

National Provider Identifier (NPI)

REFERENCE GUIDE

THE OHIO DEPARTMENT OF MEDICAID

NOTICE: Ohio Administrative Code (OAC) rule [5160-1-17](#) took effect on November 25, 2019 and requires all providers to obtain a National Provider Identifier (NPI) number. In accordance with paragraph (D) of the rule, any provider identified by the National Uniform Claim Committee (NUCC) with a provider taxonomy number must obtain an NPI and report it to ODM upon enrollment. If you currently **do not** have an NPI, the following information is a guide to help you understand and obtain your required NPI.

What is NPI: The NPI is a unique identification number for covered health care providers. The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard and must be used in lieu of payer specific legacy provider identifiers in the HIPAA standards transactions. For more information about the NPI, please visit the Centers for Medicare and Medicaid Services (CMS) [website](#).

There is no fee associated with obtaining your NPI. Therefore, this will not be an additional cost to you as a provider.

How to obtain your NPI - Apply Online: The application process can take less than 5 minutes to submit and can be found at the [National Plan and Provider Enumeration System website](#).

1. You will initially be directed to create a Username and Password in the *Identity and Access* website before you can apply.
2. Once you have created a Username and Password, use the link listed above to login to submit your application.

This screenshot displays where you will need to create your account and login to register for your NPI. You can find helpful hints and a FAQ located on the "Resources" at the bottom center of the website.



RESOURCES

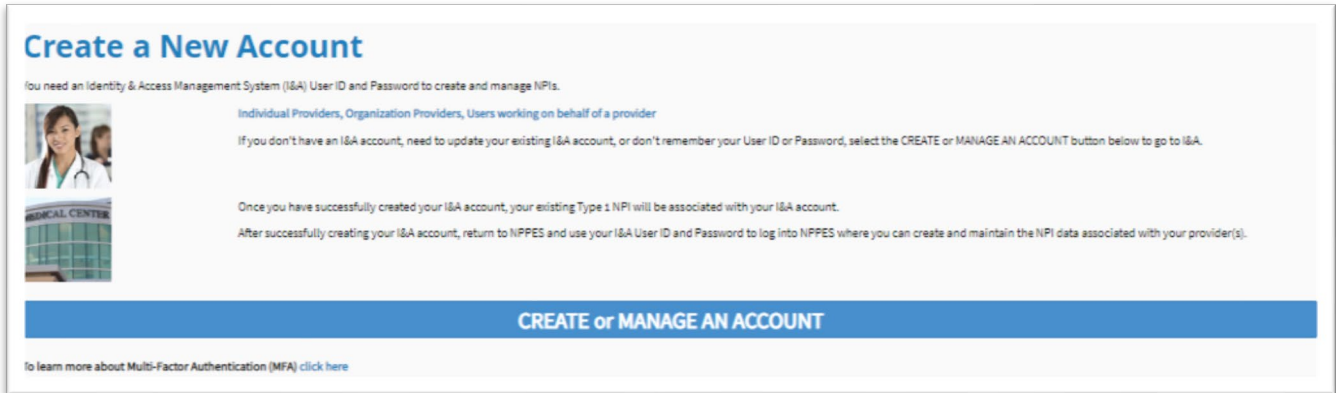
- Application Tips
- NPI Application / Update Form - [PDF File]
- Application Help
- Privacy Information
- Frequently Asked Questions
- NPI Final Rule - [PDF File]
- Contact Information
- CMS NPI Pages

Applying for National Provider Identifier (NPI)

