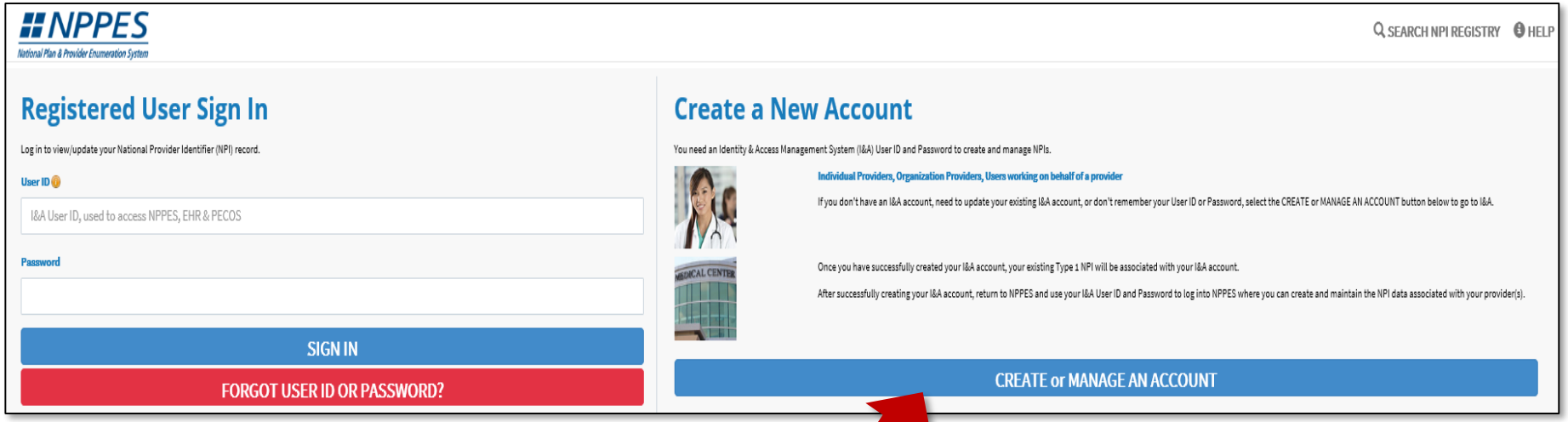
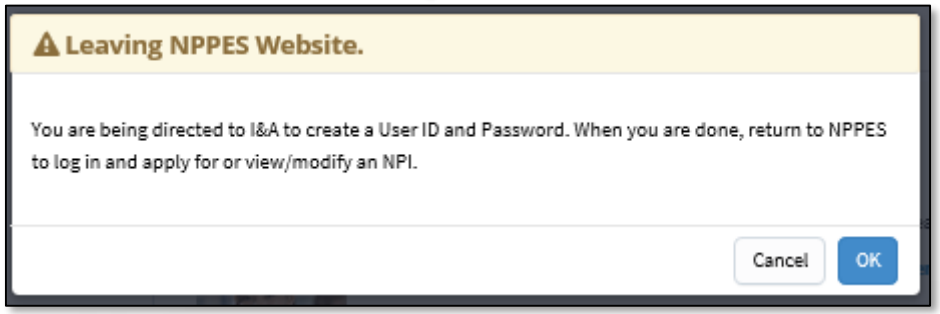
Provider View – Initial Application

- Access https://nppes.cms.hhs.gov



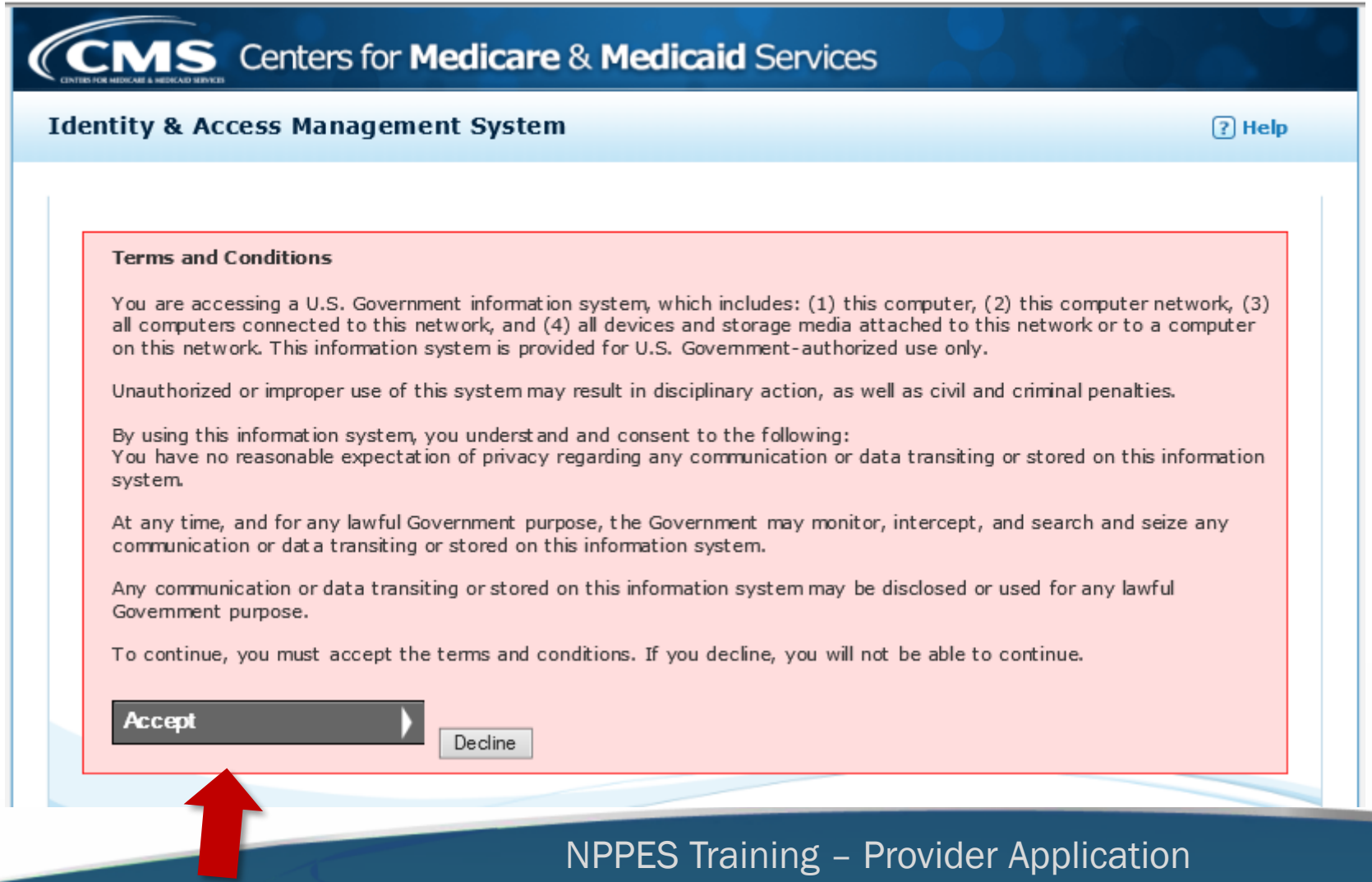
- Select Create or Manage an Account



- *Select* OK *to the* Leaving NPPES Website pop up.

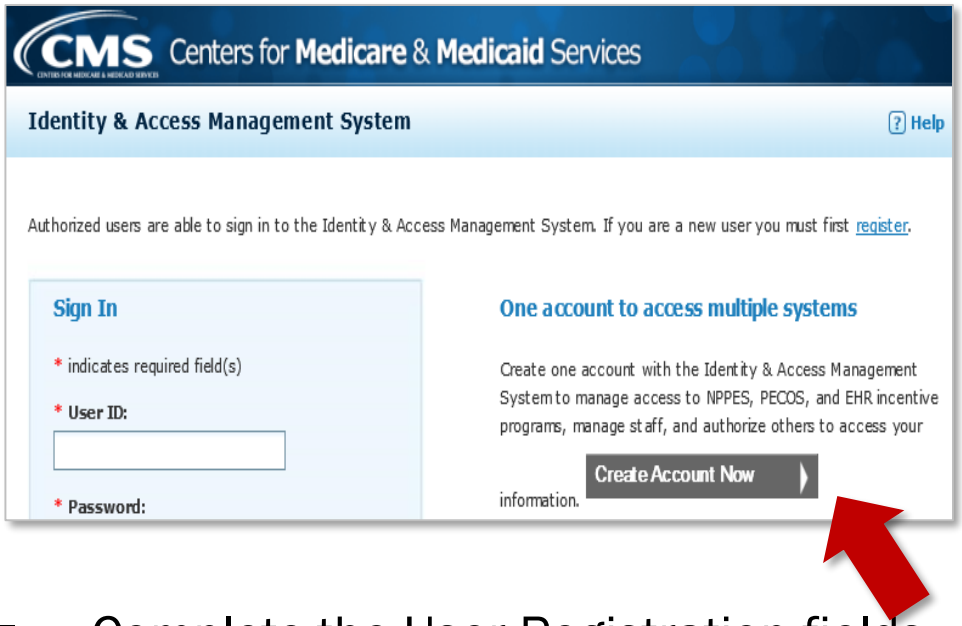
Provider View – Initial Application

- User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.



Provider View – Initial Application

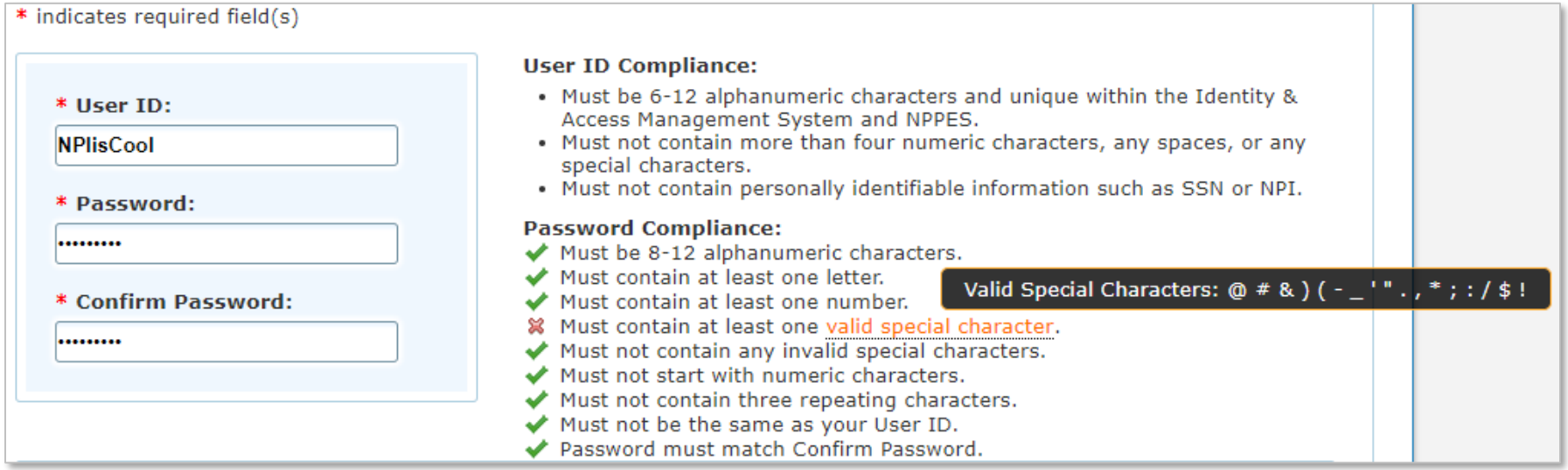
- One account will be created to access multiple systems. Select Create Account Now to proceed.



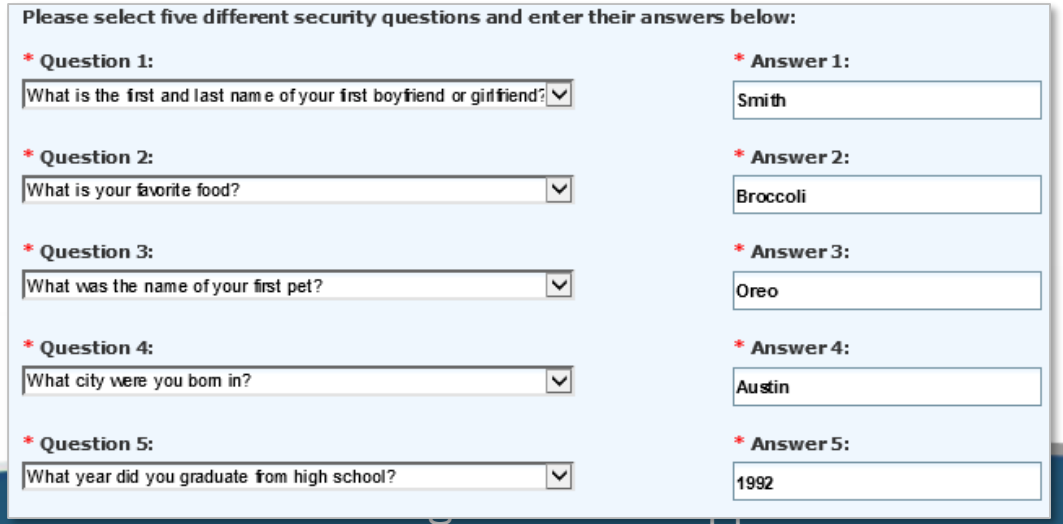
- Complete the User Registration fields.
  - E-mail Address / Confirm E-mail Address
  - Captcha
  - Submit

