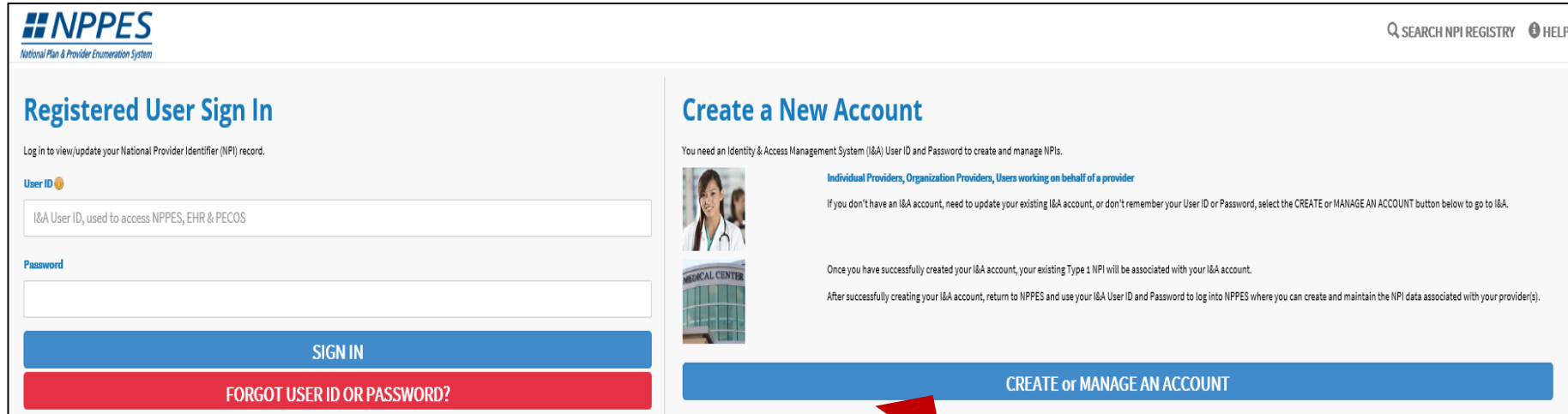


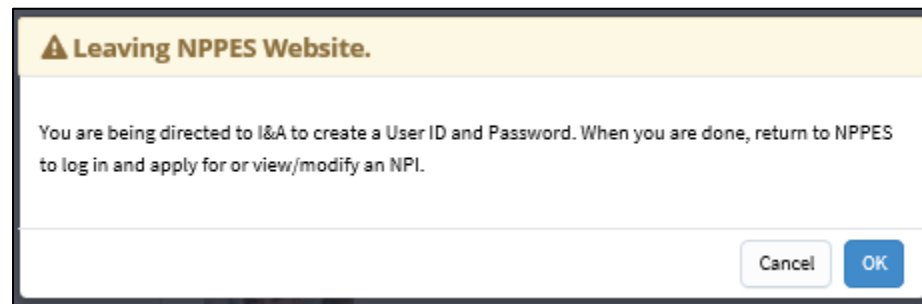
Provider View – Initial Application

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



The screenshot shows the NPPES website interface. On the left, there is a 'Registered User Sign In' section with fields for 'User ID' and 'Password', and buttons for 'SIGN IN' and 'FORGOT USER ID OR PASSWORD?'. On the right, there is a 'Create a New Account' section with a 'CREATE or MANAGE AN ACCOUNT' button. A red arrow points to this button.

- Select **Create or Manage an Account**

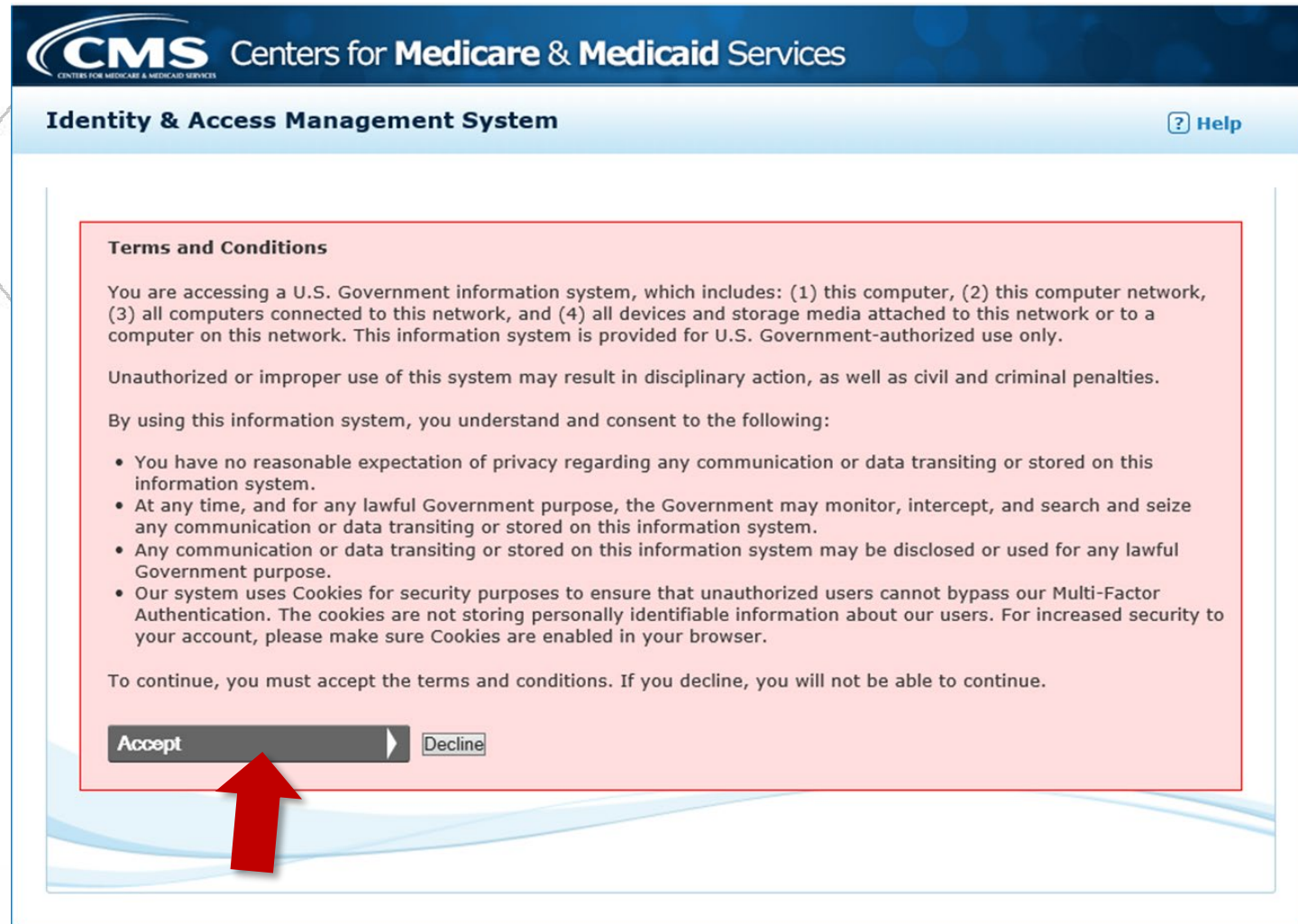


The screenshot shows a yellow pop-up dialog box titled 'Leaving NPPES Website.' with the text: 'You are being directed to I&A to create a User ID and Password. When you are done, return to NPPES to log in and apply for or view/modify an NPI.' There are 'Cancel' and 'OK' buttons at the bottom right. A red arrow points to the 'OK' button.

- Select **OK** on 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.



CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

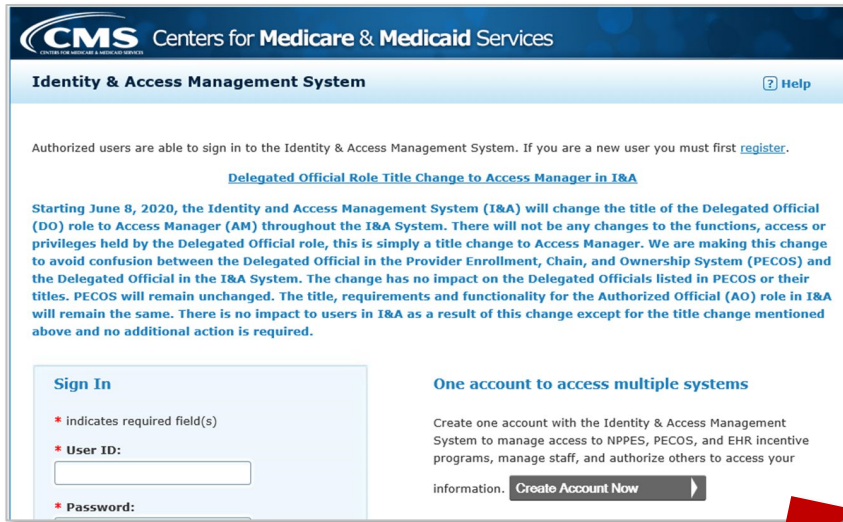
By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
- At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Provider View – Initial Application

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



CMS Centers for Medicare & Medicaid Services

Identity & Access Management System

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

[Delegated Official Role Title Change to Access Manager in I&A](#)

Starting June 8, 2020, the Identity and Access Management System (I&A) will change the title of the Delegated Official (DO) role to Access Manager (AM) throughout the I&A System. There will not be any changes to the functions, access or privileges held by the Delegated Official role, this is simply a title change to Access Manager. We are making this change to avoid confusion between the Delegated Official in the Provider Enrollment, Chain, and Ownership System (PECOS) and the Delegated Official in the I&A System. The change has no impact on the Delegated Officials listed in PECOS or their titles. PECOS will remain unchanged. The title, requirements and functionality for the Authorized Official (AO) role in I&A will remain the same. There is no impact to users in I&A as a result of this change except for the title change mentioned above and no additional action is required.

Sign In

* indicates required field(s)

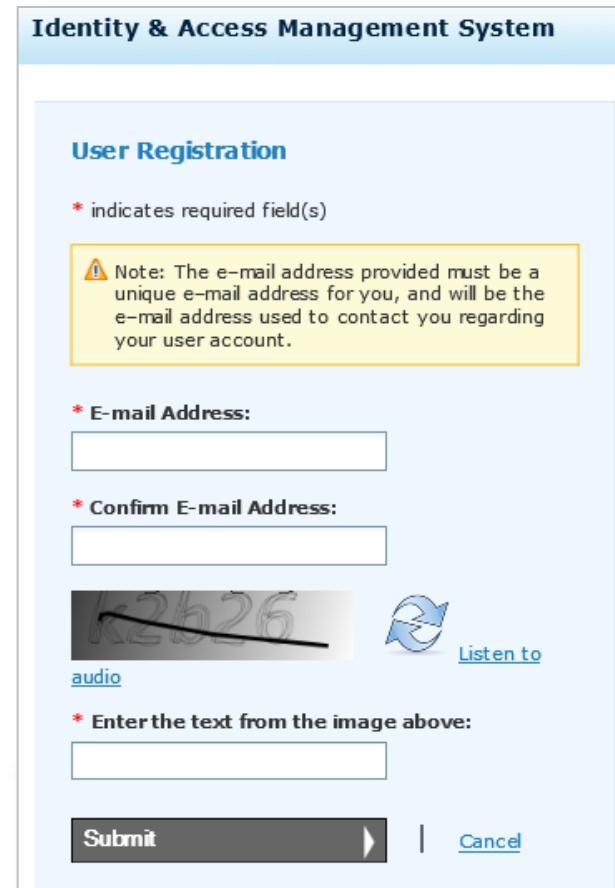
* User ID:

* Password:

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPEs, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information. [Create Account Now](#)

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



Identity & Access Management System



User Registration

* indicates required field(s)

Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

* E-mail Address:

* Confirm E-mail Address:

  [Listen to audio](#)

* Enter the text from the image above:

[Submit](#) | [Cancel](#)

Provider View – Initial Application



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

* indicates required field(s)

*** User ID:**

*** 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.

Valid Special Characters: @ # &) (- _ ' " . , * ; : / \$!

- Five Security Questions and Answers

Please select five different security questions and enter their answers below:

* Question 1: <input type="text" value="What is the first and last name of your first boyfriend or girlfriend?"/>	* Answer 1: <input type="text" value="Smith"/>
* Question 2: <input type="text" value="What is your favorite food?"/>	* Answer 2: <input type="text" value="Broccoli"/>
* Question 3: <input type="text" value="What was the name of your first pet?"/>	* Answer 3: <input type="text" value="Oreo"/>
* Question 4: <input type="text" value="What city were you born in?"/>	* Answer 4: <input type="text" value="Austin"/>
* Question 5: <input type="text" value="What year did you graduate from high school?"/>	* Answer 5: <input type="text" value="1992"/>

Provider View – Initial Application



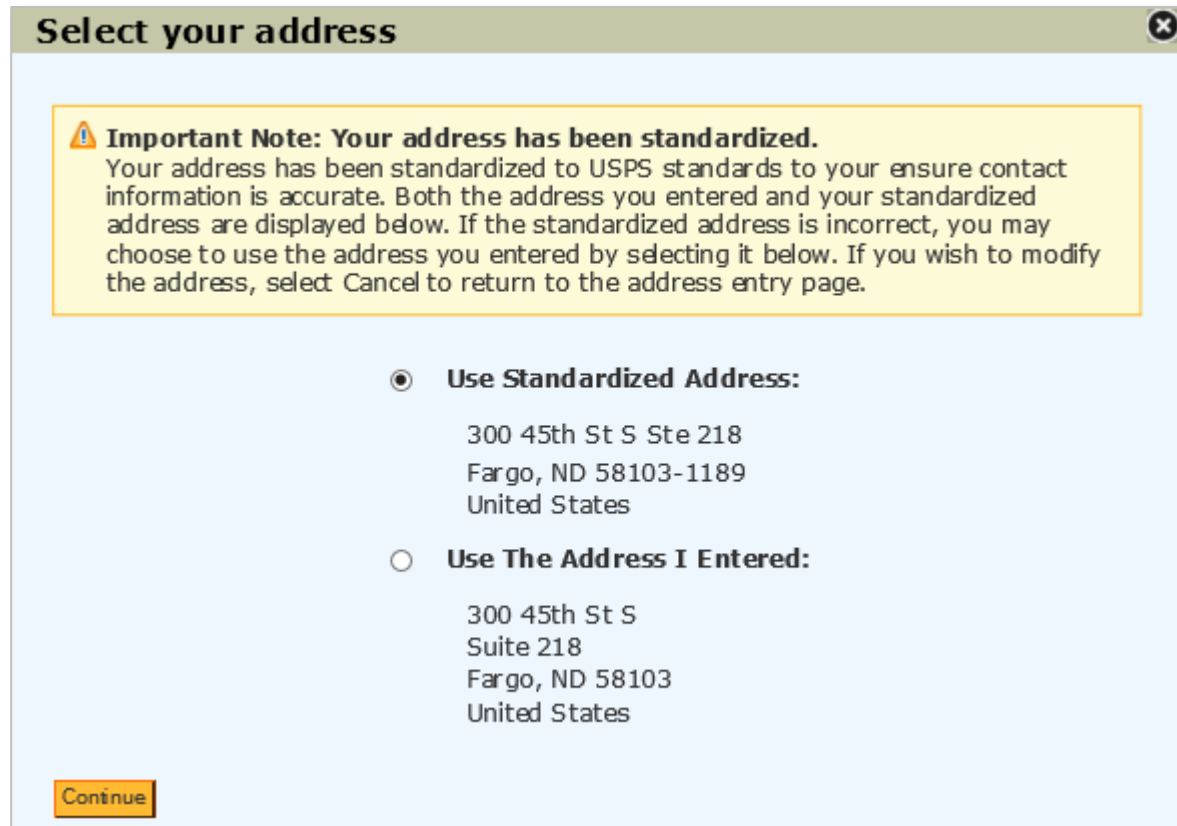
- Complete the **User Registration** – User Information fields
 - First & Last Name
 - Business Phone
 - DOB
 - SSN
 - Personal Phone
 - Home Address
 - City
 - Country
 - State / Province / Territory
 - Zip Code
- Primary E-mail Address (auto-filled)