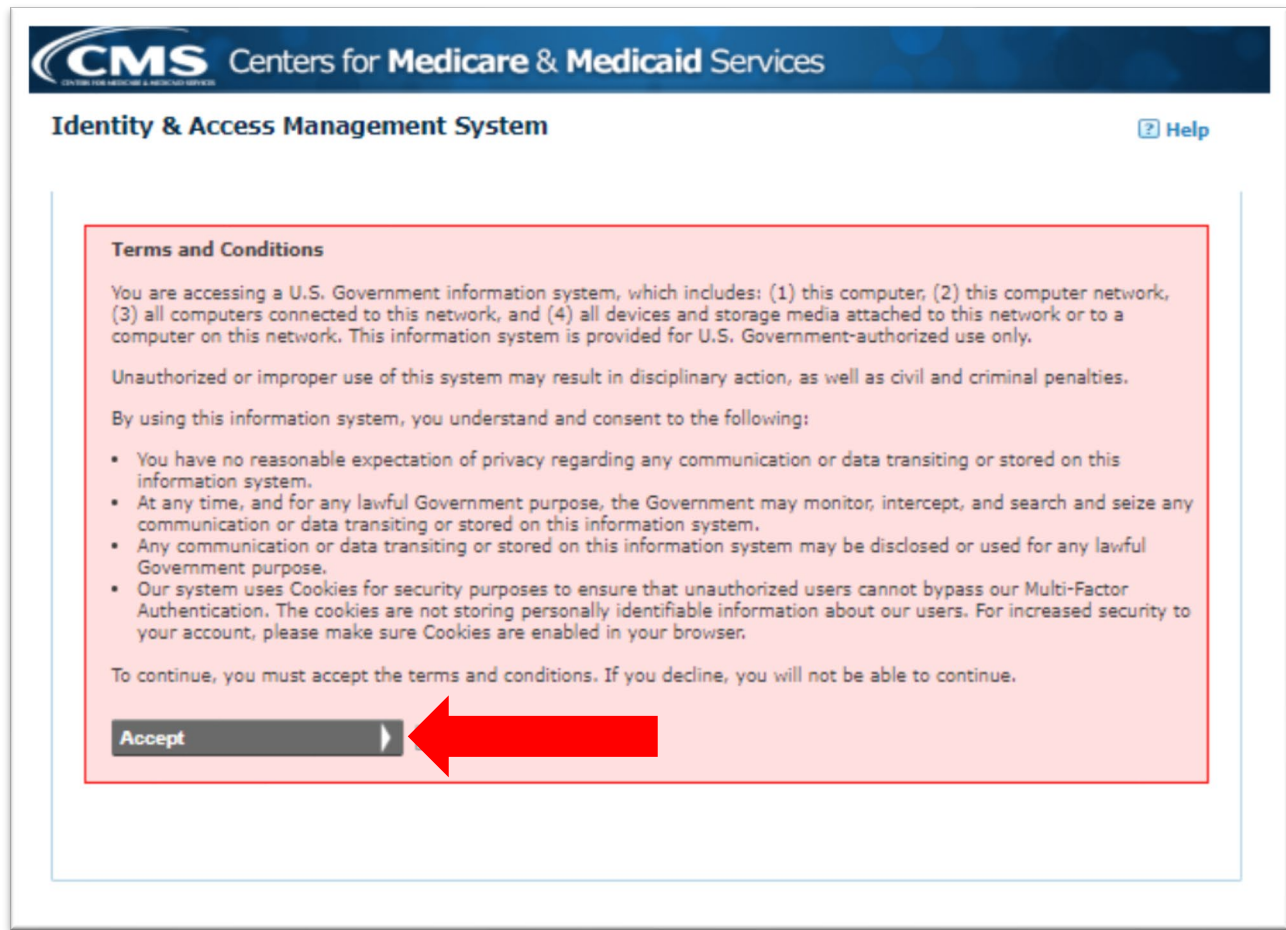
Follow along at:
nppes.cms.hhs.gov

Step 1: Create an Account

You will need to create an account in the “Identity Access Management System” (I&A). Click on “Create or Manage An Account” which will take you to a new web-page.



Terms & Conditions: Once you are taken to the new webpage, you will review the terms and conditions and click “Accept” in order to move forward with your application.



Create Account: Once you have accepted the terms and conditions, you will be taken to the page where you will create your account.

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

Sign In

* indicates required field(s)

* **User ID:**

* **Password:**

Sign In

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

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**



Use this system to register for Medicare or update your current enrollment information.



Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.