Provider View – Initial Application

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

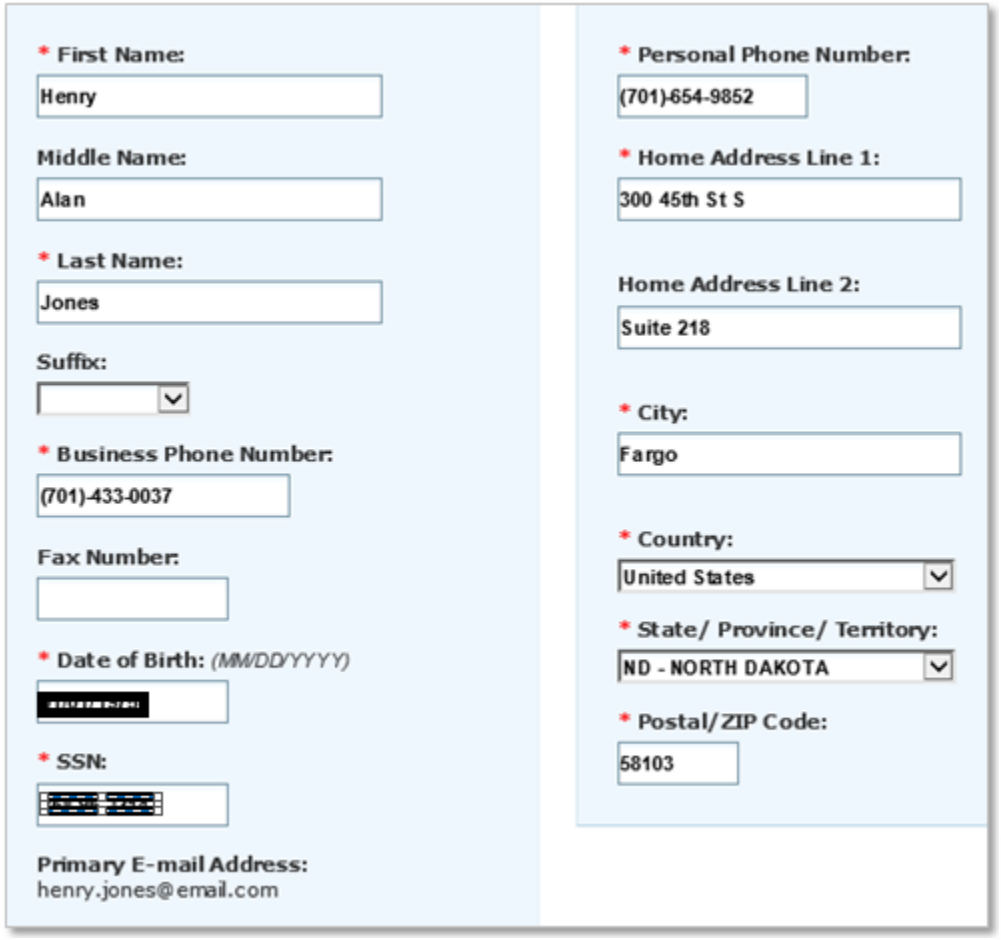


- Five Security Questions and Answers



Provider View – Initial Application

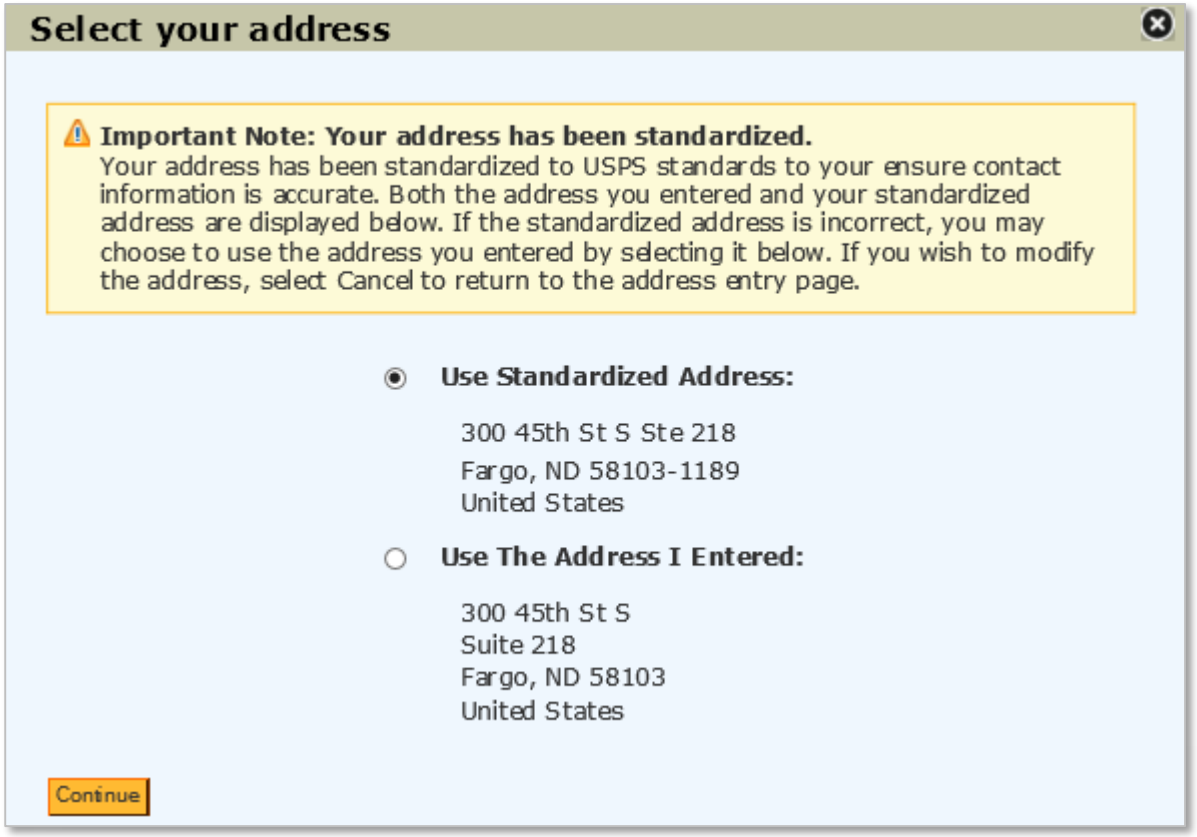
- Complete the **User Registration** – User Information fields
  - First & Last Name
  - Business Phone
  - DOB
  - SSN
  - Personal Phone
  - Home Address
  - City
  - Country
  - State / Province / Territory
  - Zip Code
  - Primary E-mail Address (auto-filled)



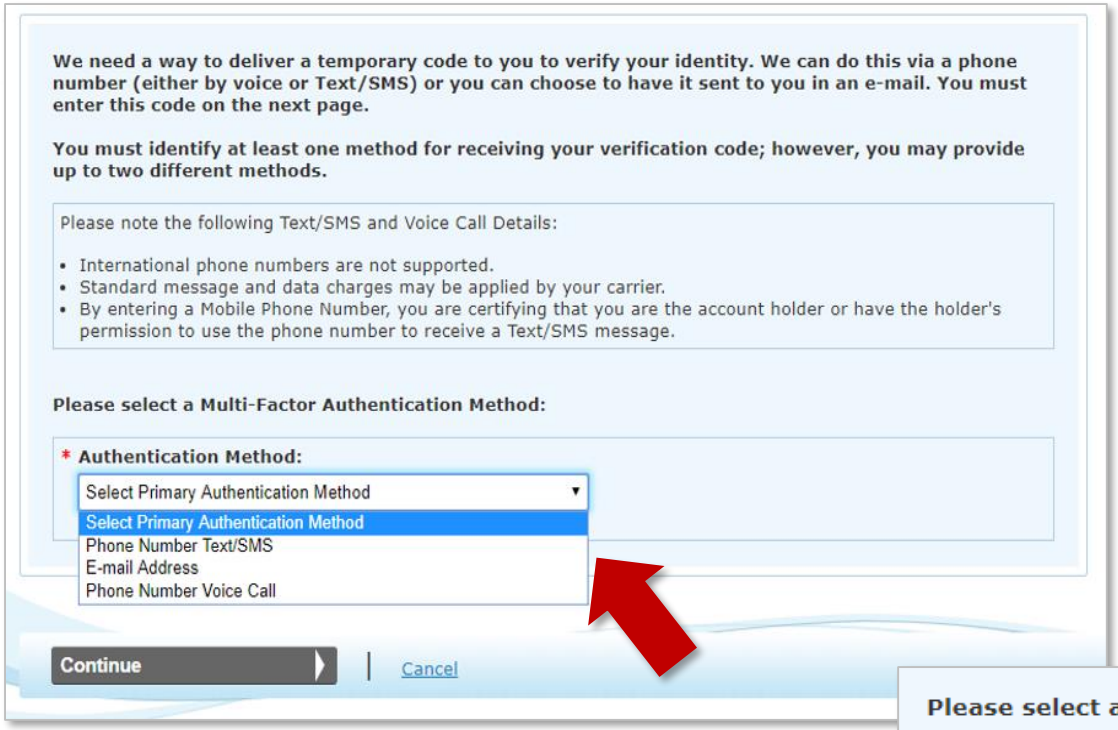
Provider View – Initial Application

- Select your address:
  - Use Standardized Address

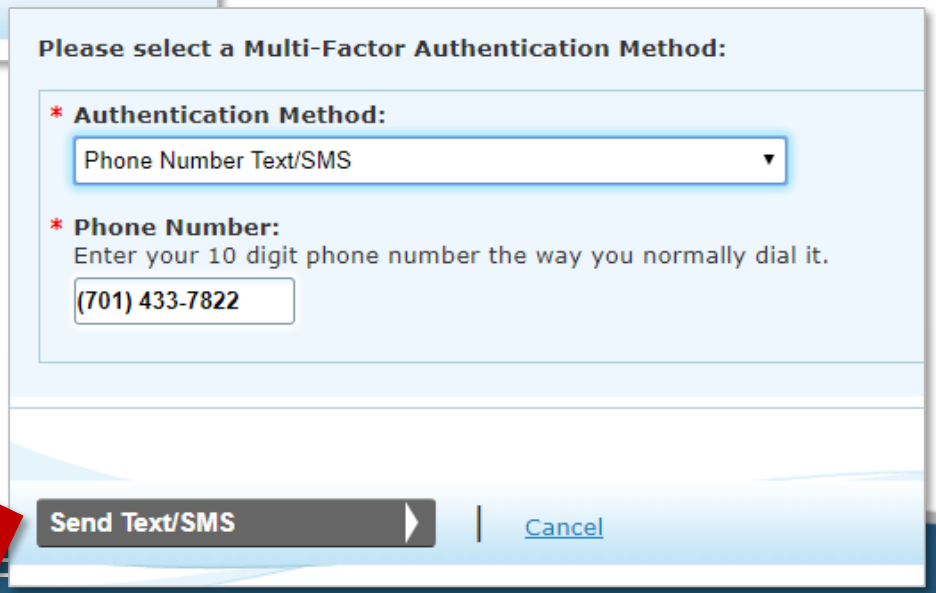
    or
  - Use the Address I Entered



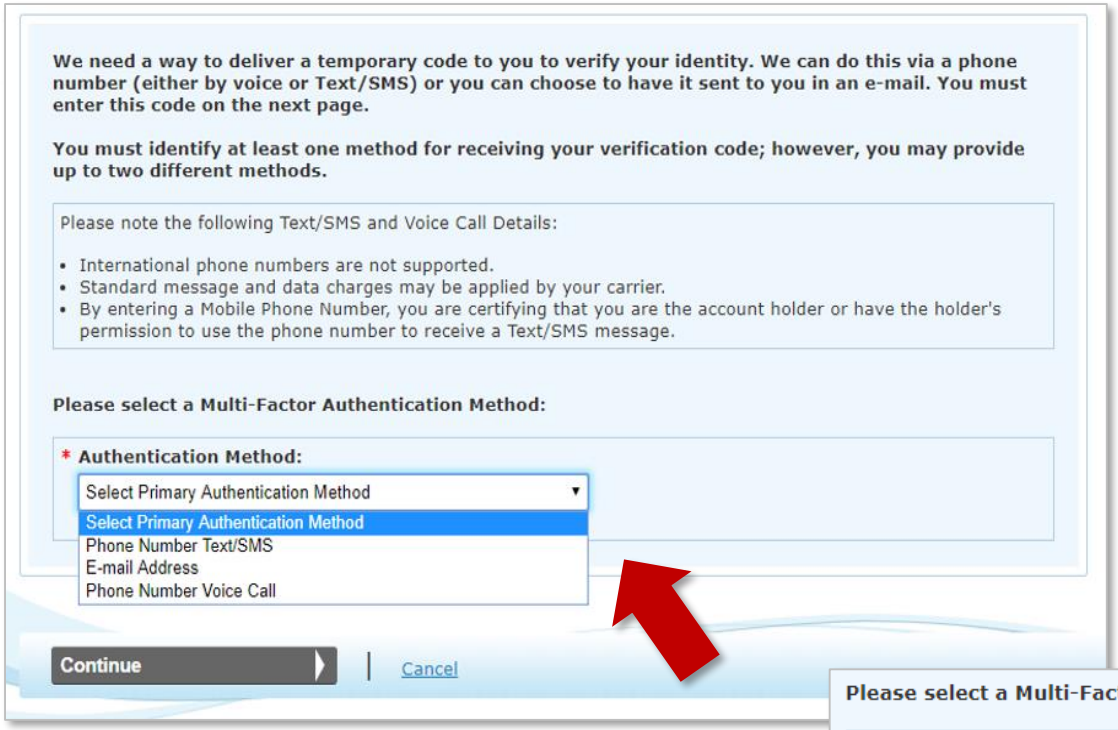
Provider View – Initial Application



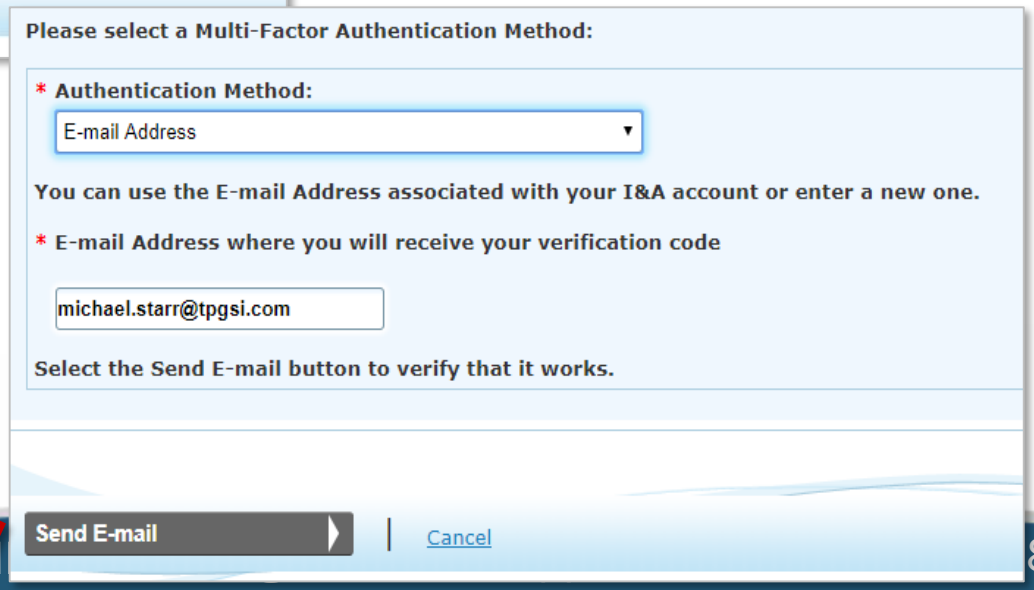
- Multi-Factor Authentication is required to verify the user's identity via:
  - Phone Number Text/SMS
  - *or*
  - E-Mail Address
  - *or*
  - Phone Number Voice Call



