

---

# Pharmacist Checklist for Medical Billing Application

---

01

## Obtain an NPI Number

- If you already have an NPI number, please move on to Step 2
- \*\* Guide down below
- **National Plan and Provider Enumeration System (NPPES)**
  - 'create or manage account'
  - click 'OK' on leaving the NPPES Website
  - Accept Terms and Conditions
  - 'Create account now' to proceed
  - Complete:
    - user registration fields
    - user security fields
    - select your address
    - multi-factor authentication (MFA)
    -
  - Once the MFA code is received, enter the 6 digit code and select 'verify'
  - **You have now completed the 1st step!** Now, log out of 'Identity and Access' and return to NPPES
  - Now, sign into registered user sign in
    - verify MFA code
  - Select 'apply for NPI for myself' (this does not have to be finished in 1 sitting!!! -> utilize 'save and return to main page' button at any time)
    - fill in required information
  - At minimum, you must provide a business mailing address and at least one practice location address (select one practice location as 'primary' location)
  - Fill out Health Information Exchange - Endpoints
  - One taxonomy code and license must be submitted at minimum
  - Fill out contact information - this is where verification will be sent
    - send to yourself
  - Error Check
  - Submission Clarification
  - Submission Confirmation
- Things you need for the application:
  - formal business name, practice location, mailing address, business phone and fax numbers
  - business tax identification code
  - pharmacist taxonomy code indicating your specialization, if any



---

02

## Apply for Medicaid Number

- Ohio Medicaid Online Application
  - -> select 'New Provider' -> 'Standard Application'
  - Fill in all information as applicable
  - \*\*\*Guide down below

---

03

## Get credentialed through CAQH

- First create an account, then:
  - Complete all application Questions
  - Complete any outstanding required fields
  - Review Application Data Summary
  - Authorize participating organizations to have access to your application data
  - Attest to your application data
  - Upload your supporting documentation
- **Information you will be asked:**
  - Basic Personal Info
  - Education and Training
  - Specialties and Board Certifications
  - Practice Location Information (we will provide you with)
  - Hospital Affiliation Information
  - Malpractice Insurance Information
  - Work History and References
  - Disclosure and Malpractice History
- **Materials Needed to Complete Application:**
  - IRS Form W-9(s)
  - DEA Certificate
  - Controlled and Dangerous Substances (CDS) Certificates
  - State Practice License(s)
  - Various Identification Numbers (including Medicaid Number)
  - Malpractice Insurance Policy(ies)

---

04

After completion of each of the above steps, please submit verification (including in progress statuses) to **your clinical coordinator.**

---

# 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.' The text inside reads: '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



1

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

The screenshot shows the 'Identity & Access Management System' interface. It displays the 'Terms and Conditions' section, which includes text about accessing a U.S. Government information system and a list of conditions. At the bottom, there are 'Accept' and 'Decline' buttons. A red arrow points to the 'Accept' button.

2

# Provider View – Initial Application

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

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 IBA

Starting June 8, 2020, the Identity and Access Management System (IBA) will change the title of the Delegated Official (DO) role to Access Manager (AM) throughout the IBA 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 IBA 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 IBA will remain the same. There is no impact to users in IBA 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](#)

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:

audio [Listen to](#)

- \* Enter the text from the image above:

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

- 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
  - UserID /Password /Confirm Password

\* indicates required field(s)

- \* User ID: NPlisCool
- \* Password: .....
- \* Confirm Password: .....

**User ID Compliance:**

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

**Password Compliance:**

- ✓ Must be 8-12 alphanumeric characters.
- ✓ Must contain at least one letter.
- ✓ Must contain at least one number.
- ✗ Must contain at least one valid special character. Valid Special Characters: @ # & ( - \_ ' " . , \* ; : / \$ !
- ✓ Must not contain any invalid special characters.
- ✓ Must not start with numeric characters.
- ✓ Must not contain three repeating characters.
- ✓ Must not be the same as your User ID.
- ✓ Password must match Confirm Password.

- Five Security Questions and Answers

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

- \* Question 1: What is the first and last name of your first boyfriend or girlfriend? Answer 1: Smith
- \* Question 2: What is your favorite food? Answer 2: Broccoli
- \* Question 3: What was the name of your first pet? Answer 3: Oreo
- \* Question 4: What city were you born in? Answer 4: Austin
- \* Question 5: What year did you graduate from high school? Answer 5: 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)

\* First Name: Henry

Middle Name: Alan

\* Last Name: Jones

Suffix: [dropdown]

\* Business Phone Number: (701)433-0037

Fax Number: [text box]

\* Date of Birth: (MM/DD/YYYY) [text box]

\* SSN: [text box]

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

\* Personal Phone Number: (701)654-9852

\* Home Address Line 1: 300 45th St S

Home Address Line 2: Suite 218

\* City: Fargo

\* Country: United States [dropdown]

\* State/ Province/ Territory: ND - NORTH DAKOTA [dropdown]

\* Postal/ ZIP Code: 58103

# 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

# 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

7

# 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:  
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

8

# 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:

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

- 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

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](#)

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.