Use this system to apply for and manage National Provider Identifiers (NPIs).



Quick Reference Guide
Overview of features and tools to manage your account.



Frequently Asked Questions
Answers to common questions about registration, who should register, and how to manage your account.

To learn more about Multi-Factor Authentication (MFA) [click here](#)

User Registration: Below is a screenshot of the page where you will create your User ID and Password. Please read the instructions on how to create your User ID. You **cannot** use any “special characters” in your User ID. You must also meet the 9 requirements for your password to be approved. You will also need to supply 5 security questions. **Be sure to remember your username and password and security questions.** Once you have entered all the fields you can click “Continue” to move forward.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System Help

User Registration - User Security

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

* 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.

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

* **Question 1:** **Answer 1:**

* **Question 2:** **Answer 2:**

* **Question 3:** **Answer 3:**

* **Question 4:** **Answer 4:**

* **Question 5:** **Answer 5:**

Continue

Note: If you forget your User ID or password, you will not be able to finish your registration for 24 hours. See below for notification if you forget.

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Identity & Access Management System Help

! Password can only be changed once every 24 hours. If you need to reset your password, please contact the External User Services (EUS) Help Desk at <https://eus.custhelp.com>.

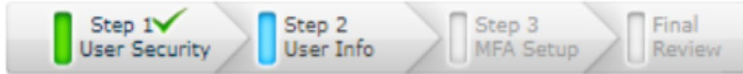
[← Back to Previous Page](#)

Contact Information: The Next Step is to provide all your contact information. Below are the fields you must provide. Please note the **red asterisk** indicates those are required to move forward. Once you have filled in all the fields, click “Continue” to move forward in your registration.

Identity & Access Management System

Help

User Registration - User Information



Please provide the details below. They will be used to verify your identity.

[Back to Previous Page](#)

* indicates required field(s)

<p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: <input type="text"/></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>Primary E-mail Address: cohop2@gmail.com</p>	<p>* Personal Phone Number: <input type="text"/></p> <p>* Home Address Line 1: <input type="text"/></p> <p>Home Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* Country: United States</p> <p>* State/ Province/ Territory: SE - Select One</p> <p>* Postal/ZIP Code: <input type="text"/></p>
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Continue



Address Verification: Once you have clicked continue, it will have you verify your address by selecting the one you entered or the "Standardized Address." You will need to select one and then click continue.

Select your address

Important Note: Your address has been standardized.
 Your address has been standardized to USPS standards to 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:
 [Redacted Address]

Use The Address I Entered:
 [Redacted Address]

←

User Authentication Method: Once the address is fully verified, you will be asked for an authentication method when you login. You can request a verification code via text message, email or a phone call. Please select an option.

CMS Centers for Medicare & Medicaid Services Logged in as miduna83 Sign Out

Identity & Access Management System Help

User Registration - Multi-Factor Authentication (MFA) Setup

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

* indicates required field(s) [Back to Previous Page](#)

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

User Authentication Method Verification: You will be asked to test the verification method. In this example, we requested a code to be sent as a text message. Once you receive the code, you will be required to enter the code for verification.

CMS Centers for Medicare & Medicaid Services Logged in as miduna83 Sign Out

Identity & Access Management System Help

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

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

* indicates required field(s) [Back to Previous Page](#)

A Text/SMS was sent to [redacted]

* Enter Code:

Haven't received a Text/SMS yet? [Resend Text/SMS](#)

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

[Verify Code](#)

User Authentication Confirmation: You will receive a notification that your authentication method was verified. It will ask if you wish to set up an alternate method, but that is not required, and you can complete your registration.

CMS Centers for Medicare & Medicaid Services Logged in as miduna83 Sign Out

Identity & Access Management System Help

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 Phone Number [redacted] 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](#)

Registration is Complete: You should receive a confirmation that your account has been successfully completed, and you can continue to the home page.