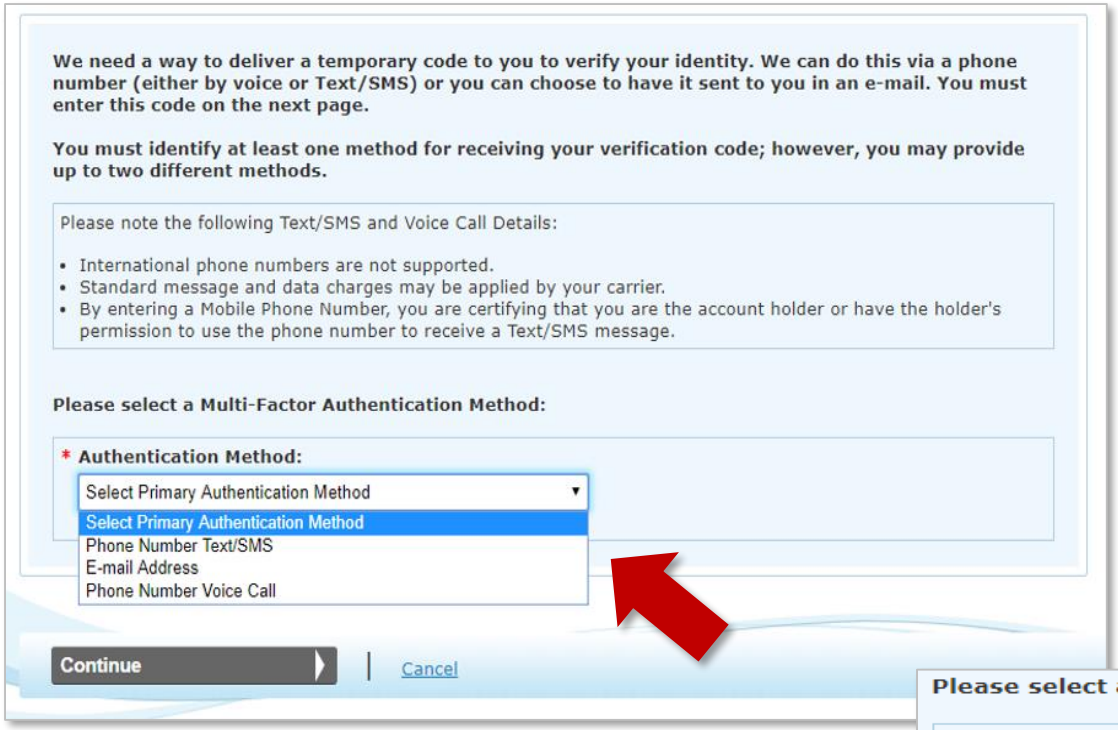
Provider View – Initial Application



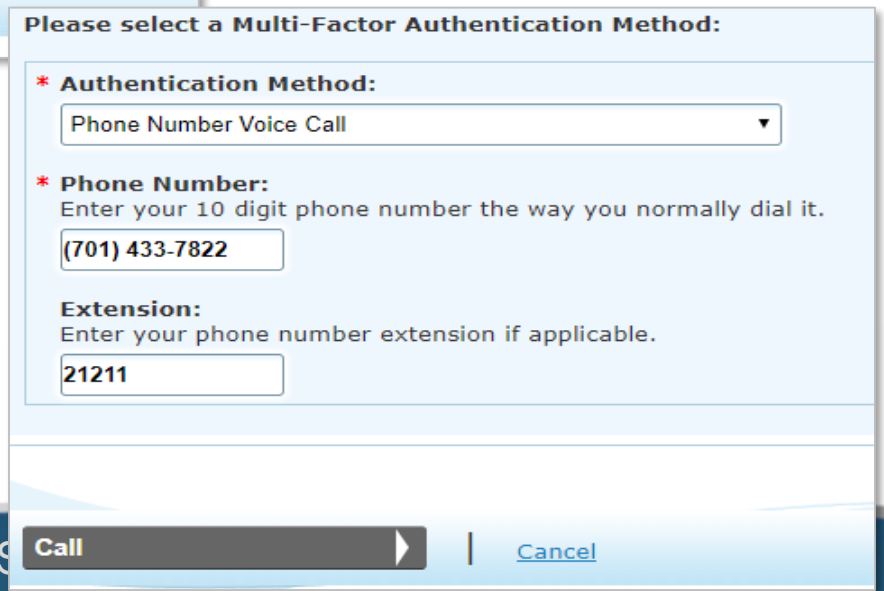
- Multi-Factor Authentication is required to verify the user's identity via:
  - Phone Number Text/SMS
  - *or*
  - E-Mail Address
  - *or*
  - Phone Number Voice Call



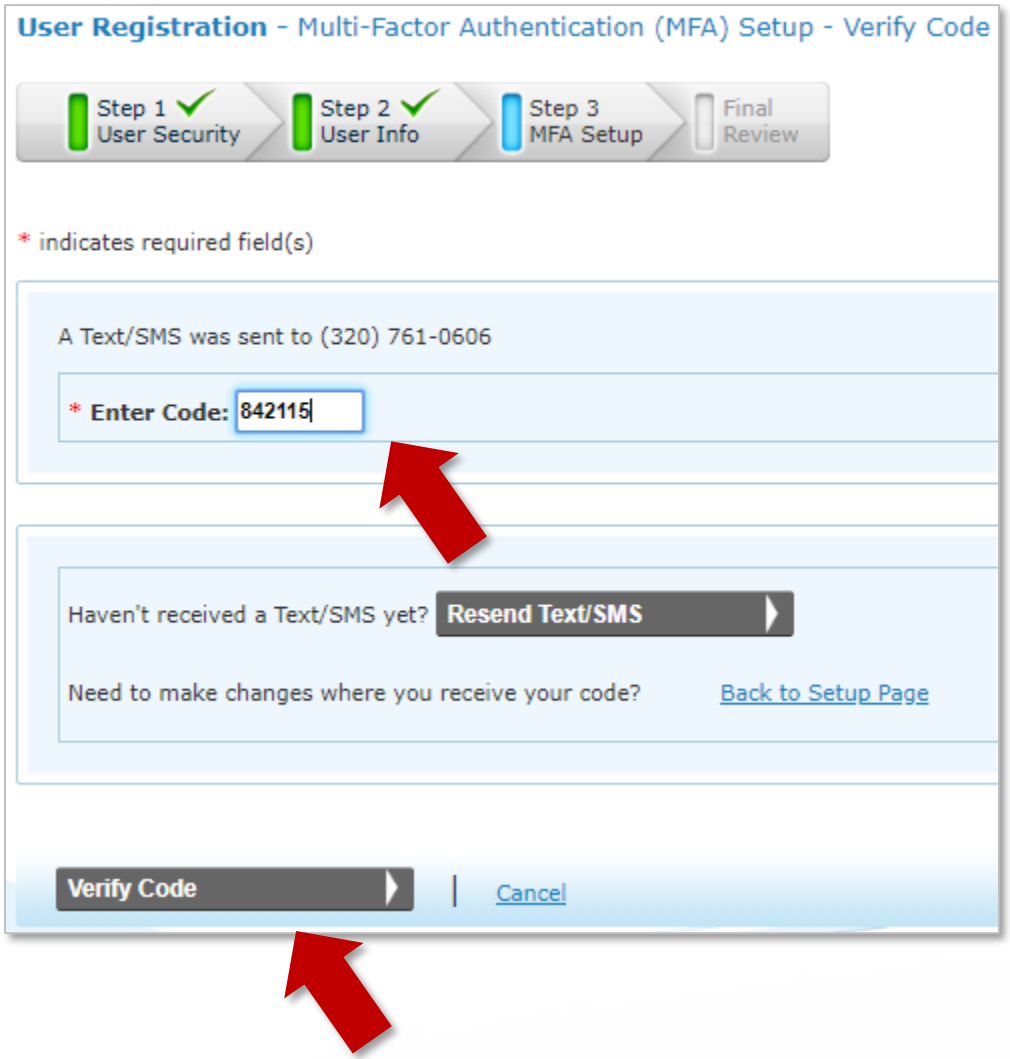
Provider View – Initial Application



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

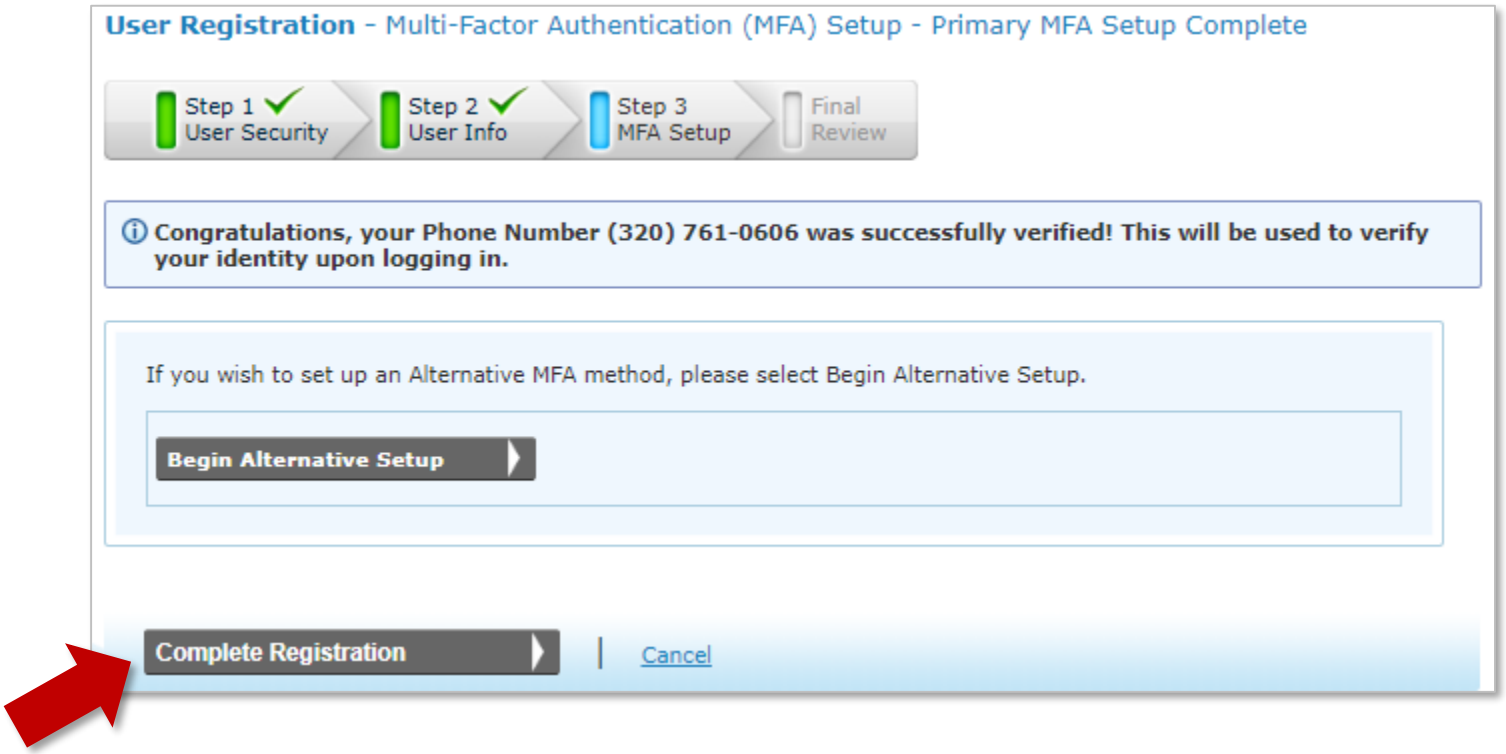


Provider View – Initial Application



- 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.

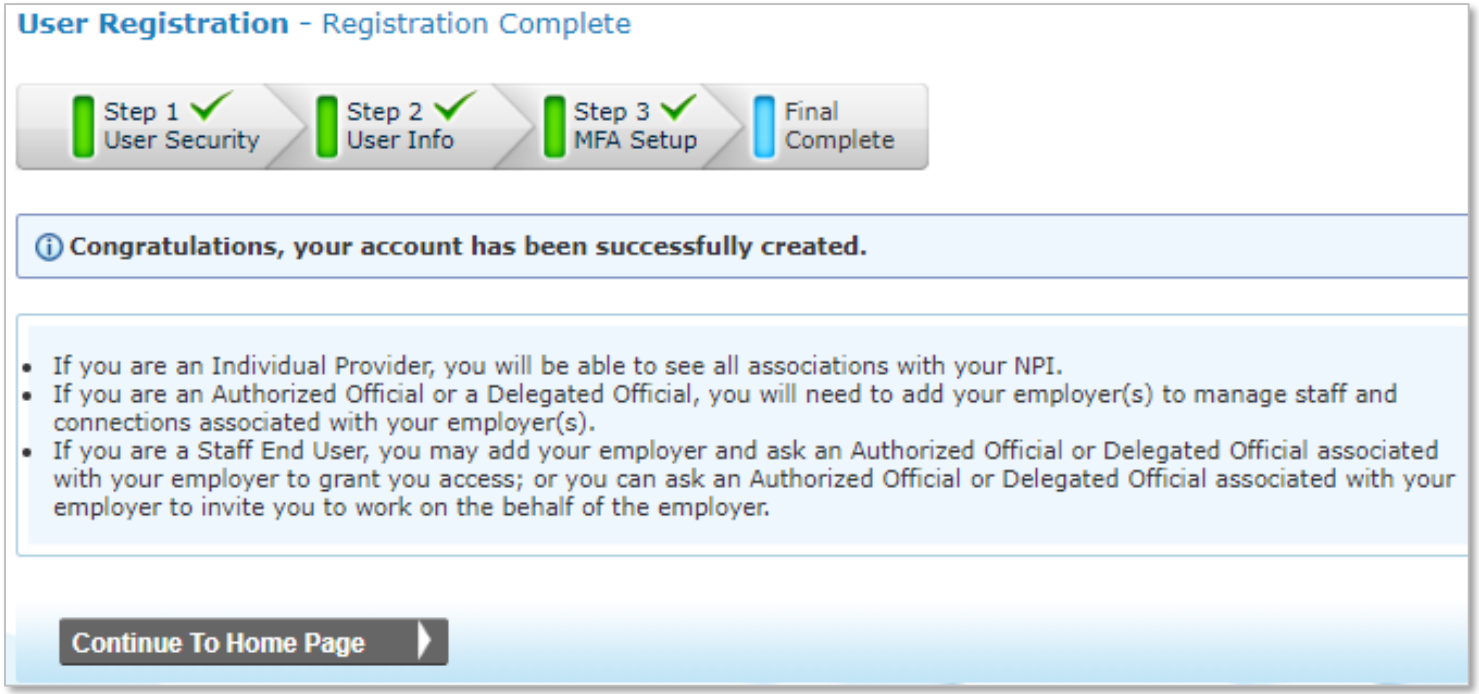
Provider View – Initial Application



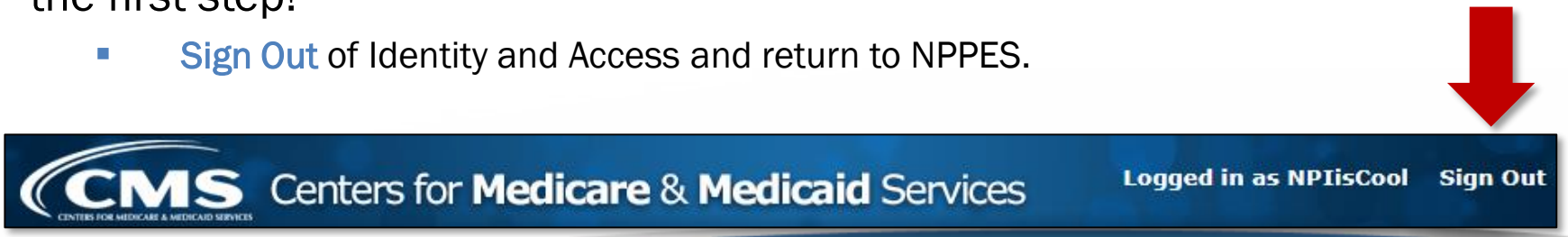
- The Begin Alternative Setup option can be used to set up an *additional form of MFA* or the user can continue with the Complete Registration option.