<p>* First Name: Henry</p> <p>Middle Name: Alan</p> <p>* Last Name: Jones</p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: (701)-433-0037</p> <p>Fax Number: <input type="text"/></p> <p>* Date of Birth: (MM/DD/YYYY) <input type="text"/></p> <p>* SSN: <input type="text"/></p>	<p>* Personal Phone Number: (701)-654-9852</p> <p>* Home Address Line 1: 300 45th St S</p> <p>Home Address Line 2: Suite 218</p> <p>* City: Fargo</p> <p>* Country: United States</p> <p>* State/ Province/ Territory: ND - NORTH DAKOTA</p> <p>* Postal/ ZIP Code: 58103</p>
---	---

Primary E-mail Address:
henry.jones@email.com

Provider View – Initial Application

- Select your address:
 - Use Standardized Address
 - or*
 - Use the Address I Entered



Select your address

Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

Use Standardized Address:
300 45th St S Ste 218
Fargo, ND 58103-1189
United States

Use The Address I Entered:
300 45th St S
Suite 218
Fargo, ND 58103
United States

[Continue](#)

Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call



Continue

Cancel

- 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



Please select a Multi-Factor Authentication Method:

* Authentication Method:

Phone Number Text/SMS

* Phone Number:

Enter your 10 digit phone number the way you normally dial it.

(555) 123-4567 x

Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call

Continue

Cancel

Please select a Multi-Factor Authentication Method:

* Authentication Method:

E-mail Address

You can use the E-mail Address associated with your I&A account or enter a new one.

* E-mail Address where you will receive your verification code

newaccount1@email.com

Select the Send E-mail button to verify that it works.

Send E-mail

Cancel

- 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

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call



Continue

Cancel

- 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



Please select a Multi-Factor Authentication Method:

* Authentication Method:

Phone Number Voice Call

* Phone Number:

Enter your 10 digit phone number the way you normally dial it.

(555) 987-6543

Extension:

Enter your phone number extension if applicable.

12345

x

Provider View – Initial Application

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code



* indicates required field(s)

[× Back to Previous Page](#)

An E-mail was sent to newaccount1@email.com

* Enter Code: [Verify Code](#)

Haven't received an E-mail yet? [Resend E-mail](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

[Cancel](#)

- 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

User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 MFA Setup Final Review

📌 Congratulations, your E-mail testnew@test.com was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

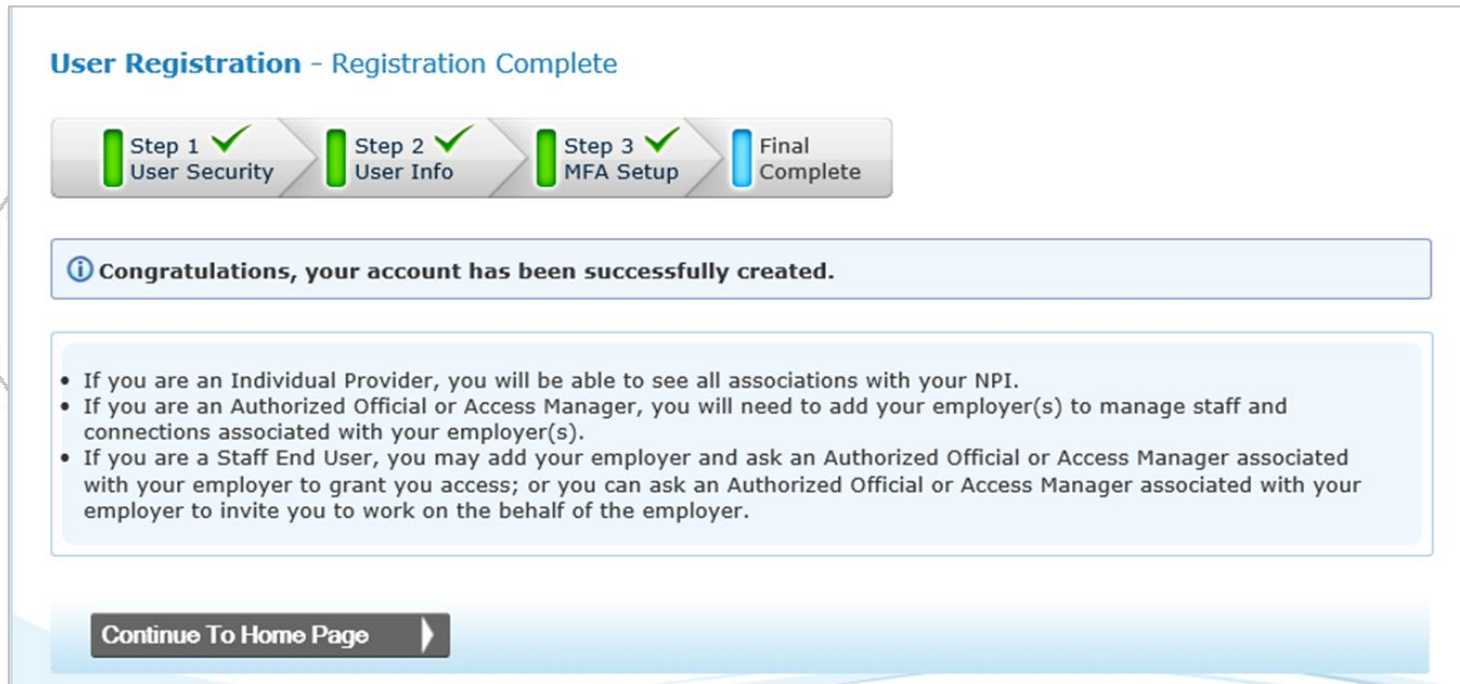
Begin Alternative Setup ▶

Complete Registration ▶ | [Cancel](#)



- 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



User Registration - Registration Complete

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 ✓ MFA Setup Final 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.

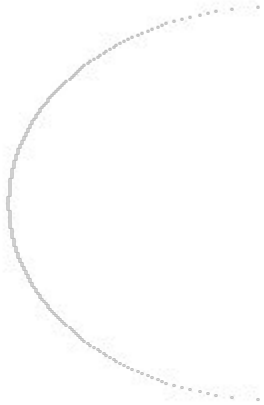
[Continue To Home Page](#)

- 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.



Your Verification Code will be sent to:

* Select where you wish to receive your verification code:

Primary Authentication Method: Phone Number Voice Call: (xxx) xxx-7822 X 21211

* Are you logging in to the system on a Public or Private device?