**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

① 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.

11

- User Registration – Registration Complete

**User Registration - Registration Complete**

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

① 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 NPES.



12

## 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**.

13

## 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.

### Registered User Sign In

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

User ID ⓘ

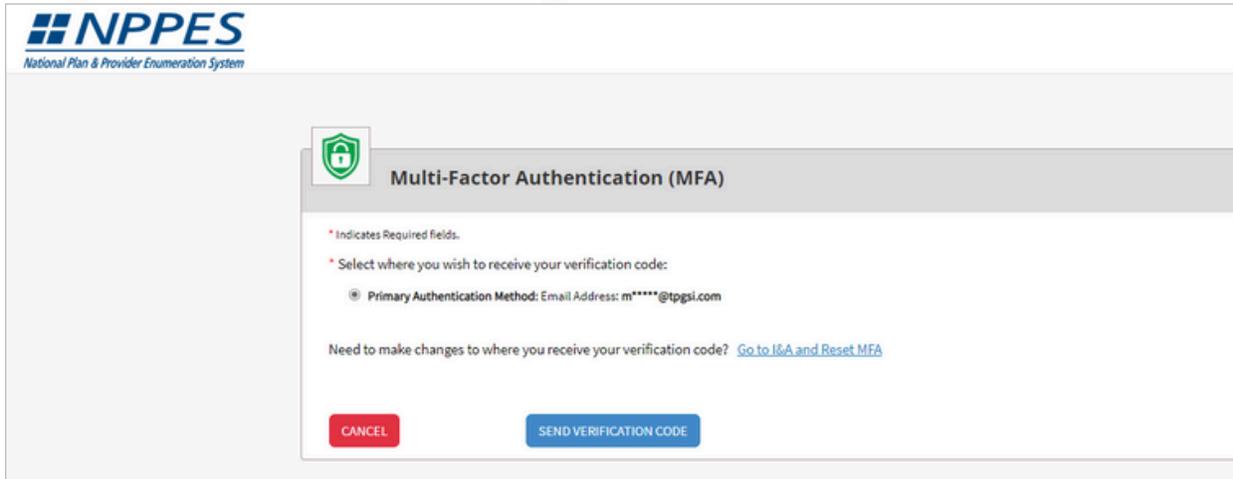
Password

**SIGN IN**

**FORGOT USER ID OR PASSWORD?**

14

- 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.



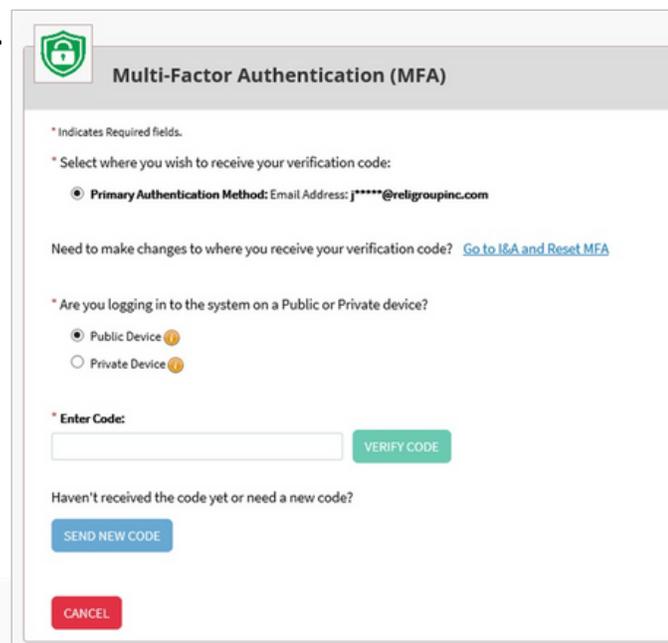
The screenshot shows the NPPES logo at the top left. The main heading is "Multi-Factor Authentication (MFA)". Below the heading, there is a note: "\* Indicates Required fields." followed by "\* Select where you wish to receive your verification code:". Underneath, a radio button is selected for "Primary Authentication Method: Email Address: m\*\*\*\*\*@tpgsi.com". A link "Go to I&A and Reset MFA" is provided for users who need to make changes. At the bottom, there are two buttons: "CANCEL" (red) and "SEND VERIFICATION CODE" (blue).