CMS Centers for Medicare & Medicaid Services Logged in as miduna83 [Sign Out](#)


Identity & Access Management System [Help](#)

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 a Delegated Official, 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 Delegated Official associated with your employer to grant you access; or you can ask an Authorized Official or Delegated Official associated with your employer to invite you to work on the behalf of the employer.

[Continue To Home Page](#) 

Home Page: Once your registration is complete, you can proceed with your registration for an NPI number. You will have the option to select as an “Individual” or “Agency.” Be sure to click the correct one.


CMS Centers for Medicare & Medicaid Services Logged in as miduna83 [Sign Out](#)

Identity & Access Management System [Help](#)


[Home](#)
[My Profile](#)
[My Connections](#)

Home

Welcome to the Identity and Access Management System!

[Are you an Individual Provider?](#) 


We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.


[Are you responsible for an Organization?](#) 

If you are the Authorized or Delegated Official for a Healthcare Organization (or a 3rd Party Company, such as a billing or credentialing management company that does not provide health care services, but works on behalf of health care providers), select the My Profile section and add your employers to begin the approval process.

[None of above?](#)

If you do not match either description above, please review the Frequently Asked Questions (FAQ) below and/or contact your supervisor and ask that they invite you to register as a member of their staff. If they have not registered already, they will need to do so.

 **Quick Reference Guide**
Overview of features and tools to manage your account.

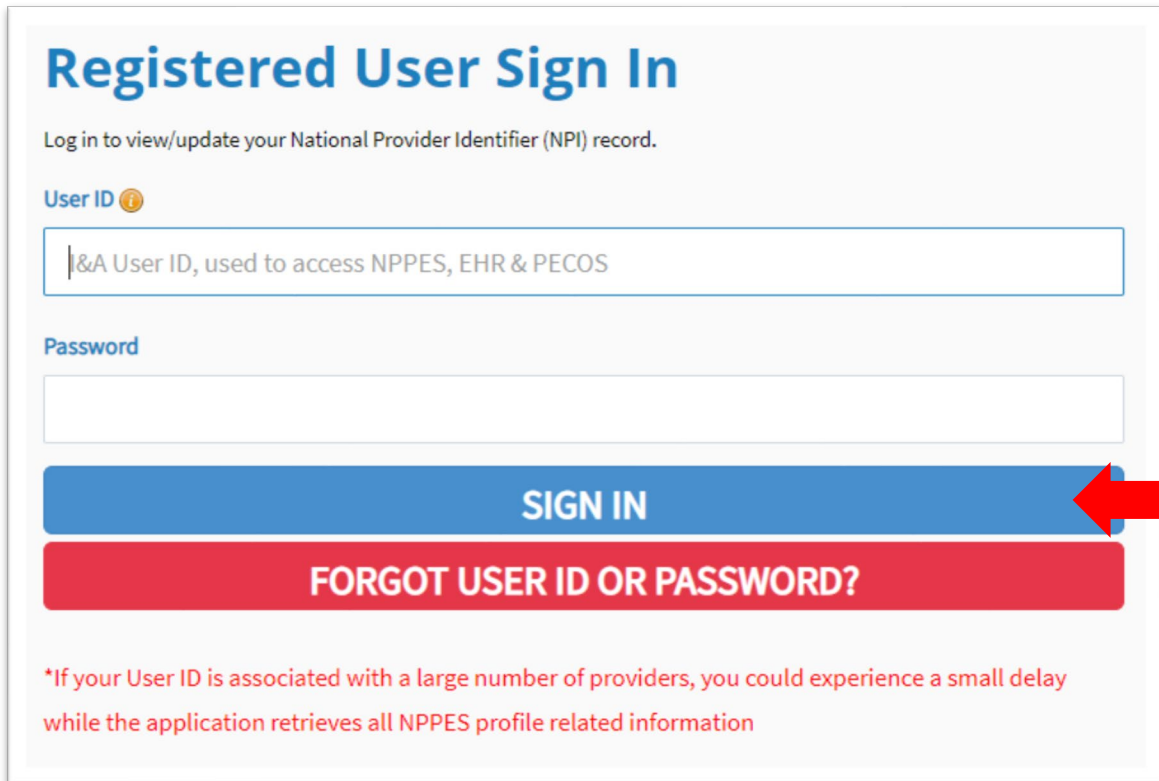
 **Frequently Asked Questions**
Answers to common questions about registration, who should register, and how to manage your account.