This is a [Public Device](#)

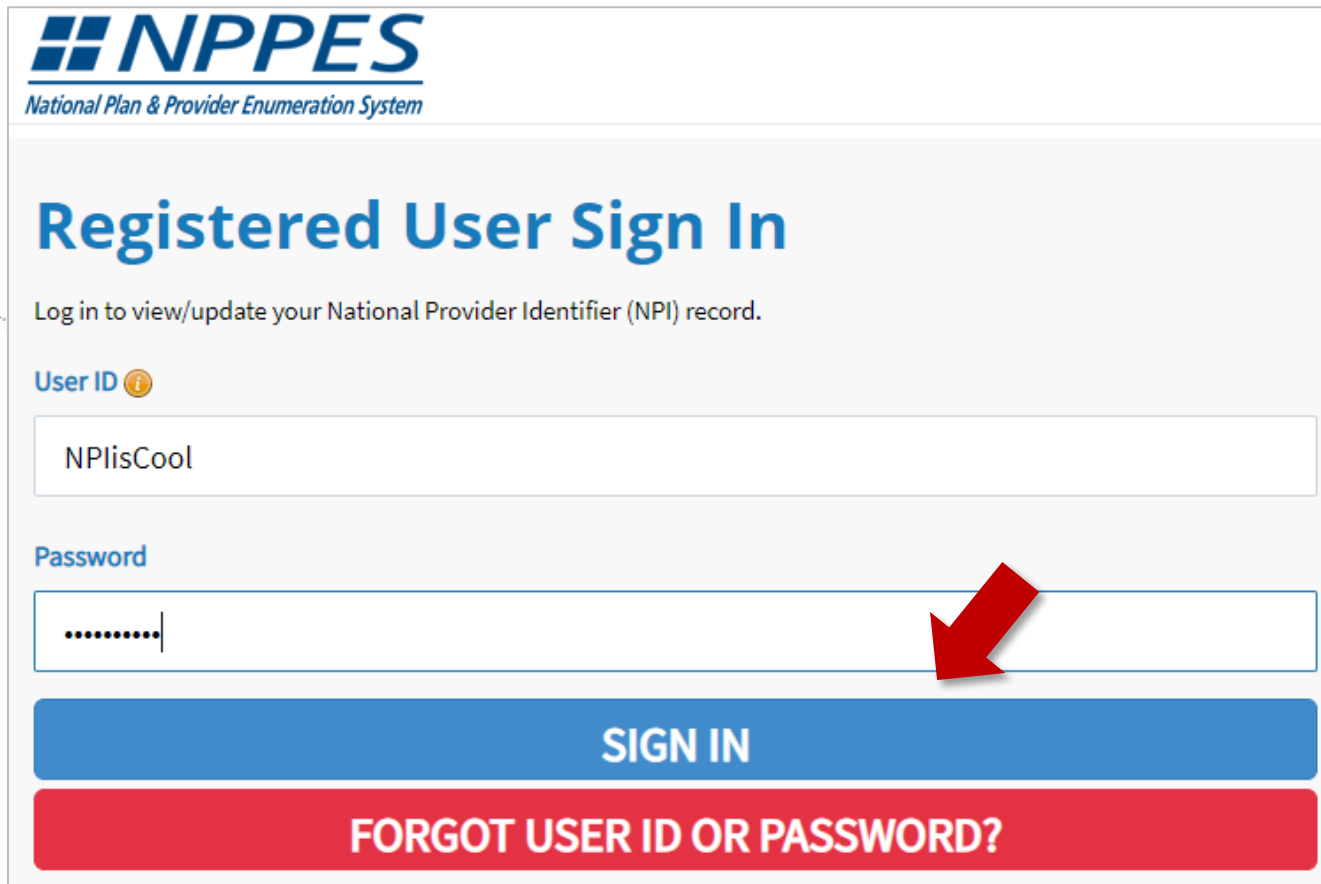
This is a [Private Device](#)

* Enter Code:

- **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
National Plan & Provider Enumeration System

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

- 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.



Multi-Factor Authentication (MFA)

* Indicates Required fields.

* Select where you wish to receive your verification code:

Primary Authentication Method: Email Address: m*****@tpgsi.com

Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)

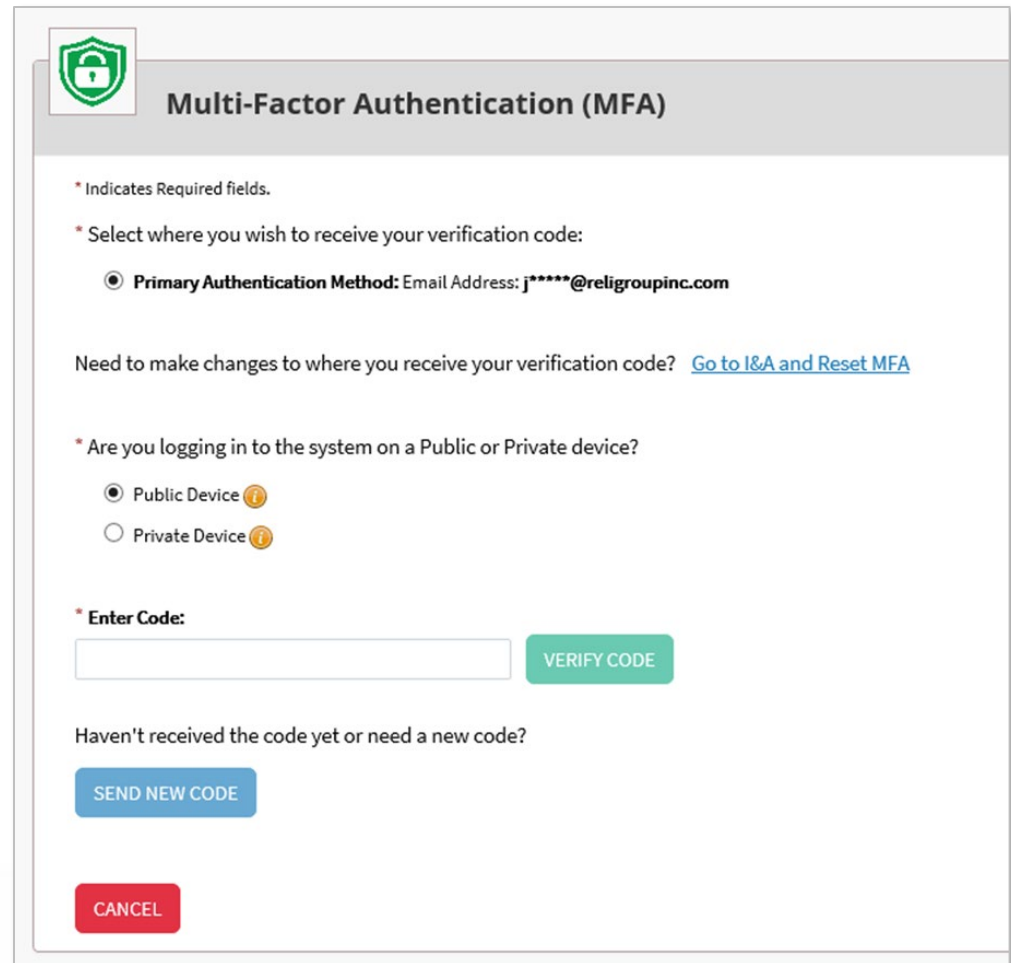
CANCEL

SEND VERIFICATION CODE

- 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**.