Provider View – Initial Application

- User Registration – Registration Complete

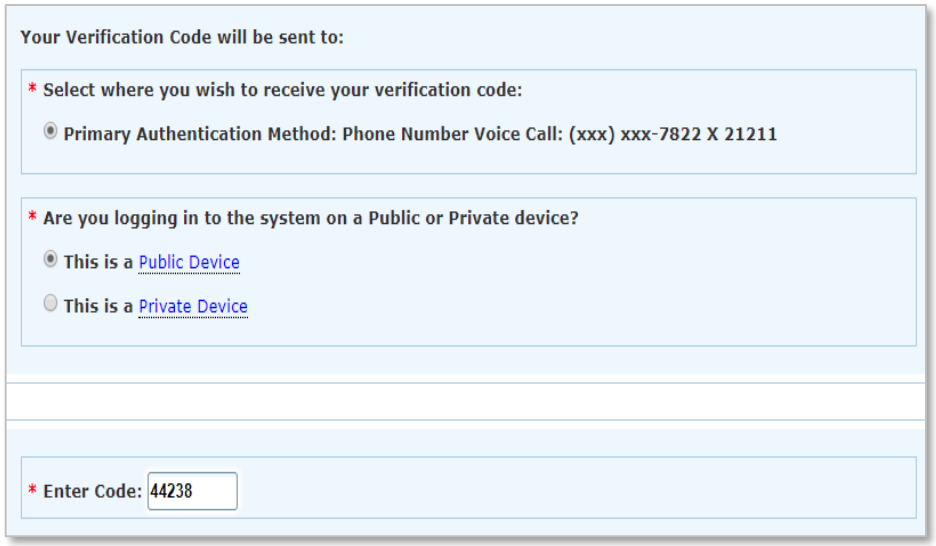


- The user has now created an account in Identity & Access…this is only the first step!
  - Sign Out of Identity and Access and return to NPPES.



Provider View – Future Sign In

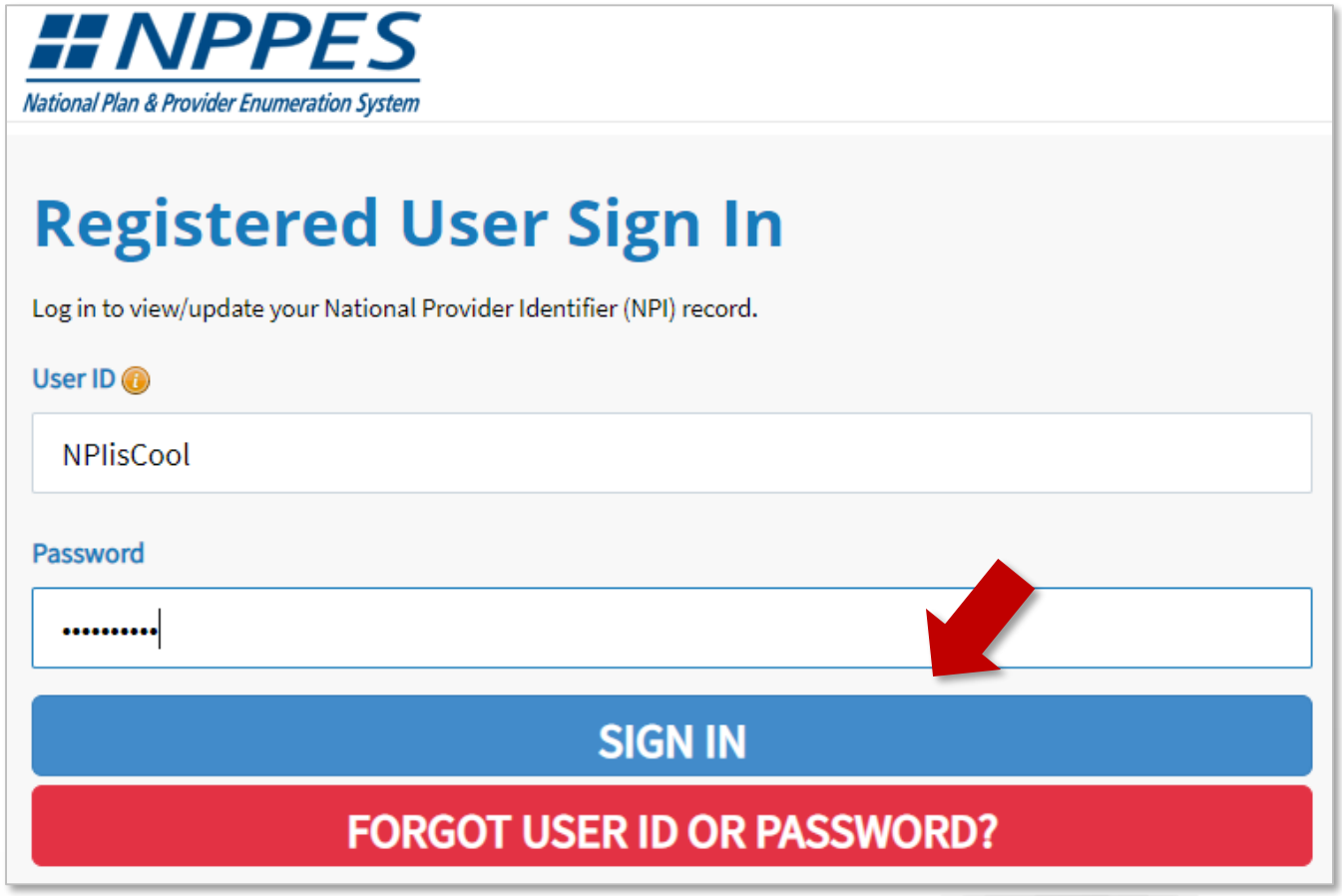
- The next time a User signs into I&A, they will be asked where to send the verification code and about the device.



- 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*.

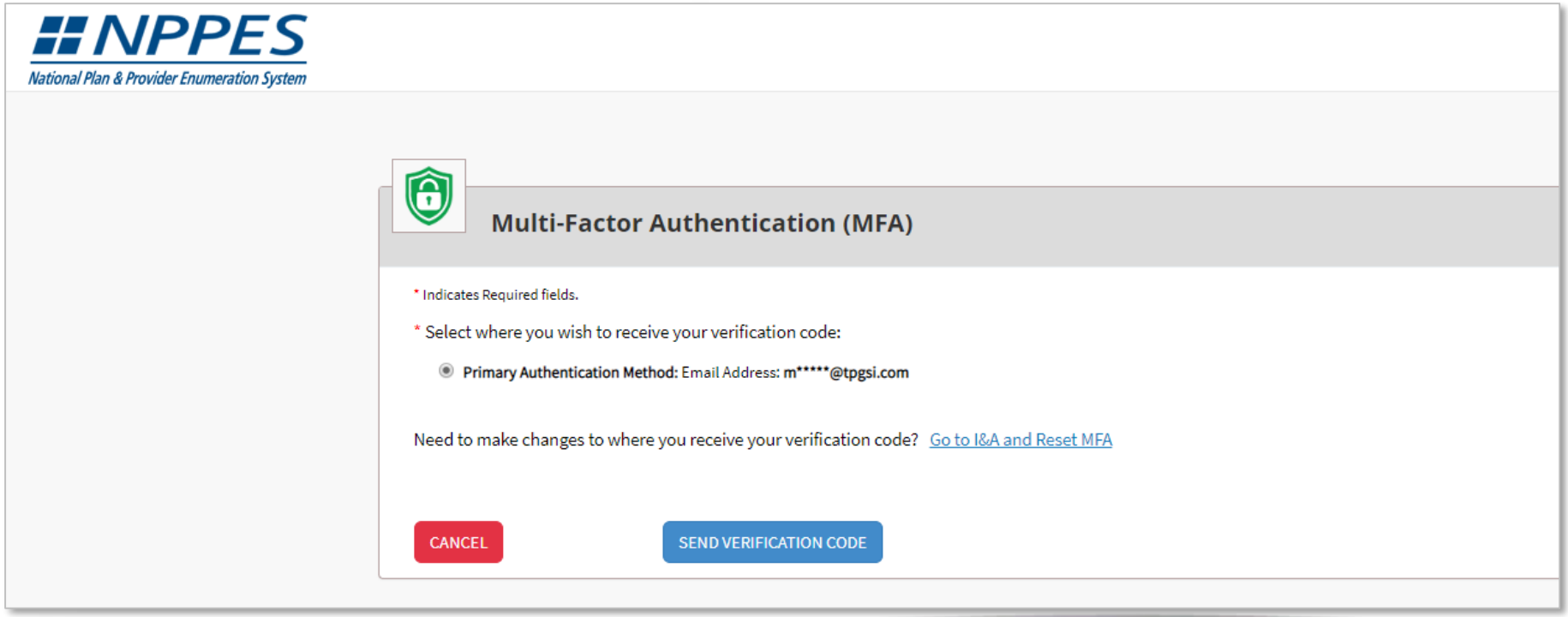
Provider View – Initial Application

- Once back at https://nppes.cms.hhs.gov, the user will sign in under Registered User Sign In to begin the initial NPI application.



NPPES MFA Verification

- 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.

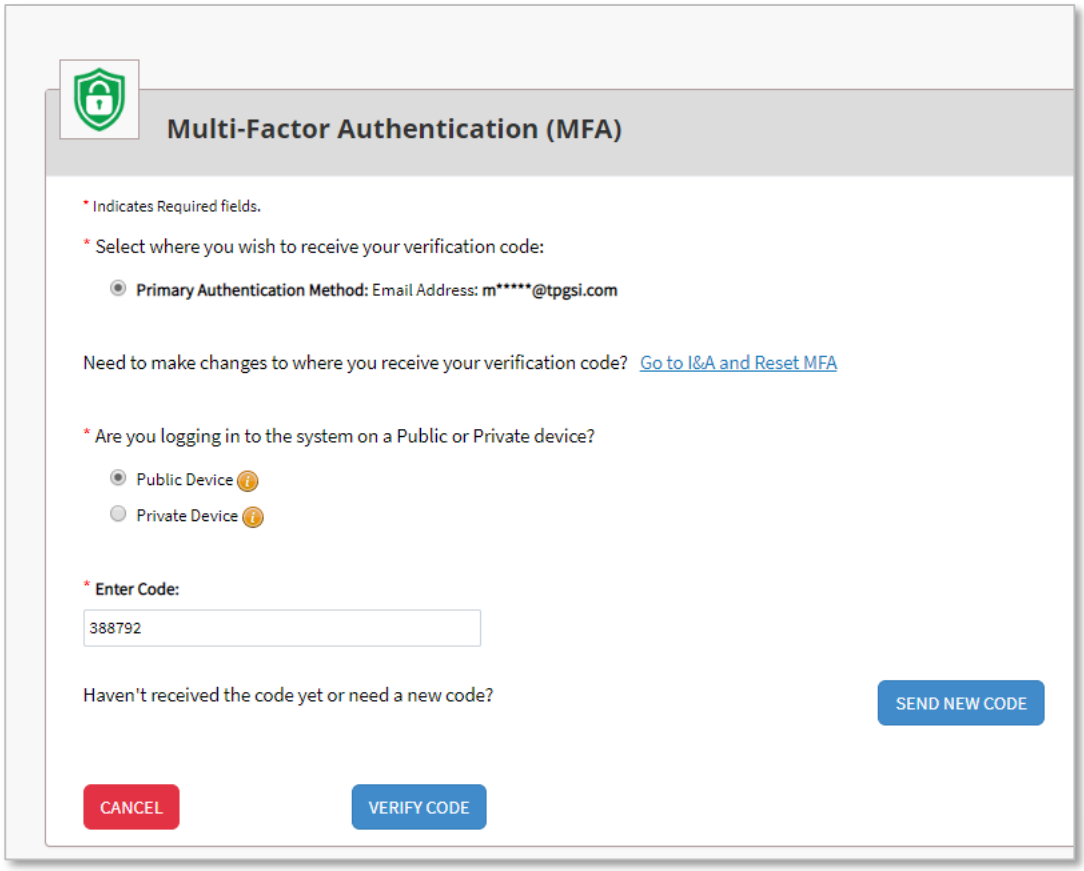


NPPES MFA Verification

- 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.

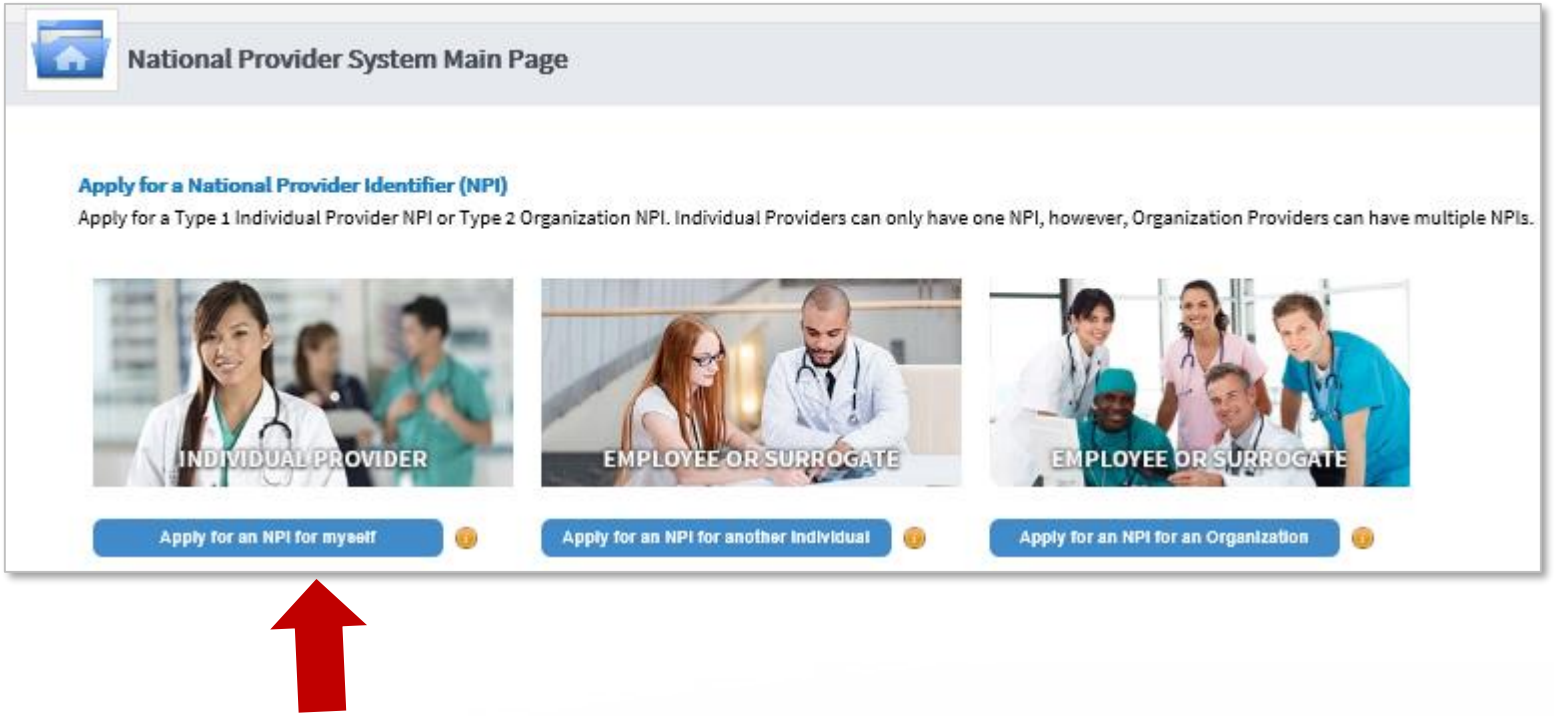
Private Device – the system will install a cookie on the device, & the MFA is good for *24 hours*.