News & Alerts

📌 EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
<https://eus.custhelp.com>

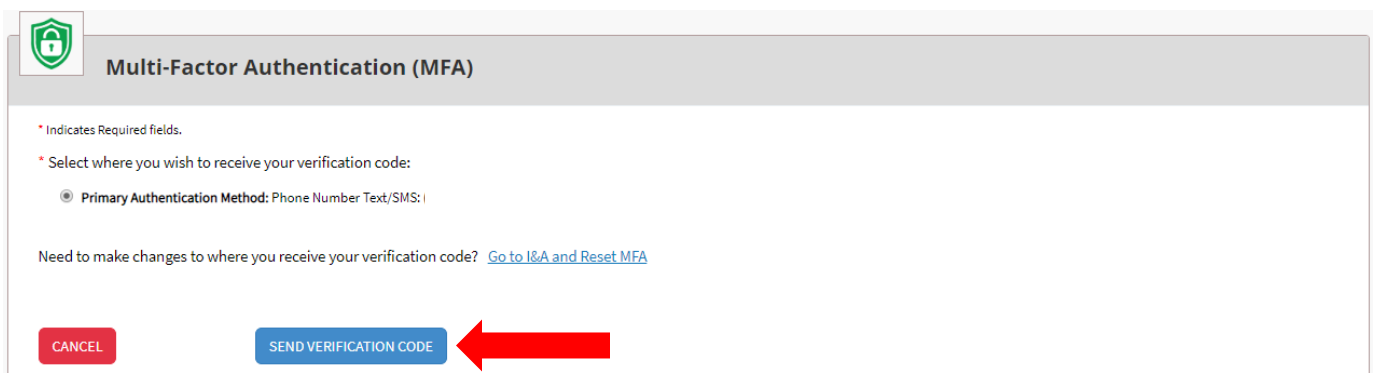
Step 2: Register for your NPI Number

Login: Now that you have created your account, your next step is to begin the process to register for an NPI number. You will be directed to login with your newly created account. Enter your User ID and Password and click the “Sign-In” button.



The image shows a web form titled "Registered User Sign In". Below the title is the instruction "Log in to view/update your National Provider Identifier (NPI) record." There are two input fields: "User ID" with a placeholder text "&A User ID, used to access NPPES, EHR & PECOS" and "Password". Below the fields are two buttons: a blue "SIGN IN" button and a red "FORGOT USER ID OR PASSWORD?" button. A red arrow points to the "SIGN IN" button. At the bottom, there is a red asterisked note: "*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information".

Authentication Verification: You will once again be required to authenticate your account by having a code sent to your authentication method. In this example, we are using a text message. Click “Send Verification Code” to continue.



The image shows a "Multi-Factor Authentication (MFA)" form. It features a shield icon with a plus sign in the top left corner. The form contains the following elements: a note "* Indicates Required fields.", a note "* Select where you wish to receive your verification code:", a radio button selected for "Primary Authentication Method: Phone Number Text/SMS:", and a link "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)". At the bottom, there are two buttons: a red "CANCEL" button and a blue "SEND VERIFICATION CODE" button. A red arrow points to the "SEND VERIFICATION CODE" button.

NPI Selection Page: You will select the provider type on this page. Either as an “Individual Owner” or “Organization.” (Choose “Individual Owner” if you are an independent provider)

Provider Profile: In this section, you have two sections you need to fill out: “Provider Name Information” and “Other Identifying Information.” Be sure to fill all these sections out fully before you proceed.

Other Identifying Information: You will need to supply your Date of Birth, Tax Identification Type and Tax Identification Number, State and Country of Birth, Gender and Demographic information in this section. Be sure to fill this out in its entirety and click next.