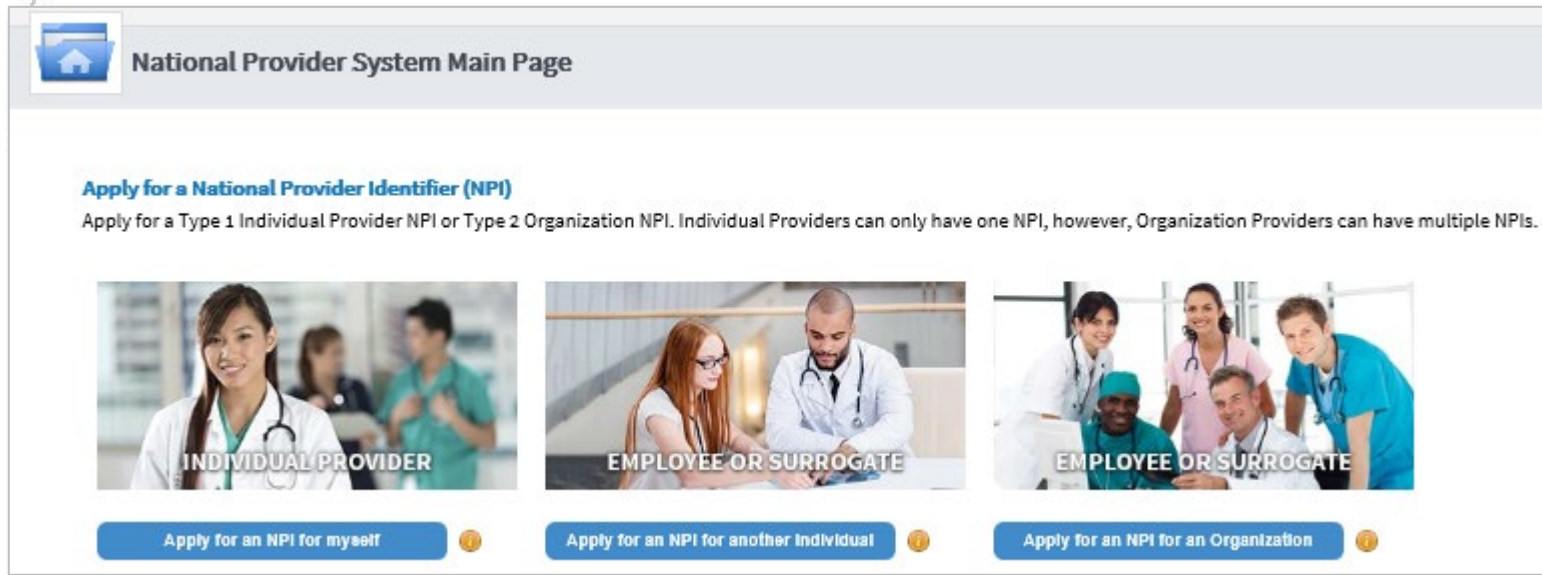
The screenshot shows a web form titled "Multi-Factor Authentication (MFA)". At the top left is a green shield icon with a white padlock. Below the title, there is a note: "* Indicates Required fields." The main content area contains a question: "* Select where you wish to receive your verification code:" followed by a radio button selection for "Primary Authentication Method: Email Address: j*****@religroupinc.com". Below this is a link: "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)". Another question follows: "* Are you logging in to the system on a Public or Private device?" with two radio button options: "Public Device" (selected) and "Private Device". Below these is a field labeled "* Enter Code:" with an input box and a green "VERIFY CODE" button. At the bottom, there is a link: "Haven't received the code yet or need a new code?" with a blue "SEND NEW CODE" button and a red "CANCEL" button.

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](#).

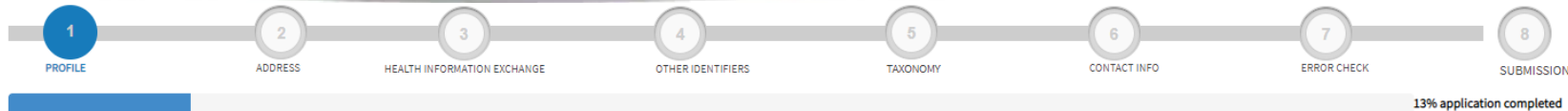


The screenshot shows the 'National Provider System Main Page'. At the top left is a home icon. The title is 'National Provider System Main Page'. Below this is the heading 'Apply for a National Provider Identifier (NPI)' followed by the text: 'Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.' There are three main sections, each with a photo and a button:

- INDIVIDUAL PROVIDER**: Photo of a female doctor. Button: 'Apply for an NPI for myself'.
- EMPLOYEE OR SURROGATE**: Photo of a doctor and a patient. Button: 'Apply for an NPI for another Individual'.
- EMPLOYEE OR SURROGATE**: Photo of a group of healthcare workers. Button: 'Apply for an NPI for an Organization'.



Initial Application – Provider Profile



Provider Profile

* Indicates Required fields.

Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: 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: * TIN Type: * Tax Identification Number(TIN):

* State of Birth:(If U.S.) Country of Birth:

* Gender: Male Female


* Is the Provider a Sole Proprietor? Yes No

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

Demographic Information(optional)

Ethnicity: 

No, not of Hispanic, Latino/a or Spanish Origin

Yes, Hispanic, Latino/a or Spanish Origin

Race: 

White

Black or African American

American Indian or Alaska Native

Asian

Asian Indian

Chinese

Filipino


Japanese

Korean


Vietnamese


Other Asian


Native Hawaiian or other Pacific Islander

Choose Language Filter: 

Filter by Language.

Choose Language Spoken: 

Select Language 

Filter... 

Primary	Languages Spoken	Actions
---------	------------------	---------

< 1 / 1 > 5 items per page

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.

Warning

The data you entered has not been submitted.

Select "Save Progress" to save your data without submitting the application.


Select "Complete NPI Application" to finalize and submit your application/updates.

Warning:


You have 30 days to submit your saved data before the request is considered abandoned and the saved data is discarded.

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.

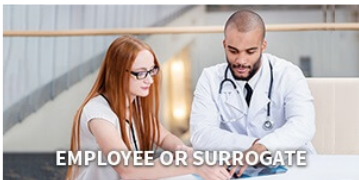
 National Provider System Main Page

[Apply for a National Provider Identifier \(NPI\)](#)
Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.





INDIVIDUAL PROVIDER

Apply for an NPI for myself 





EMPLOYEE OR SURROGATE

Apply for an NPI for another Individual 








EMPLOYEE OR SURROGATE

Apply for an NPI for an Organization 

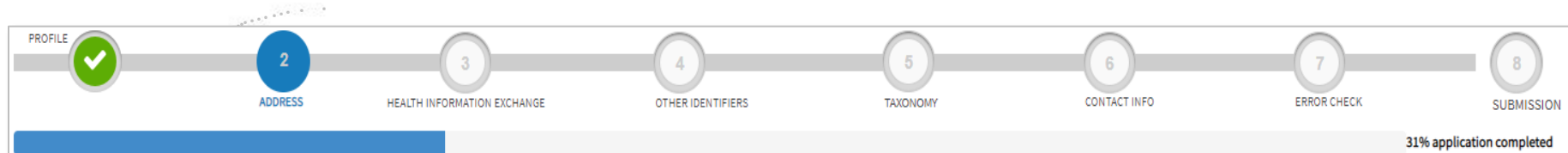
Manage Provider Information
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the  icon to expand the provider and view all NPIs associated with the provider.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	XXX-XX-3214	Jones, Henry				In Progress	   

Initial Application - Address

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



Address

This information will be used to contact the provider if we have questions about the NPI application.

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



 **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

* Indicates Required fields.

Select Type of Address:

US Domestic Military Outside US / Foreign

This is my home address

* Mailing Address Line 1: (Street Number and Name or Post Office Box)


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

* City: * State: * Zip Code: Zip Ext:

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

US Domestic

 **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

* Indicates Required fields.

Select Type of Address:

US Domestic Military Outside US / Foreign

This is my home address


* Mailing Address Line 1: (Street Number and Name)

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

* City: * Foreign Province or Territory: * Foreign Postal Code:

* Country:

Outside US / Foreign

 **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

* Indicates Required fields.

Select Type of Address:

US Domestic Military Outside US / Foreign

This is my home address

* Mailing Address Line 1: (e.g., PSC, Ship Name)

Mailing Address Line 2: (e.g., CVN, Box Number, Unit Number)

* City: * State: * Zip Code: Zip Extension:

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

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:

Organization Name(Optional)

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

Select

USE INPUT ADDRESS

REVALIDATE ADDRESS

Your standardized address:

300 45th St S

Fargo, ND 58103-1189

ACCEPT STANDARDIZED ADDRESS

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

Select

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

- **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: Extension: Fax Number:

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

Choose Language Filter: Filter by Language:

Choose Language Spoken: Select Language:

* City:

* State: * Zip Code: Zip Ext:

Organization Name(Optional):

Office Hours:

Languages Spoken	Actions
<input type="button" value="1"/> / <input type="button" value="1"/> <input type="button" value="5"/> items per page	

<input type="checkbox"/> Apply to all	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	OPEN	OPEN	OPEN	OPEN	OPEN	CLOSE	CLOSE
<input type="text"/>	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
<input type="text"/>	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM

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

Does this office have medical equipment accessible to individuals with mobility disabilities? Yes No

Optional Information

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: * State: * Zip Code Zip Ext:

Universal City

CA - CALIFORNIA



91608

Organization Name (Optional):

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

Select



USE INPUT ADDRESS

REVALIDATE ADDRESS

Your standardized address:

100 Universal City Plz

Universal City, CA 91608-1002

ACCEPT STANDARDIZED ADDRESS

- **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.