15

- 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 the NPPES logo at the top left. The main heading is "Multi-Factor Authentication (MFA)". Below the heading, there is a note: "\* Indicates Required fields." followed by "\* Select where you wish to receive your verification code:". Underneath, a radio button is selected for "Primary Authentication Method: Email Address: j\*\*\*\*\*@relgroupinc.com". A link "Go to I&A and Reset MFA" is provided for users who need to make changes. Below this, there is a question: "\* Are you logging in to the system on a Public or Private device?". Two radio buttons are present: "Public Device" (selected) and "Private Device". Below this, there is a field labeled "\* Enter Code:" with a "VERIFY CODE" button (green) to its right. At the bottom, there is a "SEND NEW CODE" button (blue) and a "CANCEL" button (red).

16

## Initial Application for Myself – Type 1



17

## 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](#).

A screenshot of the 'National Provider System Main Page'. At the top, there is a home icon and the text 'National Provider System Main Page'. Below this, there is a section titled 'Apply for a National Provider Identifier (NPI)' with a subtitle: '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 application options, each with a representative image and a button: 1. 'INDIVIDUAL PROVIDER' with a photo of a female doctor and a button labeled 'Apply for an NPI for myself'. 2. 'EMPLOYEE OR SURROGATE' with a photo of a female doctor and a male doctor, and a button labeled 'Apply for an NPI for another Individual'. 3. 'EMPLOYEE OR SURROGATE' with a photo of a group of healthcare workers, and a button labeled 'Apply for an NPI for an Organization'. A red arrow points to the 'Apply for an NPI for myself' button.

18

# 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(s)(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:

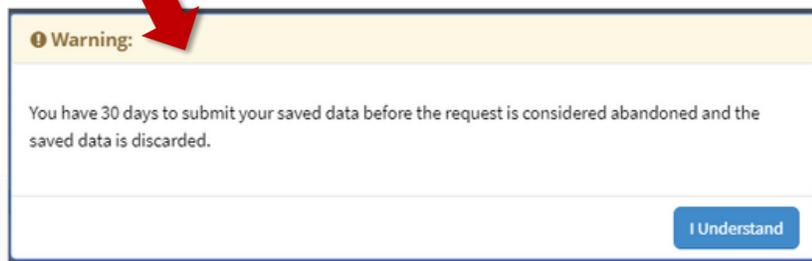
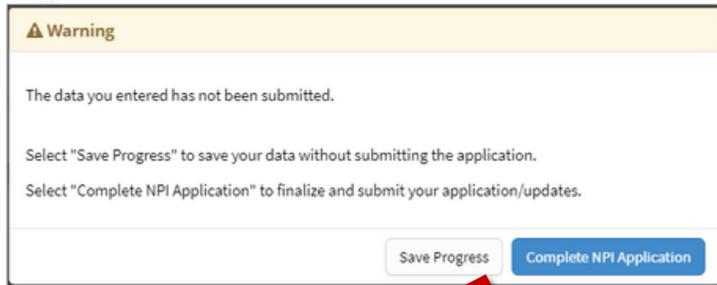
Select Language:

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.



# 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      EMPLOYEE OR SURROGATE      EMPLOYEE OR SURROGATE

Apply for an NPI for myself      Apply for an NPI for another Individual      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
	0000003214	Jones, Henry				In Progress	

# Initial Application - Address



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

23

# 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'

24

# 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

**Your standardized address:**

300 45th St S  
Fargo, ND 58103-1189

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.

25

# 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)  
\_\_\_\_\_

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

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_      \* Zip Code: \_\_\_\_\_      Zip Ext: \_\_\_\_\_

Organization Name(Optional):  
\_\_\_\_\_

Office Hours:

\* Telephone Number: \_\_\_\_\_      Extension: \_\_\_\_\_      Fax Number: \_\_\_\_\_

Choose Language Filter:   
Filter by Language.

Choose Language Spoken:   
Select Language: \_\_\_\_\_

Languages Spoken	Actions
1 / 1	5 items per page

Apply to all

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OPEN	OPEN	OPEN	OPEN	OPEN	CLOSE	CLOSE
<input type="text" value="HHMM"/>						
<input type="text" value="HHMM"/>						

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

Optional Information

26

# Business Practice Location Verification



Please do one of the following:

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

**Your input address:**

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

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

\* City: Universal City    \* State: CA - CALIFORNIA    \* Zip Code: 91608    Zip Ext: \_\_\_\_\_

Organization Name (Optional):

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

**Your standardized address:**

100 Universal City Plz  
Universal City, CA 91608-1002

- Accept Standardized Address – 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.