Initial Application for Myself – Type 1

Initial Application - Myself

- Upon logging in with the I&A established User ID and password, the user can select Apply for an NPI for myself.



Initial Application – Provider Profile

1 PROFILE · 2 ADDRESS · 3 HEALTH INFORMATION EXCHANGE · 4 OTHER IDENTIFIERS · 5 TAXONOMY · 6 CONTACT INFO · 7 ERROR CHECK · 8 SUBMISSION

13% application completed

Provider Profile

* Indicates Required fields.

Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: | * First: Henry | Middle: Alan | * Last: Jones | Suffix:

Credential(s):(MD, DO, etc.)

Other Name:(If applicable)

Prefix: | First: | Middle: | Last: | Suffix:

Type of Other Name: | Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: [redacted] | * TIN Type: SSN | * Tax Identification Number(TIN): [redacted]

* State of Birth:(If U.S.) | Country of Birth: US - United States

* Gender: Male Female

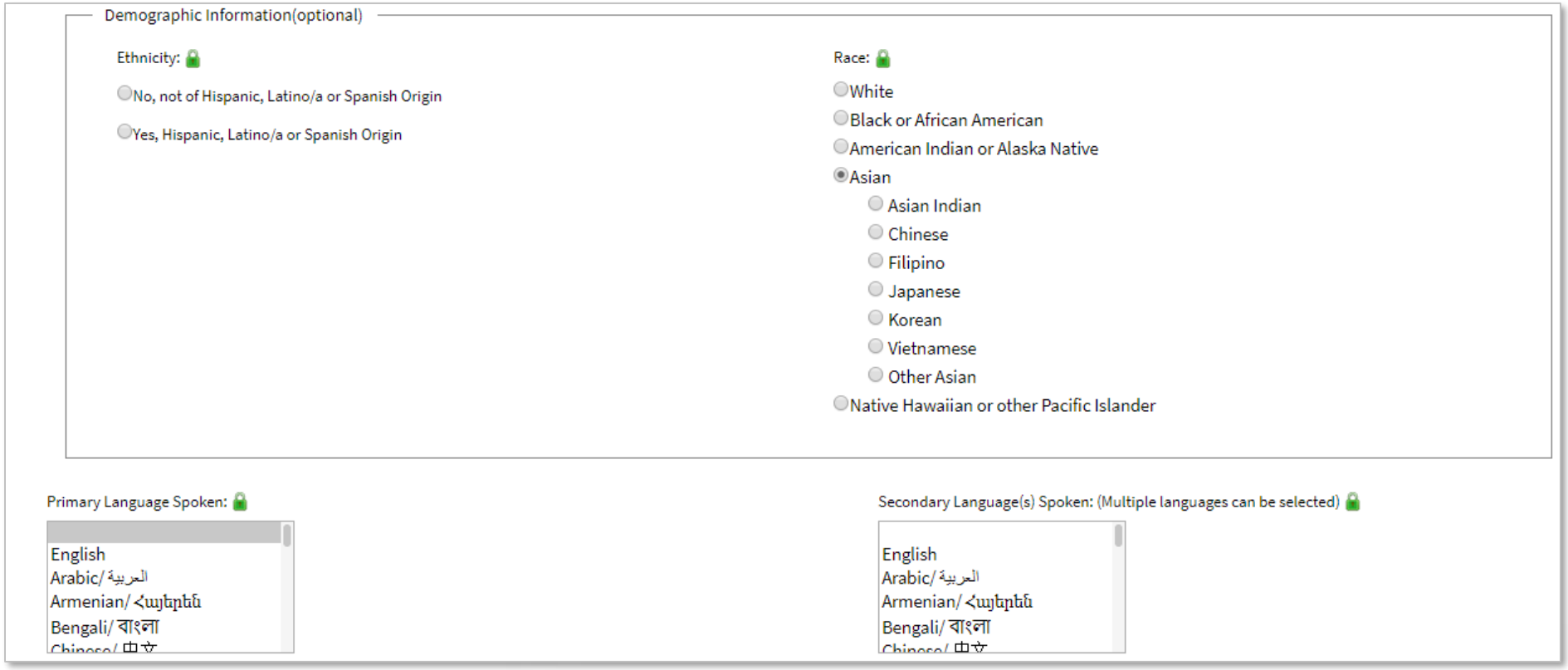
* Is the Provider a Sole Proprietor? Yes No

Choose YES for Sole Proprietor

Initial Application - Provider Profile

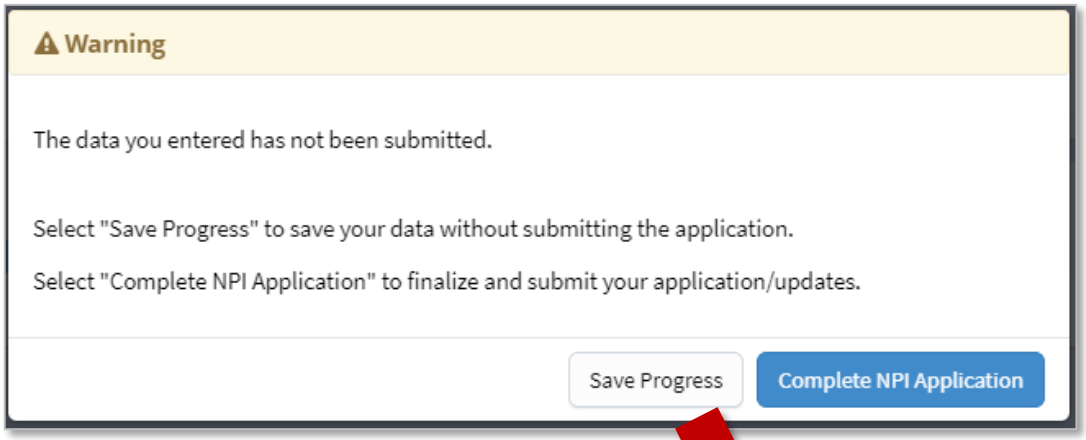
Tip: Once a radio button is selected, it can be changed; however the selection cannot be removed completely.

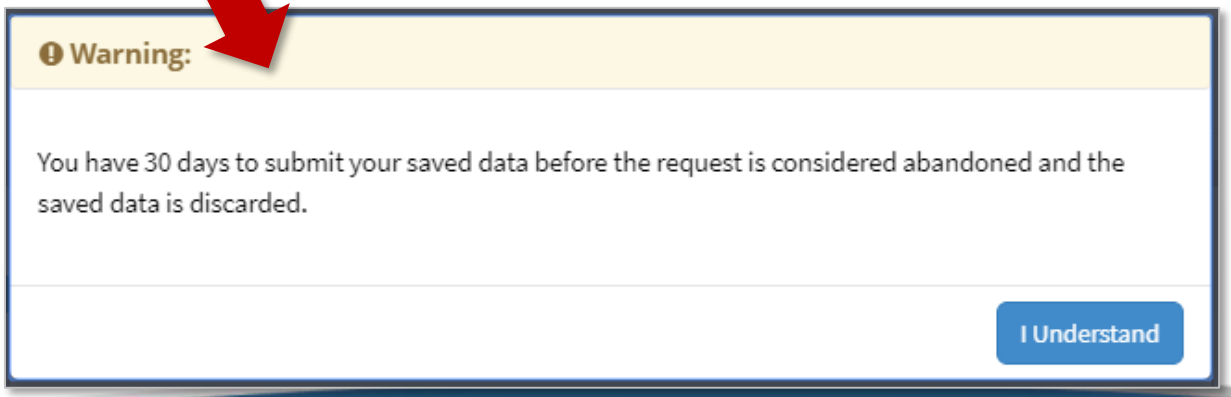
Provider Profile – Optional Information



Application Progression

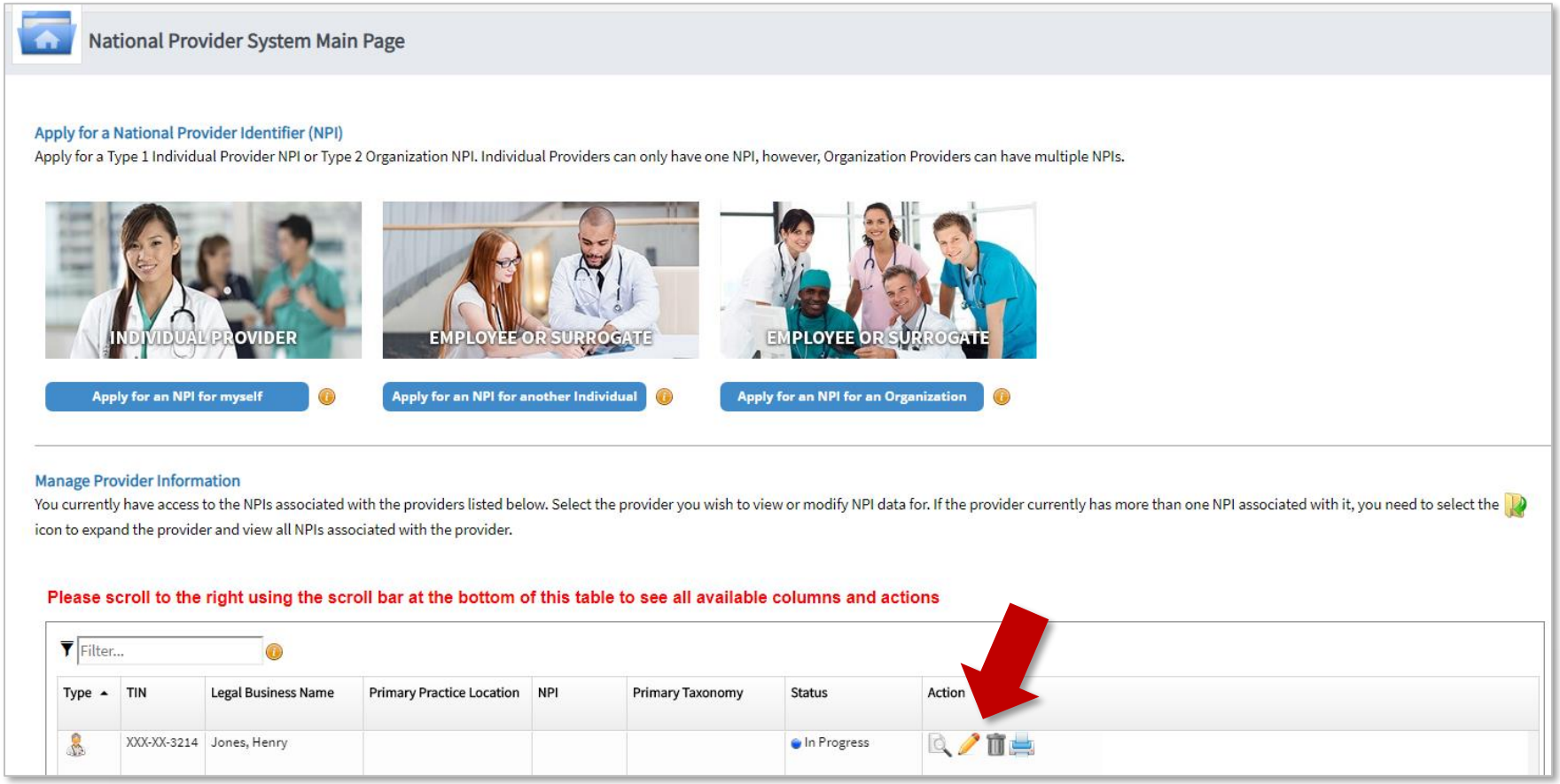
- Applications are ***not*** required to be completed in one sitting. Users can save information and come back to it at a later point.
- On any page, the SAVE & RETURN TO MAIN PAGE may be utilized to save the application progress.





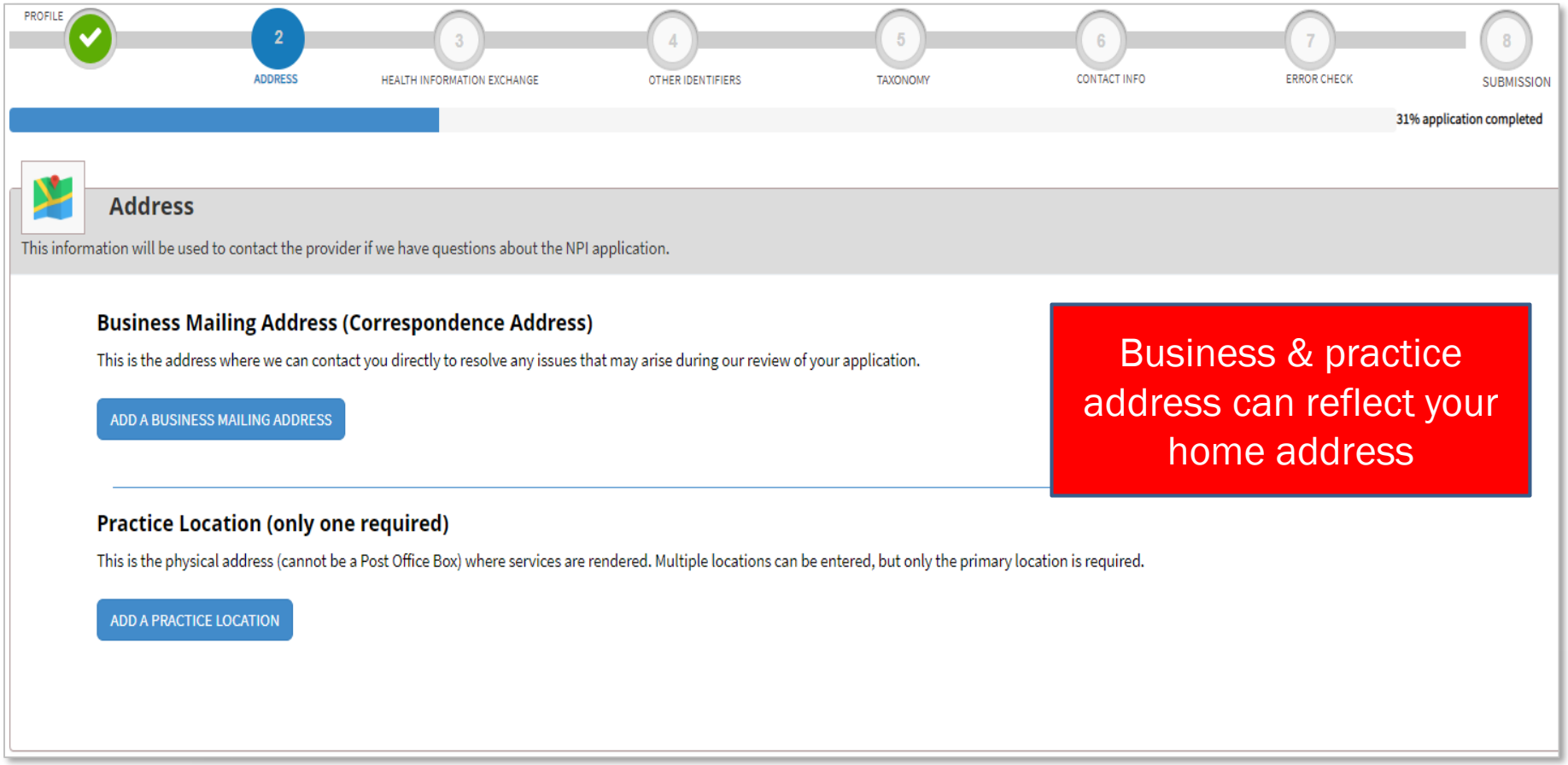
Application Progression

- 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.