- Once additional practice location(s) are added, the user must select one practice location as a **Primary Location**.

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.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

 Filter... 

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input type="checkbox"/>	300 45th St S Ste 318	Fargo	ND	US			 
<input checked="" type="checkbox"/>	350 5th Ave	New York	NY	US			 
<input type="checkbox"/>	233 S Wacker Dr	Chicago	IL	US			 
<input type="checkbox"/>	100 Universal City Plz	Universal City	CA	US			 

- 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.).

The screenshot shows a web application interface for managing endpoints. At the top, a progress bar indicates the completion status of various steps: PROFILE (1, green checkmark), ADDRESS (2, green checkmark), HEALTH INFORMATION EXCHANGE (3, blue circle), OTHER IDENTIFIERS (4, grey circle), TAXONOMY (5, grey circle), CONTACT INFO (6, grey circle), ERROR CHECK (7, grey circle), and SUBMISSION (8, grey circle). A status indicator on the right shows '63% application completed'. Below the progress bar, the main heading is 'Endpoint for Exchanging Healthcare Information (optional)'. A note states '* Indicates Required fields.' The form contains several fields: 'Endpoint Type' (dropdown), 'Endpoint' (text input), 'Endpoint Description' (text input), 'Endpoint Use' (dropdown), 'Endpoint Content Type' (dropdown), 'Is the Endpoint affiliated to another organization?' (radio buttons for Yes/No), and 'Endpoint Location' (dropdown). A blue button labeled 'Add New Endpoint Location' is positioned to the right of the location field. At the bottom, a teal box contains the text: '* Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.' Below this box are two buttons: 'CLEAR' and 'SAVE'.

Health Information Exchange - Endpoints

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.

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No * Endpoint Location:

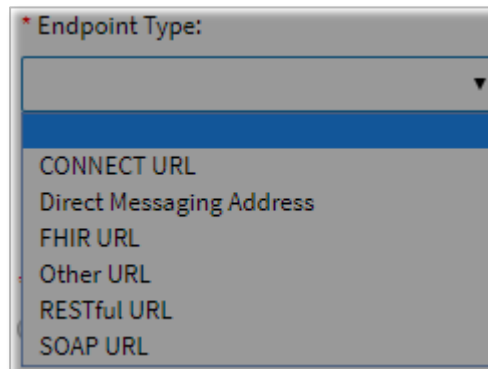
Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

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.

Health Information Exchange - Endpoints

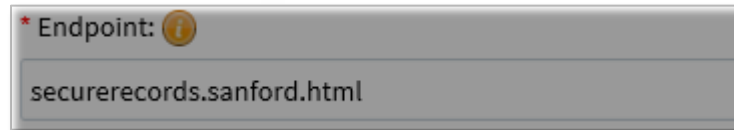
- Select Endpoint Type:



* Endpoint Type:

- CONNECT URL
- Direct Messaging Address
- FHIR URL
- Other URL
- RESTful URL
- SOAP URL

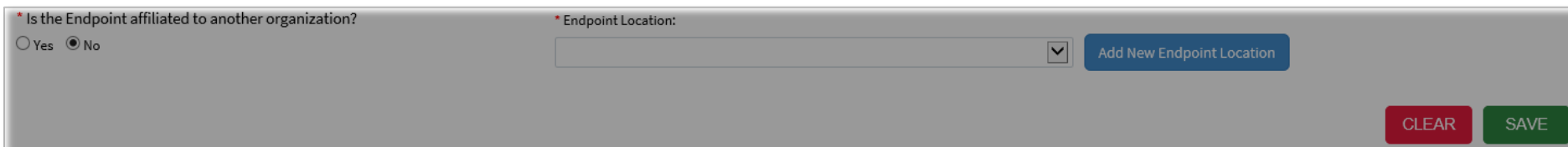
- Input the Endpoint:



* Endpoint: ⓘ

securerecords.sanford.html

- Select Yes *or* No to Is provider affiliated to another organization?



* Is the Endpoint affiliated to another organization?
 Yes No

* Endpoint Location:



* Is the Endpoint affiliated to another organization?
 Yes No

* Affiliation:

* Endpoint Location:

Health Information Exchange - Endpoints

- 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.

* Affiliation:

Search for Affiliated Organization

Please enter data for one of the following:






NPI **EIN** **Organization Name (Legal Business Name)**

If you are unable to find the organization your endpoint is affiliated with in the table below, please enter the affiliated organization's Legal Business Name in the **Affiliated Organization Legal Business Name** field and select **Save** to create a new Endpoint Listing.

Affiliated Organization Legal Business Name

Search Results:

Filter...

Type	NPI	Affiliated Organization LBN	Action
	1003107673	Meharry Medical College, School of Dentistry	<input type="button" value="Select"/>
	1003126004	Chillicothe VA Medical Center	<input type="button" value="Select"/>
	1013156017	Devoted Care	<input type="button" value="Select"/>
	1013391556	Carlotta D. Winn	<input type="button" value="Select"/>
	1053722751	Maryann DiLibero, OD	<input type="button" value="Select"/>

< |< 1 / 18 > items per page 1 - 5 of 88 items

Health Information Exchange - Endpoints



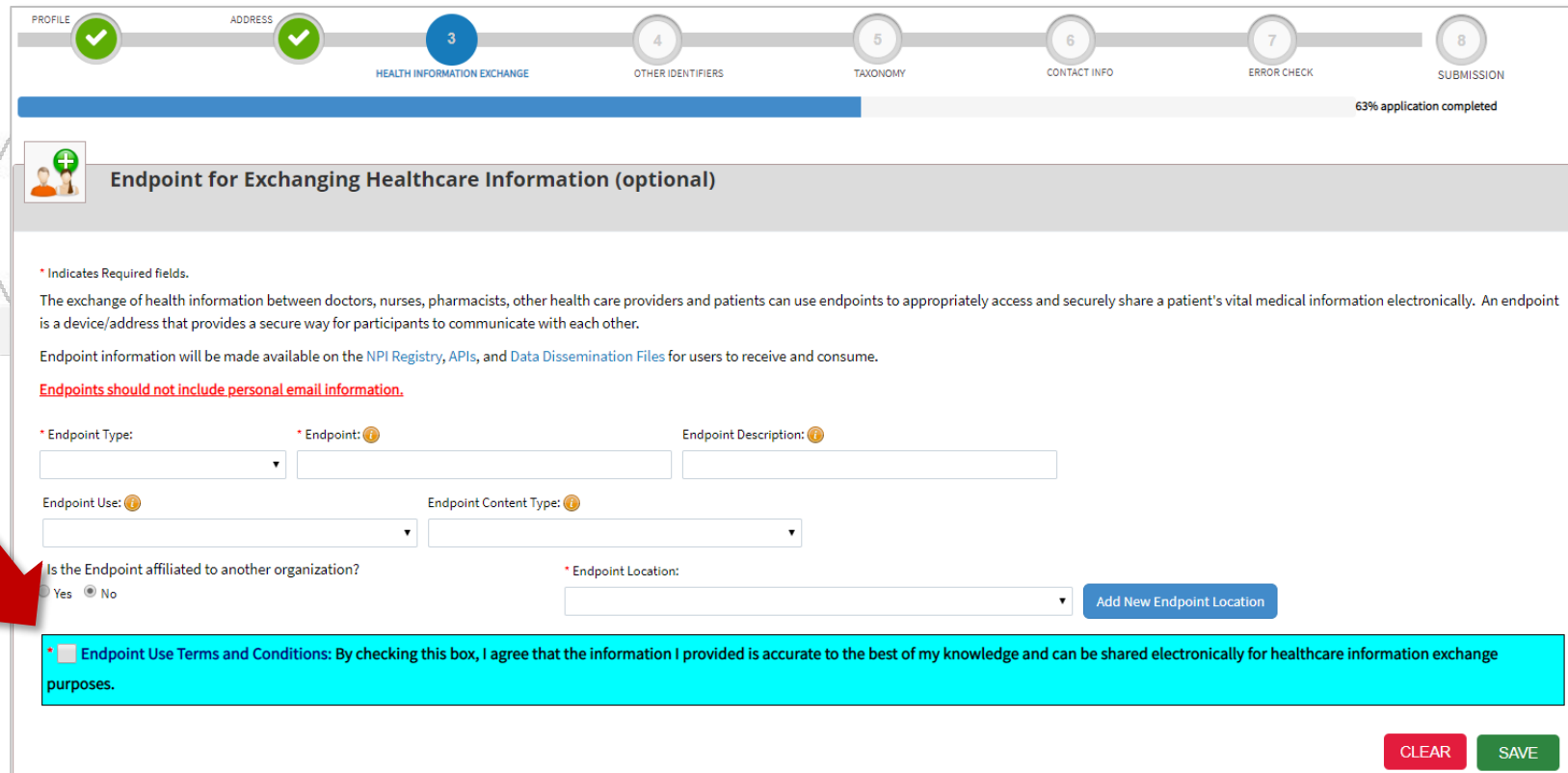
- The user can select from the search results by selecting **select** next to the appropriate affiliated organization LBN.
- They must choose the corresponding Endpoint Location using either the drop-down menu or by selecting **Add New Endpoint Location**.
 - An **Endpoint Location Address** field will open and the user can add a new location. It will run address standardization
- Select **Save**.