Address Information: You will need to input both a Business and Practice Address to move forward. It is OK if they are the same address. Once you have inputted the address for both, you can click “Next” to continue.

Address
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 (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

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.

< PREVIOUS NEXT > SAVE & RETURN TO MAIN PAGE

Healthcare Exchange Information (Optional): This section is “Optional”. You may leave this section blank or read the instruction and submit the information. If you determine to leave it blank, click “Next” to continue.

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 User: * Endpoint Content Type: * Is the Endpoint affiliated to another organization? * 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

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


Filter...

Endpoint Type	Endpoint	Endpoint Description	Endpoint ...	Endpoint Conten...	Affiliation	Endpoint Location	Action
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5 items per page

PREVIOUS NEXT SAVE & RETURN TO MAIN PAGE

Other Identifiers Information (Optional): This section is also “Optional”. It is to link your NPI number with other associated provider numbers. You may fill this section or leave it blank. If you determine to leave it blank, click “Next” to continue.



Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them.

DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

* **Issuer:**


* **Identification Number: (DO NOT ENTER SSN, ITIN OR EIN)** **State Issued: (if applicable)**

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

Filter...	Issuer	Other Issuer	State Issued	Identification Number	Actions
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Navigation: [Previous] [Next] [Page 1 of 1] [5] items per page

Buttons:



Taxonomy Information: You will need to select at least one Taxonomy (Provider Type). You can do a search in the filter to narrow down your list. Home Health Aide, Nurse etc. are all available in the dropdown box. If you are unsure which taxonomy to select, you can click the hyperlink shown below within the application or visit the NUCC website: <http://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40>

In this example, “Home Health Aide” is selected. Once you have selected an option, you will click “Save.” Once this is saved, you can click “Next” to continue.

Taxonomy
Provider's Taxonomy Information.

ERROR: Taxonomy
* At least one taxonomy selection is required. Please use the Choose taxonomy field to search for and select taxonomies.

* 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: * Choose Taxonomy:

* Classification Name/Specialization: License Number: State Issued:

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

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
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1 / 1 items per page

Contact Information: You will need to click on “Add Contact Information” and input your information. You will also need to select a type of contact (“Primary” or “Contact is the same as Myself”) to move forward. Once all required information is entered, click “Save” and then “Next” to move forward.

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](#)

[← PREVIOUS](#) [NEXT >](#) [SAVE & RETURN TO MAIN PAGE](#)

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

Prefix: * First: Middle: * Last: Suffix:

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

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:

[CANCEL](#) [SAVE](#)

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	Actions
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[← PREVIOUS](#) [NEXT >](#) [SAVE & RETURN TO MAIN PAGE](#)

Error Check: You are almost finished. At this point of the registration, check that the required information categories are complete. In this example, you see all the categories are in “Green,” meaning there were no errors. Errors are highlighted in “Red”. Click those and review to resolve the error. Once they are all green, you can click “Next” to move forward.

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](#)

[← PREVIOUS](#) [NEXT →](#) [SAVE & RETURN TO MAIN PAGE](#)

Submission Certification: Carefully review the information listed on this page for accuracy. Once completed, click the “I Certify” button and then “Submit”.

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.

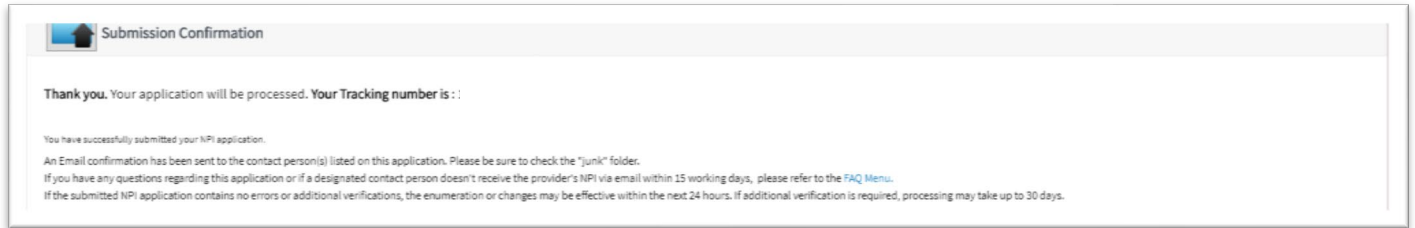
Penalties for Falsifying Information:

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.