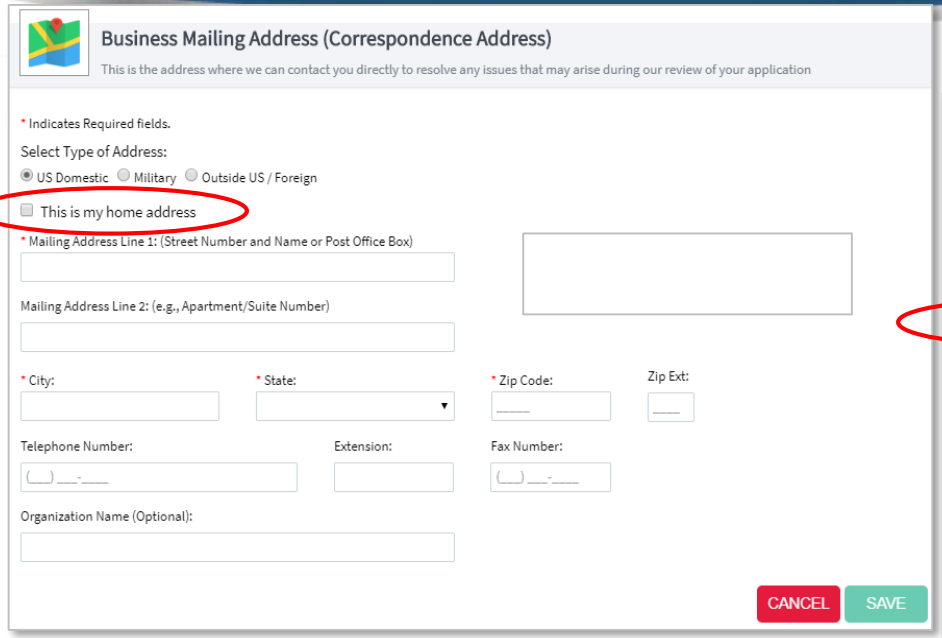


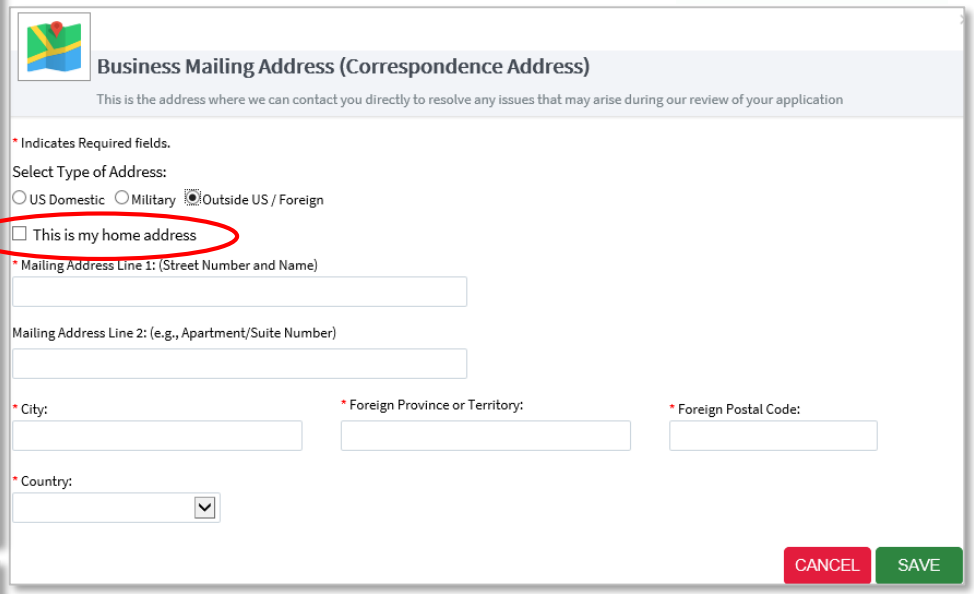
Initial Application - Address

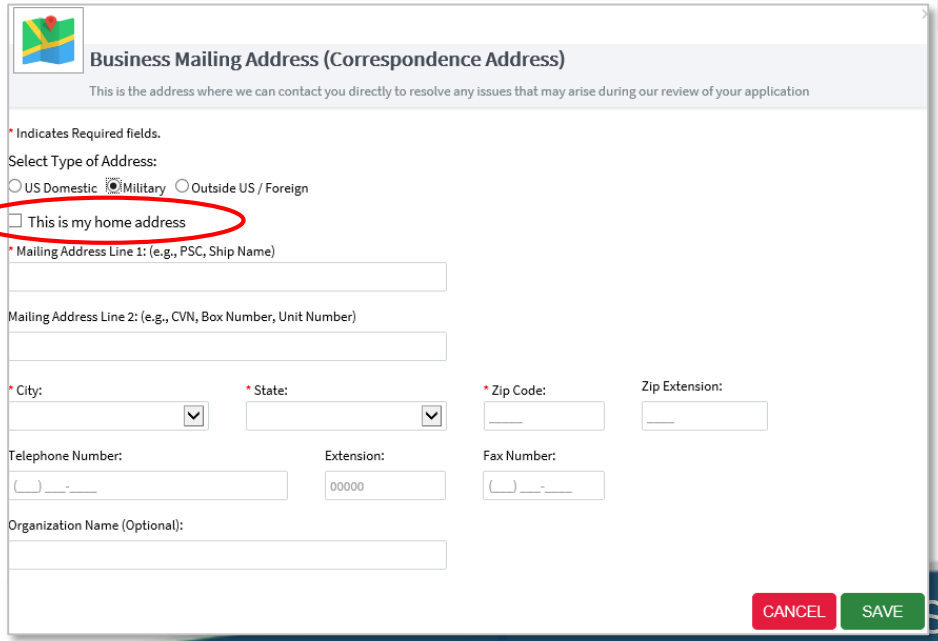
- Users must provide both a **Business Mailing Address** and, at minimum, one **Practice Location**.



Business Mailing Address

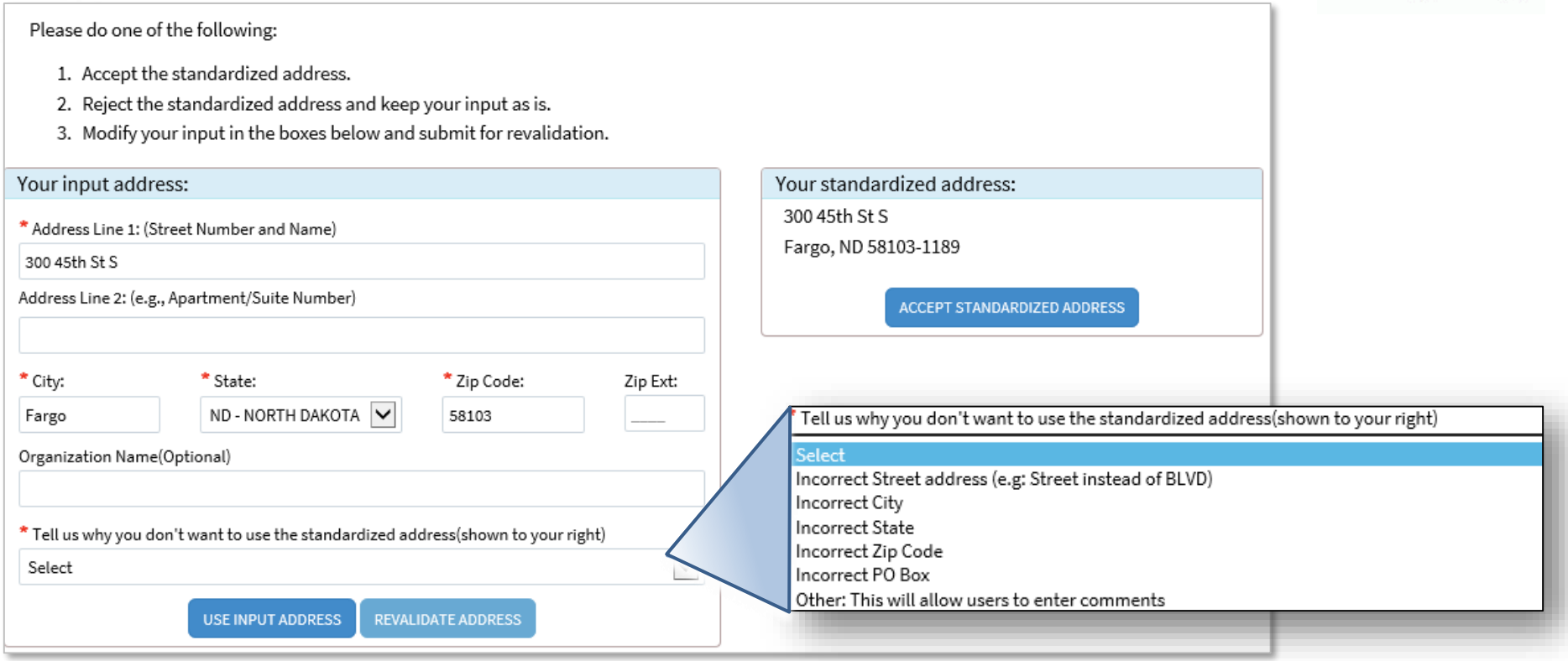






- Users must select the type of address that will populate the required fields for the Business Mailing Address.
  - *US Domestic*
  - *Military*
  - *Outside US / Foreign*
- Additional checkbox to indicate:
  'This is my home address'

Business Mailing Address Verification



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

Business Practice Location

Business Practice Location

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

US Domestic

* Address Line 1: (Street Number and Name)

* Telephone Number: (000)-000-0000 Extension: 00000 Fax Number: (000)-000-0000

Address Line 2: (e.g. Suite Number)

Languages Spoken: (Multiple languages can be selected)

English
Arabic/ العربية
Armenian/ Հայերեն
Bengali/ বাংলা
Chinese/ 中文

* City:

* State: * Zip Code: Zip Ext:

Organization Name(Optional):

Office Hours:

☐ Apply to all	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	OPEN	OPEN	OPEN	OPEN	OPEN	CLOSE	CLOSE
	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

Optional Information

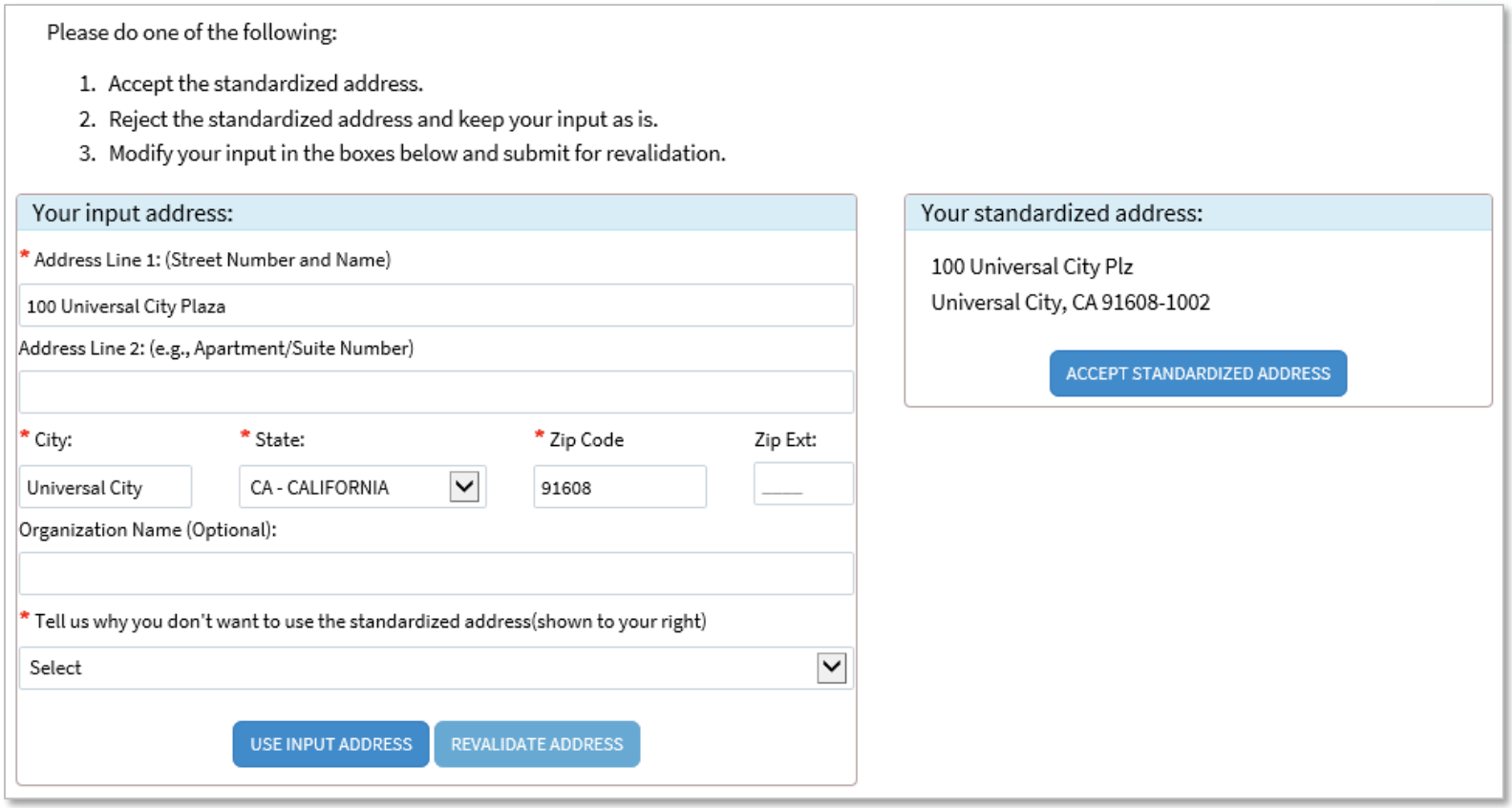
Is this office accessible to individuals with mobility disabilities? ○Yes ○No