This screenshot shows the 'Endpoint Location' selection interface. It features two main sections: 'Affiliation' and 'Endpoint Location'. The 'Affiliation' section has a text input field containing 'Meharry Medical College, School of Dentistry' and a 'Choose Affiliation' button with a magnifying glass icon. The 'Endpoint Location' section has a text input field containing '1007 DB Todd Blvd Meharry Medical College, School of Dentistry 1007DB Tod Nashville, TN, US 37208' and an 'Add New Endpoint Location' button. At the bottom right, there are two buttons: a red 'CLEAR' button and a green 'SAVE' button.

This screenshot shows the 'Endpoint Location Address' form. It includes a title bar with a map icon and the text 'Endpoint Location Address'. Below the title bar, there is a legend: '* Indicates Required fields.' and 'Select Type of Address:'. The form contains several input fields: a radio button for 'US Domestic' (selected), radio buttons for 'Military' and 'Outside US / Foreign', a checkbox for 'This is my home address', and text input fields for 'Address Line 1: (Street Number and Name)', 'Address Line 2: (e.g., Apartment/Suite Number)', 'City', 'State' (a dropdown menu), 'Zip Code', and 'Zip Ext'. There are also input fields for 'Telephone Number', 'Extension', and 'Fax Number'. At the bottom, there is an 'Organization Name (Optional):' text input field. At the bottom right, there are two buttons: a red 'CANCEL' button and a green 'SAVE' button.

Health Information Exchange - Endpoints

- If information is entered on this page, the user is required to check the acknowledgement box before saving.



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

63% application completed

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the [NPI Registry](#), [APIs](#), and [Data Dissemination Files](#) for users to receive and consume.

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

Is the Endpoint affiliated to another organization?
 Yes No

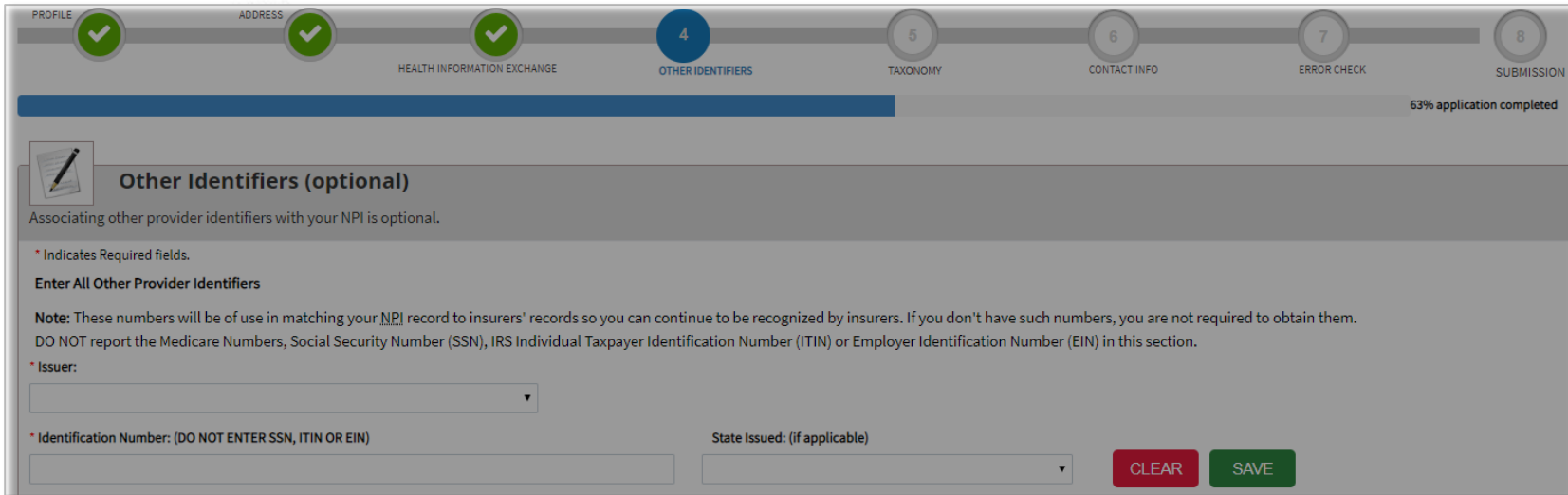
* Endpoint Location: [Add New Endpoint Location](#)

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

[CLEAR](#) [SAVE](#)

Other Identifiers (Optional)

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

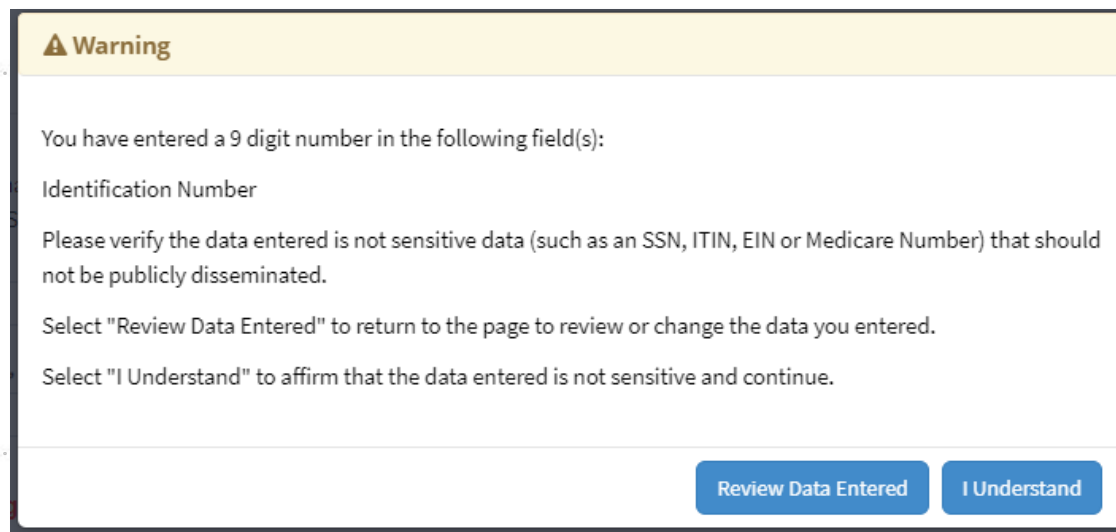


- Select issuer type from the **Issuer:** drop-down menu.
- Input the issuer **Identification Number:**
- Input the applicable **State Issued:**

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

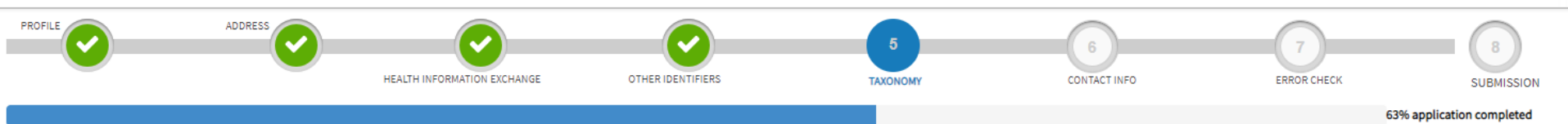
Other Identifiers - Warning

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



A warning dialog box with a yellow header containing a triangle icon and the word "Warning". The main text area contains the following information: "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.", and "Select 'I Understand' to affirm that the data entered is not sensitive and continue.". At the bottom right, there are two blue buttons: "Review Data Entered" and "I Understand". A dashed line on the left side of the dialog box indicates its position on the page.

