endpoint Location using either the drop-down menu or by selecting **Add New Endpoint Location**.

- **Endpoint Location Address** field will open and the user can add a new location. It will run address standardization.

Select **Save**.
If information is entered on this page, the user is required to check the acknowledgement box before saving.
Other Identifiers (Optional)

- Other Identifiers listed on this page will associate other provider identifiers with the NPI.
  - Medicaid & any non-Medicare numbers

Select issuer type from the **Issuer**: drop-down menu.
- Input the issuer **Identification Number**:
- Input the applicable **State Issued**:

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Other Issuer</th>
<th>State Issued</th>
<th>Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td>DC</td>
<td>236</td>
</tr>
<tr>
<td>Other</td>
<td>BCBS</td>
<td></td>
<td>568946544</td>
</tr>
<tr>
<td>Other</td>
<td>Health Partners</td>
<td></td>
<td>5874</td>
</tr>
</tbody>
</table>
Other Identifiers - Warning

- If a user enters their SSN or any 9-digit number NPPES will generate a warning message:
  
  ![Warning]

  You have entered a 9 digit number in the following field(s):
  Identification Number
  Please verify the data entered is not sensitive data (such as an SSN, ITIN, EIN or Medicare Number) that should not be publicly disseminated.
  Select "Review Data Entered" to return to the page to review or change the data you entered.
  Select "I Understand" to affirm that the data entered is not sensitive and continue.

- User has the option to **Review Data Entered** or **I Understand**.
Taxonomy

Provider’s Taxonomy Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company’s web page.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Classification Name/Specialization:

Choose Taxonomy:

Choose Taxonomy

License Number: State Issued:
Taxonomy

- At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.
  
  ***15 Taxonomy Codes may be listed at MAX***

- All taxonomy codes available within the NPPES system may be found in the Choose Taxonomy: dropdown.

- The Choose Taxonomy Filter can also be utilized to filter by taxonomy name or taxonomy code.
Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the **Primary Taxonomy**.

- Select the checkbox to the left of the applicable taxonomy code.

If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the **Primary Taxonomy**.
Contact Information

- Contact Person Information can be:
  - Provider – *info will auto-fill from Provider Profile page*
  - 2nd individual – *should be knowledgeable of NPPES/NPI*
- This is where the NPI will be sent when it is enumerated & also who will be contacted if verification is needed when processing the application.
- Information is hidden from the NPI Registry.
Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

- Contact Information is for internal use only and will not be available to the public.
- Primary Contact Information
- Contact Person is same as Myself (Henry Jones)

Prefix: Miss  ▼  First: Mary  ▼  Middle:  ▼  Last: Shelly  ▼  Suffix: ▼

Credential(s):(MD, DO, etc.)  ▼  Title/Position: Office Assistant

* Telephone Number: (654) 897-4521  ▼  Extension:  ▼  * Contact Person Email: Mary.Shelly@email.com  ▼  * Confirm Contact Person Email: Mary.Shelly@email.com

CANCEL  SAVE
Multiple Contact People can be added by selecting the **ADD ANOTHER CONTACT** button on the Contact Information page.
- One Contact Person must be selected as the **Primary Contact.**

---

**Contact Information**

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

**Contact Information (only one required)**

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Name</th>
<th>Credential(s)</th>
<th>Title/Position</th>
<th>Telephone Number</th>
<th>Contact Person Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Mary Shelly</td>
<td>Office Assistant</td>
<td>6548974521</td>
<td><a href="mailto:Mary.Shelly@email.com">Mary.Shelly@email.com</a></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Fred Flinstone</td>
<td>Office Lead</td>
<td>5849873210</td>
<td><a href="mailto:FredandWilma@email.com">FredandWilma@email.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Error Check – No Errors

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile
- COMPLETED: Profile
  No Errors Found

Step 2: Address
- COMPLETED: Address
  No Errors Found

Step 3: Health Information Exchange
- COMPLETED: Health Information Exchange
  No Errors Found

Step 4: Other Identifiers
- COMPLETED: Other Identifiers
  No Errors Found

Step 5: Taxonomy
- COMPLETED: Taxonomy
  No Errors Found

Step 6: Contact Information
- COMPLETED: Contact Information
  No Errors Found
Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the [NP] Enumerator of this fact immediately.

- I authorize the [NP] Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

- I have read and understand the Privacy Act Statement.

- I have read and understand the Penalties for Falsifying Information on the [NP] Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.
Submission Confirmation

Thank you. Your application will be processed. Your Tracking number is: 02052021614839

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu.

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021
Authorized Official: Jessie Org
Contact Person: Jessie Three-fourteen
Primary Practice Location Address: 7281 4th St, Remington VA 22734-2124, US
EIN: 523020521
Date Submitted: Feb-05-2021
Contact Email: jhuver6314@test.com

To print this page for your reference, click:

PRINT THIS PAGE

Please Note: This page printout may contain sensitive information.

To View or print this application click:

VIEW PRINTER FRIENDLY VERSION OF APPLICATION

The NPI Enumerator may be contacted Monday through Friday, 9am to 5pm
By Phone:
1-800-465-3203 (NPI Toll-Free)
1-800-892-2326 (NPI TTY for the deaf, hard of hearing or those with speech difficulties)

By Email: customerservice@npienumerator.com

By Mail:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to https://nppes.cms.hhs.gov, and you were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: 02052021614839

If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If verification is required, processing may take up to 30 days.

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to https://nppes.cms.hhs.gov, and you were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: 02052021614839

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu at https://nppes.cms.cms.gov

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*Holiday hours may vary
By e-mail: at customerservice@npienumerator.com

By mail at:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.