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

CANCEL SAVE

Business Practice Location Verification



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

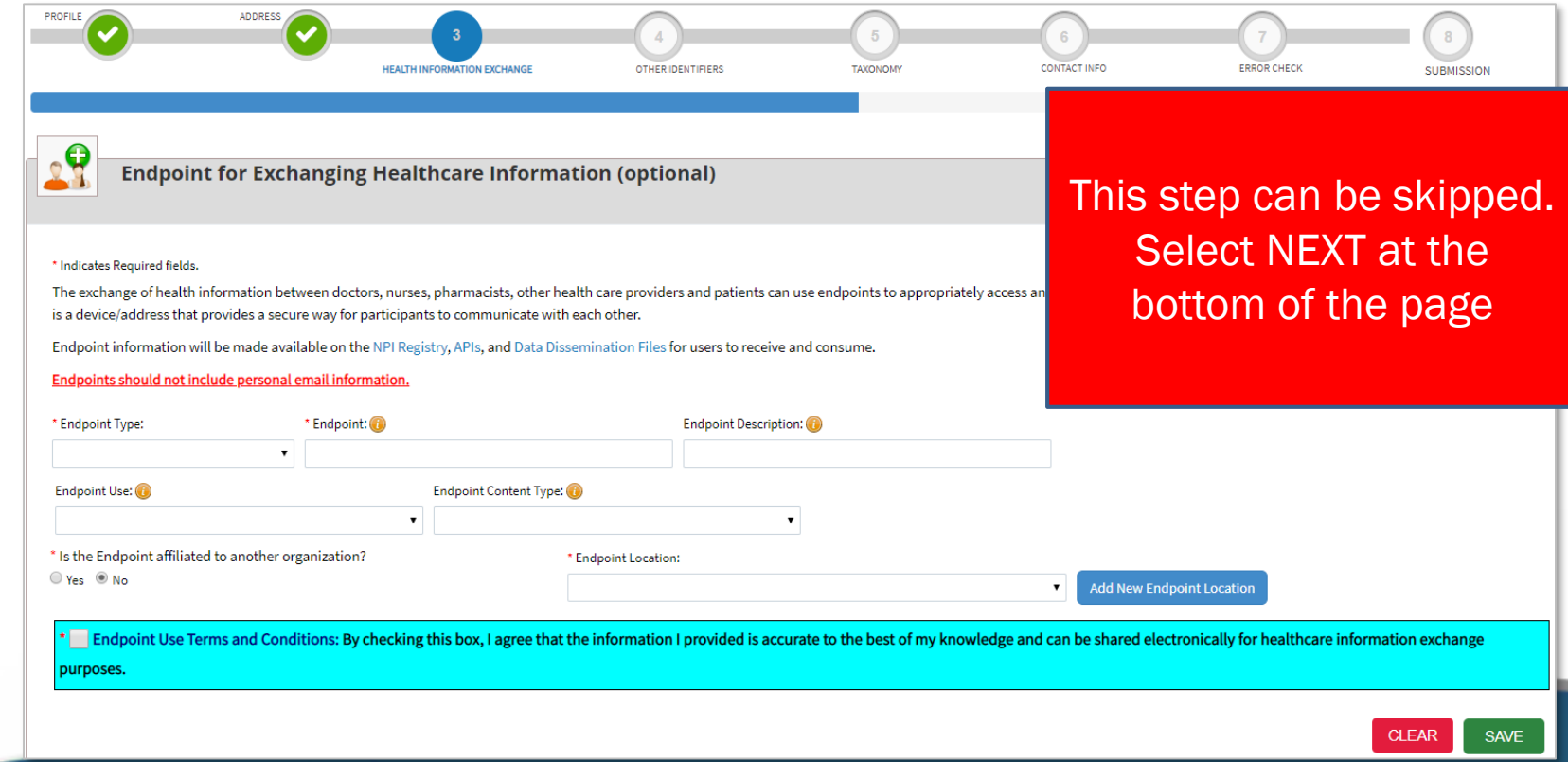
Business Practice Location– Additional Locations

- 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.

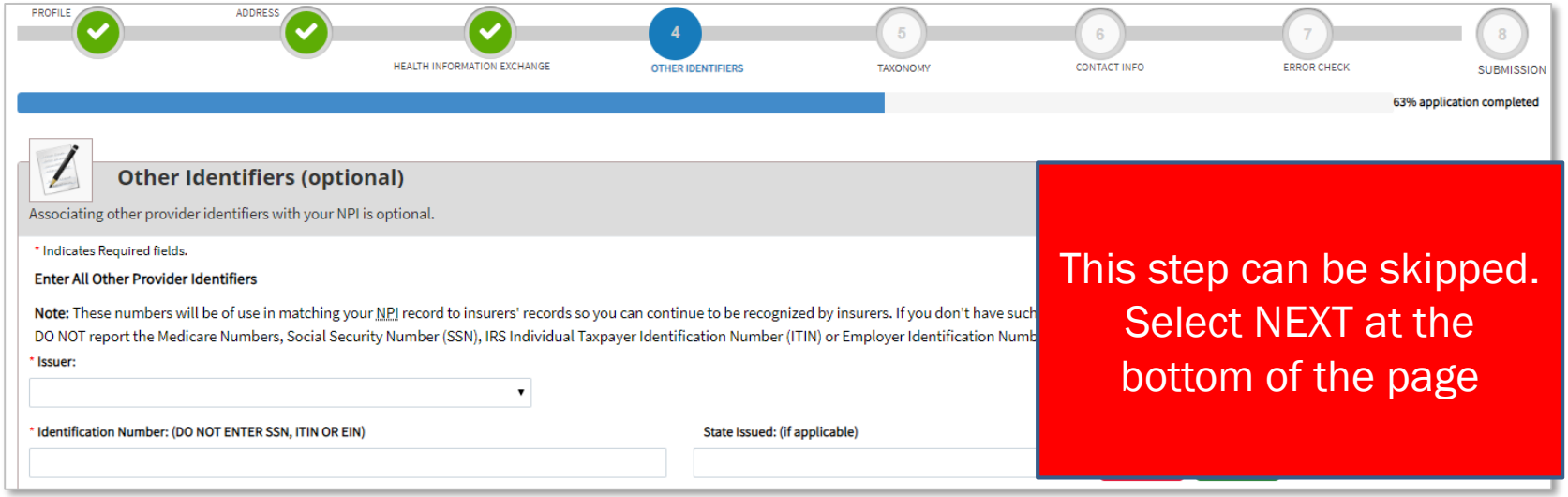
Health Information Exchange - Endpoints

- 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.).



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:**

Issuer ▲	Other Issuer	State Issued	Identification Number
Medicaid		DC	236
Other	BCBS		568946544
Other	Health Partners		5874

Taxonomy

PROFILE ✓ — ADDRESS ✓ — HEALTH INFORMATION EXCHANGE ✓ — OTHER IDENTIFIERS ✓ — 5 TAXONOMY — 6 CONTACT INFO — 7 ERROR CHECK — 8 SUBMISSION

63% application completed

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 [illegible] 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.

We recommend you choose taxonomy code 3747P1801X, then click SAVE

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy

* Classification Name/Specialization:

License Number:

State Issued:

CLEAR SAVE

Health Care Provider Taxonomy Code Set

Personal Care Attendant

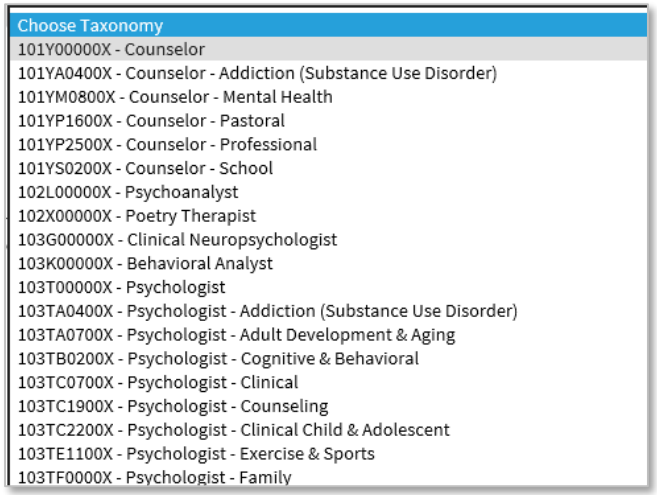
Code	3747P1801X
Name	Personal Care Attendant
Definition	An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished, or essential to the health and welfare of the individual may also be provided. Personal care providers must meet state defined training and certification standards
Notes	*[7/1/2003: definition added]*
Effective Date	4/1/2002
Last Modified Date	7/1/2003

Taxonomy

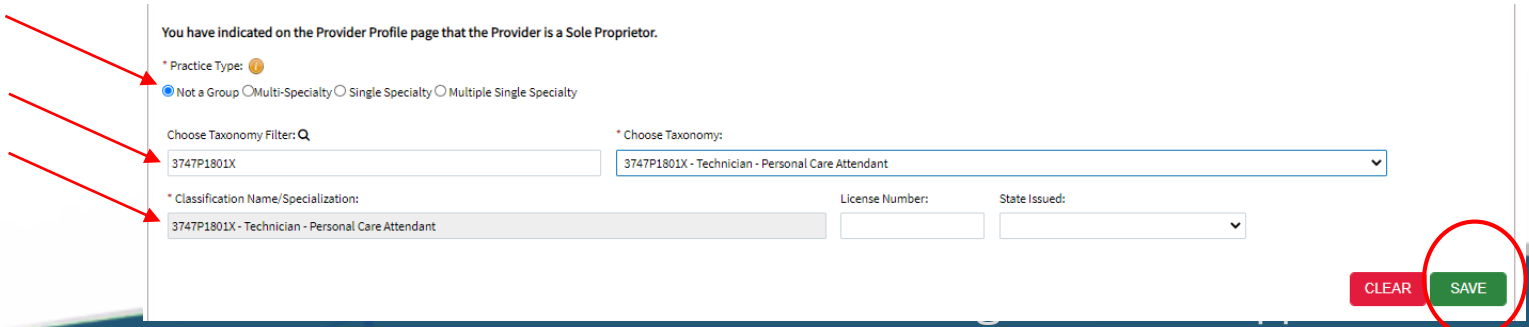
- At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.

  ***15 Taxonomy Codes may be listed at MAX**

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

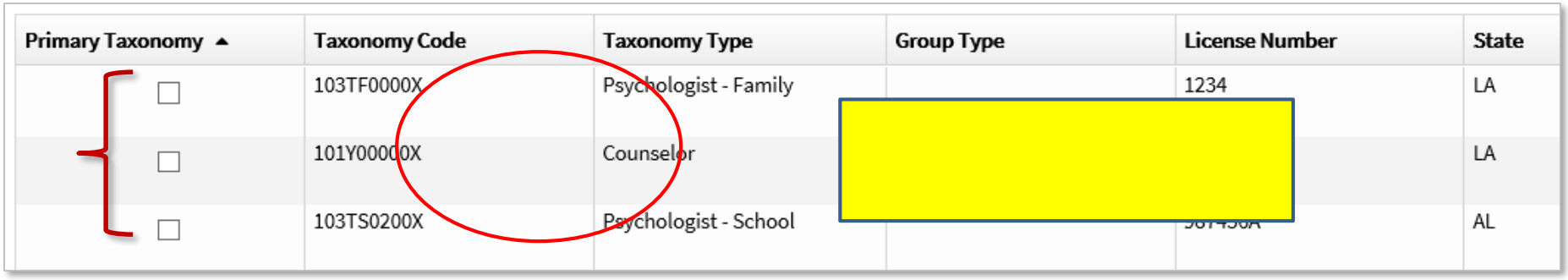


  - The **Choose Taxonomy Filter** can also be utilized to filter by taxonomy name or taxonomy code.



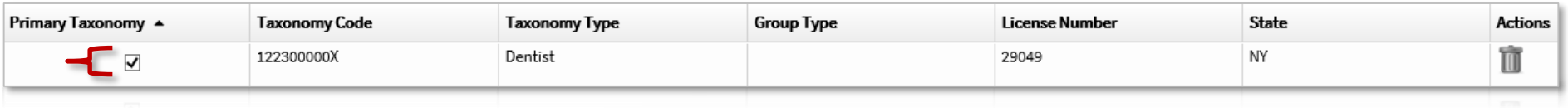
Taxonomy

- 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.



Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
☐	103TF0000X	Psychologist - Family		1234	LA
☐	101Y00000X	Counselor			LA
☐	103TS0200X	Psychologist - School			AL

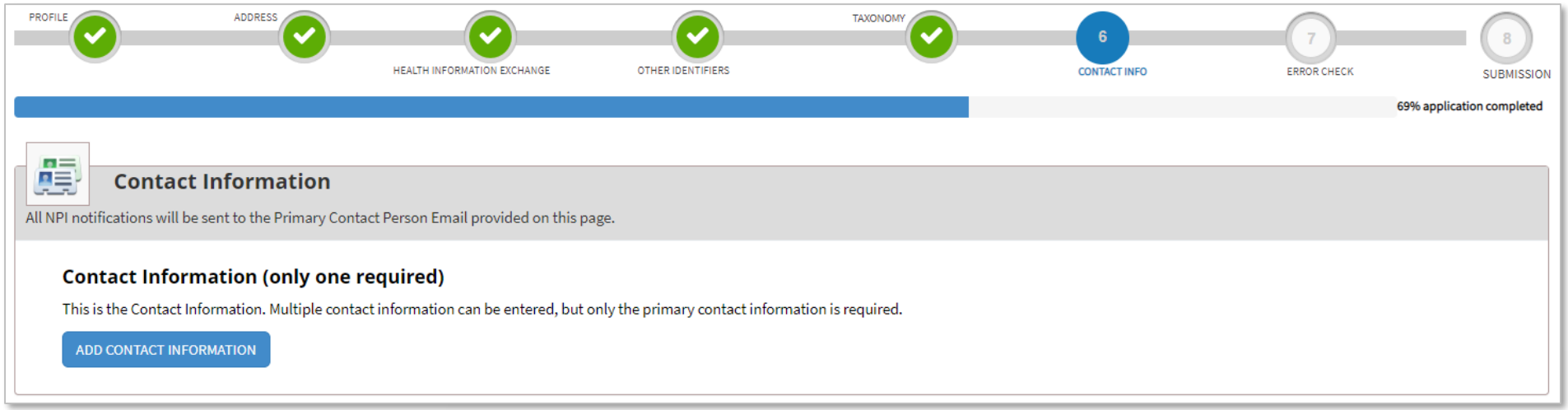
- If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the **Primary Taxonomy**.