- 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: **Q**

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:

Choose Taxonomy

* Classification Name/Specialization:

License Number:

State Issued:

CLEAR

SAVE

- 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.

Choose Taxonomy
101Y00000X - Counselor
101YA0400X - Counselor - Addiction (Substance Use Disorder)
101YM0800X - Counselor - Mental Health
101YP1600X - Counselor - Pastoral
101YP2500X - Counselor - Professional
101YS0200X - Counselor - School
102L00000X - Psychoanalyst
102X00000X - Poetry Therapist
103G00000X - Clinical Neuropsychologist
103K00000X - Behavioral Analyst
103T00000X - Psychologist
103TA0400X - Psychologist - Addiction (Substance Use Disorder)
103TA0700X - Psychologist - Adult Development & Aging
103TB0200X - Psychologist - Cognitive & Behavioral
103TC0700X - Psychologist - Clinical
103TC1900X - Psychologist - Counseling
103TC2200X - Psychologist - Clinical Child & Adolescent
103TE1100X - Psychologist - Exercise & Sports
103TF0000X - Psychologist - Family


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

Choose Taxonomy Filter: <input type="text" value="Social"/>	* Choose Taxonomy:				
* Classification Name/Specialization:	<table border="1"><thead><tr><th>Choose Taxonomy</th></tr></thead><tbody><tr><td>104100000X - Social Worker</td></tr><tr><td>1041C0700X - Social Worker - Clinical</td></tr><tr><td>1041S0200X - Social Worker - School</td></tr></tbody></table>	Choose Taxonomy	104100000X - Social Worker	1041C0700X - Social Worker - Clinical	1041S0200X - Social Worker - School
Choose Taxonomy					
104100000X - Social Worker					
1041C0700X - Social Worker - Clinical					
1041S0200X - Social Worker - School					

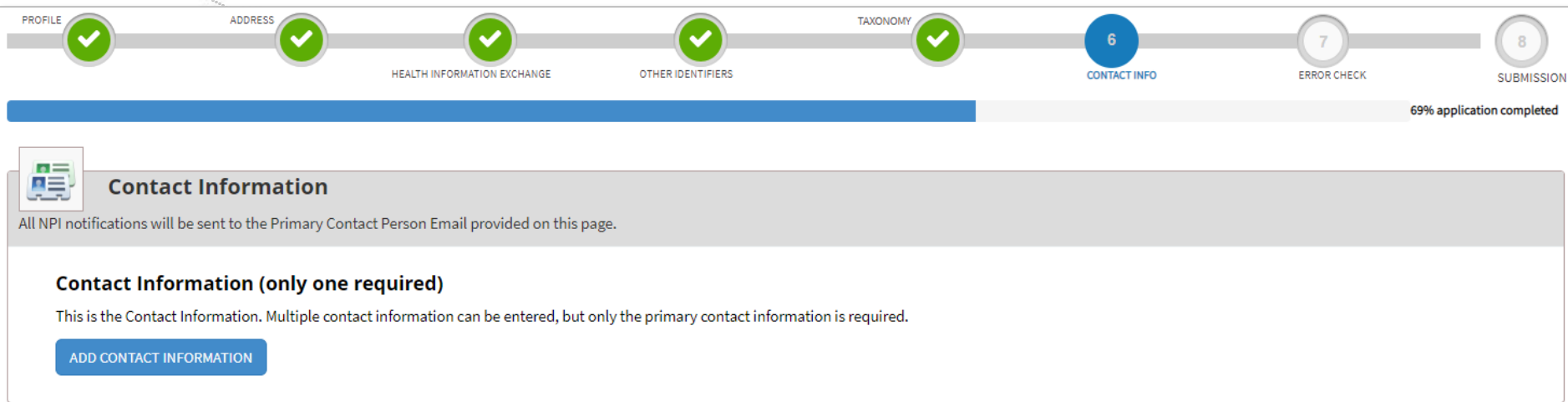
- Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the **Primary Taxonomy**.
 - Select the checkbox to the left of the applicable taxonomy code.

Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
<input type="checkbox"/>	103TF0000X	Psychologist - Family		1234	LA
<input type="checkbox"/>	101Y00000X	Counselor		5894	LA
<input type="checkbox"/>	103TS0200X	Psychologist - School		987456A	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
<input checked="" type="checkbox"/>	122300000X	Dentist		29049	NY	

- 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.



The screenshot displays a progress bar at the top with eight steps: PROFILE, ADDRESS, HEALTH INFORMATION EXCHANGE, OTHER IDENTIFIERS, TAXONOMY, CONTACT INFO, ERROR CHECK, and SUBMISSION. Steps 1-5 are marked with green checkmarks, step 6 is highlighted in blue, and steps 7 and 8 are greyed out. A blue bar below the progress bar indicates that 69% of the application is completed.

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.

[ADD CONTACT INFORMATION](#)


Contact Information



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: * First: Middle: * Last: Suffix:
Miss ▼ Mary [] Shelly [] ▼

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

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

CANCEL **SAVE**

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**.



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.

Filter... 

Primary Contact ▲	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email
<input checked="" type="checkbox"/>	Mary Shelly		Office Assistant	6548974521	Mary.Shelly@email.com
<input type="checkbox"/>	Fred Flinstone		Office Lead	5649873210	FredandWilma@email.com

Navigation icons: back, forward, page 1 of 1, 5 items per page

1 of 2 items

ADD ANOTHER CONTACT



Error Check – No Errors



94% application completed



Error Check

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

Step 1: Provider Profile



COMPLETED: Profile
No Errors Found

REVIEW

Step 2: Address



COMPLETED: Address
No Errors Found

REVIEW

Step 3: Health Information Exchange



COMPLETED: Health Information Exchange
No Errors Found

REVIEW

Step 4: Other Identifiers



COMPLETED: Other Identifiers
No Errors Found

REVIEW

Step 5: Taxonomy



COMPLETED: Taxonomy
No Errors Found

REVIEW

Step 6: Contact Information



COMPLETED: Contact Information
No Errors Found

REVIEW

Submission Certification



94% application completed



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 [NPI](#) Enumerator of this fact immediately.
- I authorize the [NPI](#) 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 [NPI](#) 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](#).

← PREVIOUS

SUBMIT

SAVE & RETURN TO MAIN PAGE

Submission Confirmation



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: 525020521

Date Submitted: Feb-05-2021

Contact Email: jhuser0314@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 t

By Phone:

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with sp

By Email:

customerservice@npienumerator.com

By Mail:

NPI Enumerator

7125 AMBASSADOR RD STE 100

WINDSOR MILL MD 21244-2751

*Holiday hours may vary



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.

Organization Name: JH Org 02052021

Authorized Official: jessie Org

Primary Contact Person: Jessie Three-fourteen

Primary Practice Location Address: [7281 4th St Remington, VA 22734-2124](#) United States

EIN: 525020521

Date Submitted: Feb-05-2021

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.cmstest/webhelp/nppeshelp>.

NPI Enumerator Contact Information Monday through Friday, 9am to 5pm (Eastern Time)*

By phone:

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY for the deaf, hard of hearing, or those with speech difficulties)

*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.