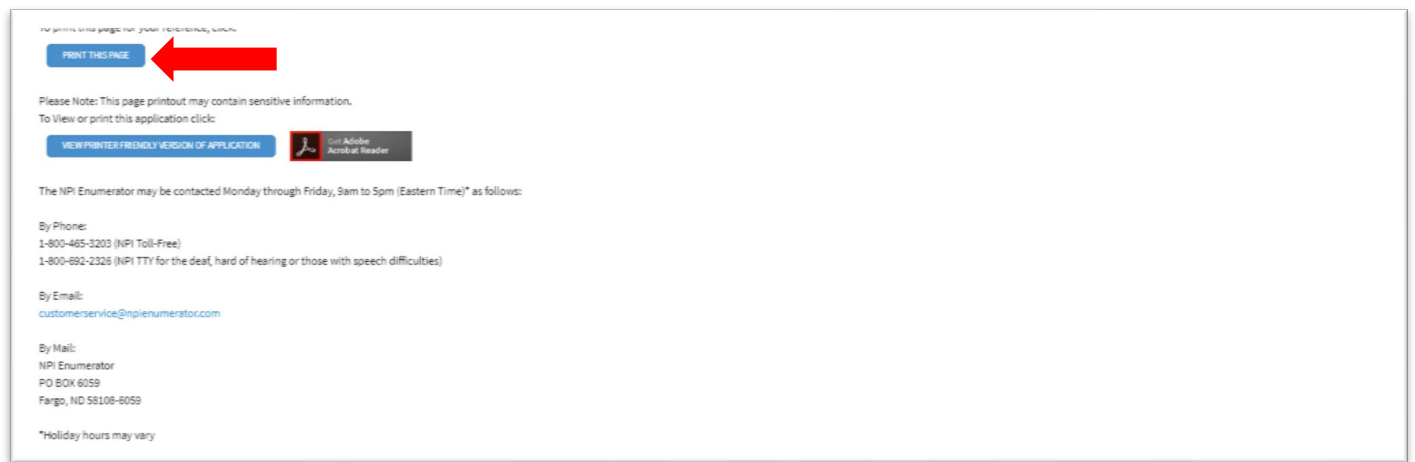
I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

[← PREVIOUS](#) [SUBMIT](#) [SAVE & RETURN TO MAIN PAGE](#)

Submission Confirmation: After you have clicked “Submit,” you will be taken to a new page where you will be given a confirmation that your submission was accepted and will be processed. You will also be given a tracking number. Keep this number in your records for future reference.



Print Option: Additionally, you will be given the option to print this confirmation page. It is recommended that you print this page for your records.



NPI Email: Below is an example of the email notifying you of the assigned NPI number. This can take between 24 hours to 10 business days.

From: customerservice@npienumerator.com
To: [Provider name](#)
Subject: National Provider Identifier
Date: Thursday, December 19, 2019 10:00:57 AM

From: customerservice@npienumerator.com <customerservice@npienumerator.com>
Sent: Thursday, December 19, 2019 9:25:07 AM
Subject: National Provider Identifier

Enumeration Date: December 19, 2019

A request for a National Provider Identifier for "Provider Name" 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 processed and the following NPI has been assigned: 1234567890

This provider is a sole proprietor.

Practice Location:

Provider Taxonomies:

Member Taxonomy: #####

State: OH

Details: Home Health Aide

This is the Primary Taxonomy.

If you have any questions about this notification you may contact the NPI Enumerator at:

NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
customerservice@npienumerator.com

You may view or change this provider's NPPES information by logging onto the NPPES website at <https://nppes.cms.hhs.gov>.

Please note: If you are not the provider, you are required to inform the provider of the information in this e-mail and furnish a copy of this notification to the provider.