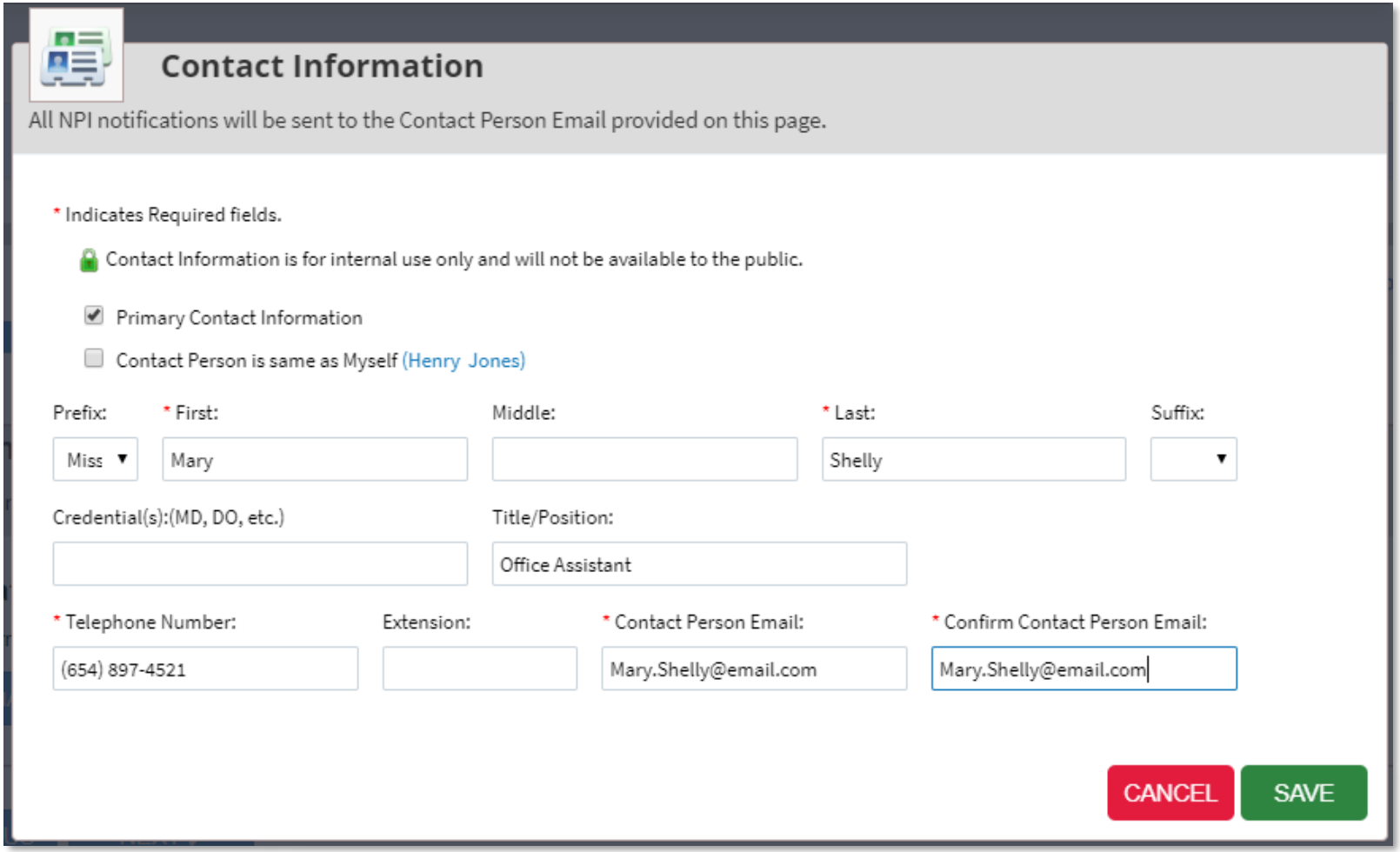
Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
☑	122300000X	Dentist		29049	NY	

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.

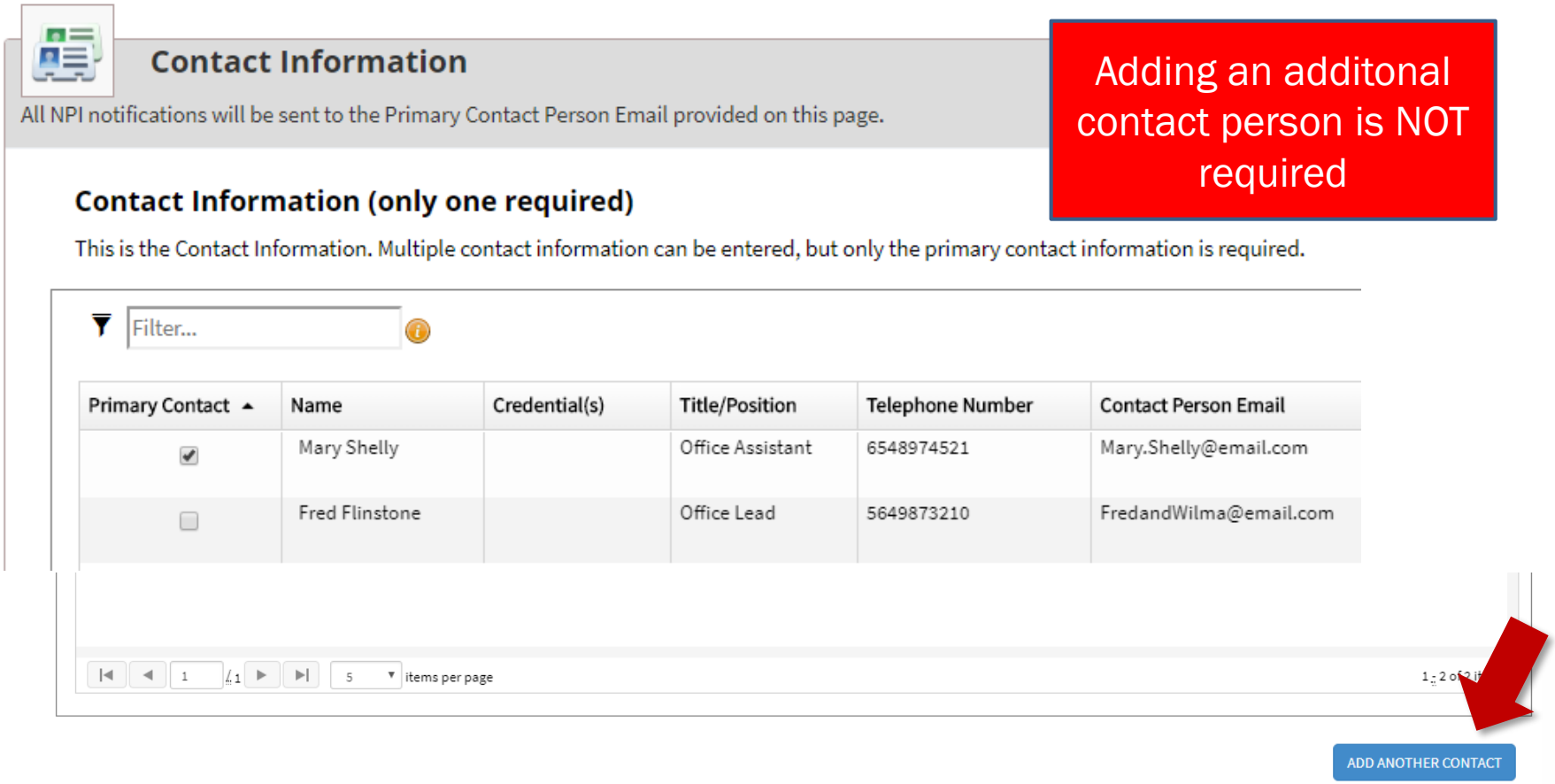


Contact Information

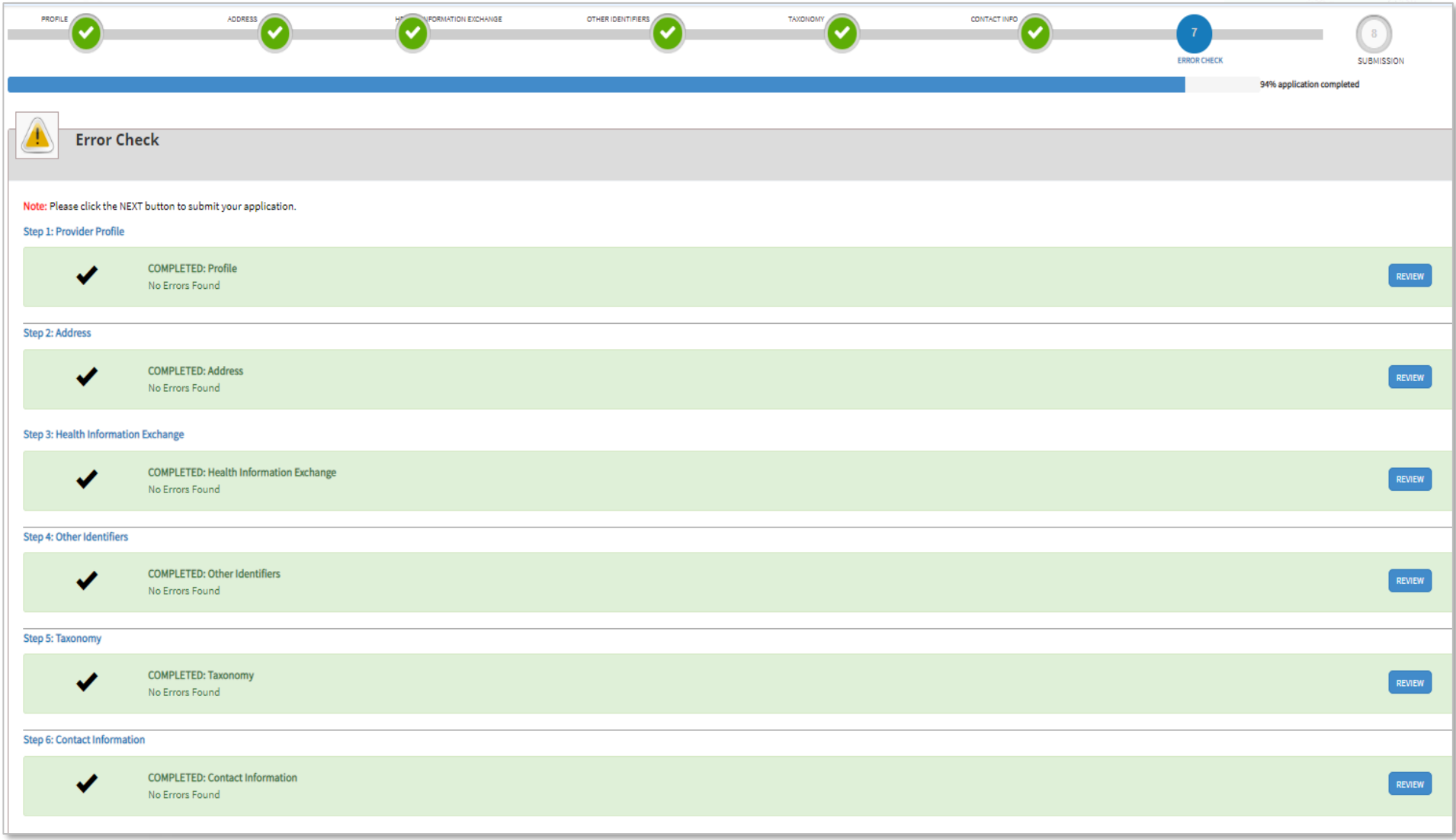


Contact Information

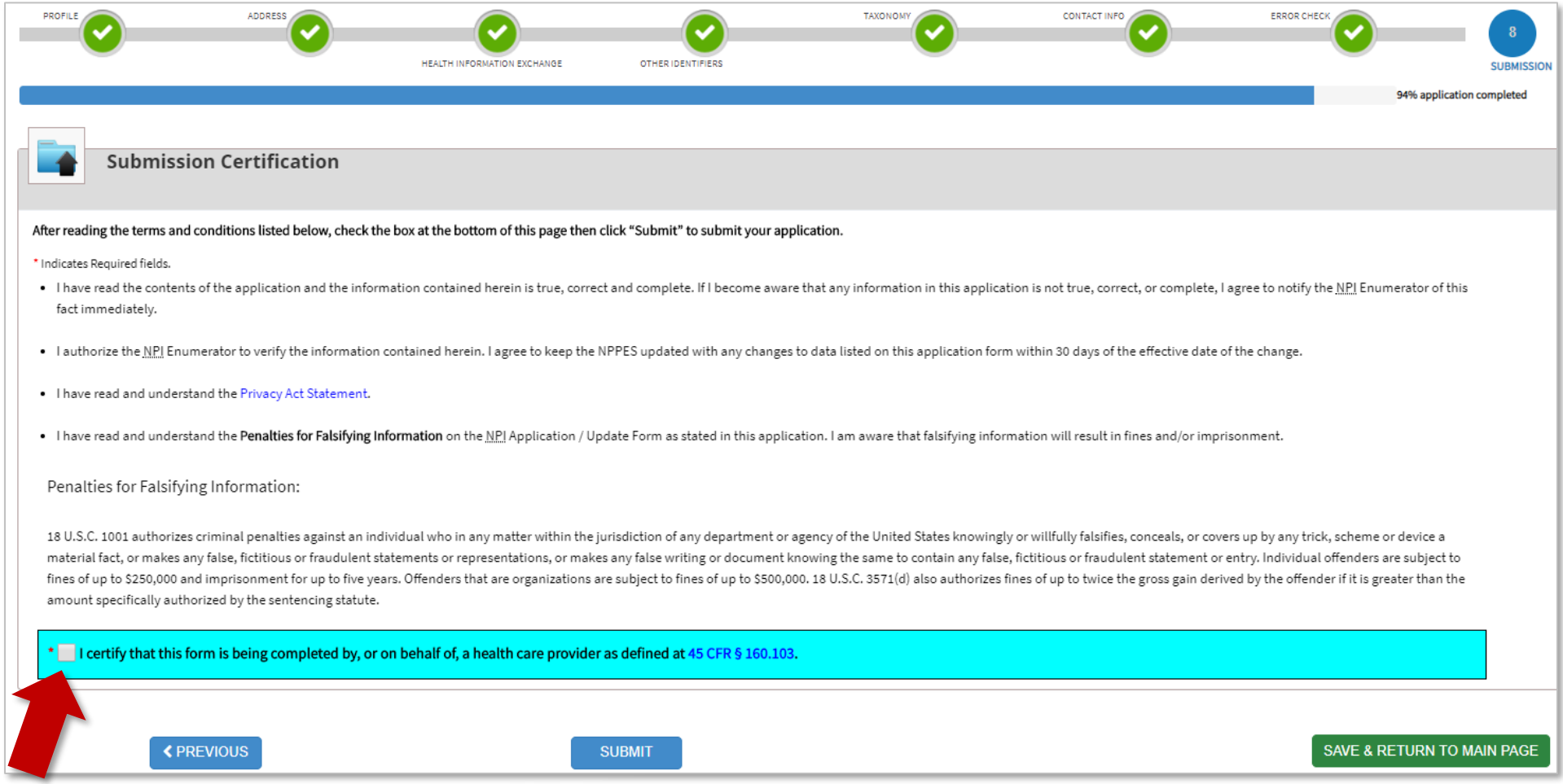
- Multiple Contact People can be added by selecting the ADD ANOTHER CONTACT button on the Contact Information page.
  - One Contact Person must be selected as the **Primary Contact**.



Error Check – No Errors



Submission Certification



Submission Confirmation

Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is** : 04082019910234

You have successfully submitted your NPI application.

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

Provider Name: Henry Jones
Contact Person: Mary Shelly
Primary Practice Location Address: 100 Universal City Plz, Universal City CA 91608-1002, US
SSN: XXX-XX-3214
Date Submitted: Apr-08-2019
Contact Email: Mary.Shelly@email.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

Get Adobe Acrobat Reader

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY)

By e-mail: at customerservice@npienumerator.com

By mail at:
NPI Enumerator
PO BOX 6059
Fargo, ND 58108-6059

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.
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 t
09132019997603

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

Provider Name: Kelly Smith
Primary Contact Person: Mary Shelly
Primary Practice Location Address: 100 Universal City Plz Universal City, CA 91608-1002 United States
SSN: XXX-XX-6547
Date Submitted: Sep-13-2019

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 da
to the FAQ Menu at https://nppes.cms.cmstest/webhelp/nppeshelp.

NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY)

By e-mail: at customerservice@npienumerator.com

By mail at:
NPI Enumerator
PO BOX 6059
Fargo, ND 58108-6059

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 provide