27

# Business Practice Location– Additional Locations



- 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

Primary Location	Address	City	State/Province/Region	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.

28

# 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.).

29

# 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.

30

# 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:

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

Is the Endpoint affiliated to another organization?  
 Yes  No

Endpoint Location:  Add New Endpoint Location

CLEAR SAVE

Is the Endpoint affiliated to another organization?  
 Yes  No

Affiliation:  Choose Affiliation

Endpoint Location:  Add New Endpoint Location

CLEAR SAVE

# 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:

Choose Affiliation

Search for Affiliated Organization

Please enter data for one of the following:

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

Clear Search

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:  SAVE

Search Results:

Filter:

Type	NPI	Affiliated Organization LBN	Action
	1003107873	Meharry Medical College, School of Dentistry	Select
	1003126004	Chillicothe VA Medical Center	Select
	1013156017	Devoted Care	Select
	1013391556	Carlotta D. Winn	Select
	1053722751	Maryann DiLibero, OD	Select

1 - 5 of 88 items

CANCEL

# 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 Addressfield will open and the user can add a new location. It will run address standardization
- Select **Save**.

This screenshot shows two main sections. On the left, under 'Affiliation:', there is a search box containing 'Meharry Medical College, School of Dentistry' and a 'Choose Affiliation' button. On the right, under 'Endpoint Location:', there is a dropdown menu showing '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 'CLEAR' and 'SAVE' buttons.

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

33

# Health Information Exchange - Endpoints



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

This screenshot shows a multi-step form titled 'Endpoint for Exchanging Healthcare Information (optional)'. A progress bar at the top indicates the current step is 3, 'HEALTH INFORMATION EXCHANGE'. The form includes a detailed introduction about endpoints and their use. Below the text, there are several input fields: 'Endpoint Type', 'Endpoint', 'Endpoint Description', 'Endpoint Use', and 'Endpoint Content Type'. There is a question 'Is the Endpoint affiliated to another organization?' with 'Yes' and 'No' radio buttons. A red arrow points to the 'No' radio button. At the bottom, there is a blue box with 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 'CLEAR' and 'SAVE' buttons.

34

# Other Identifiers (Optional)

- Other Identifiers listed on this page will associate other provider identifiers with the NPI.

- Medicaid&anynon-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

35

# Other Identifiers -Warning

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

- User has the option to [Review Data Entered](#) or [I Understand](#).

# Taxonomy



### Taxonomy

Provider's Taxonomy Information.

\* Indicates Required fields.

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

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

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

\* Choose Taxonomy:

\* Classification Name/Specialization:

License Number:

State Issued:

# Taxonomy



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

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

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

Choose Taxonomy
101Y0000X - Counselor
101YA0400X - Counselor - Addiction (Substance Use Disorder)
101YM0800X - Counselor - Mental Health
101YP1600X - Counselor - Pastoral
101YP2500X - Counselor - Professional
101YS0200X - Counselor - School
102L0000X - Psychoanalyst
102X0000X - Poetry Therapist
103G0000X - Clinical Neuropsychologist
103K0000X - Behavioral Analyst
103T0000X - 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:

Social

\* Classification Name/Specialization:

\* Choose Taxonomy:

Choose Taxonomy

- 10410000X - Social Worker
- 1041C0700X - Social Worker - Clinical
- 1041S0200X - Social Worker - School

# 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
<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	

39

# Contact Information



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

**Contact Information**

All NPI notifications will be sent to the 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](#)

40

# 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:

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

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

# Contact Information

- Multiple Contact People can be added by selecting the **ADD ANOTHER CONTACT** button on the Contact Information page.
  - OneContactPerson mustbeselectedas thePrimary 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

1 2 3 4 5 items per page 1: 2 of 5

# Error Check – No Errors



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

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](#)

43

# Submission Certification



PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ OTHER IDENTIFIERS ✓ TAXONOMY ✓ CONTACT INFO ✓ ERROR CHECK ✓ **8** SUBMISSION 9

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](#)

44

# 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 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)

By Email:  
[customerservice@npienumerator.com](mailto: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](https://nppes.cms.cmstext/webhelp/nppeshelp) at <https://nppes.cms.cmstext/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](mailto: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.

# Quick Reference Guide: New Provider Application

## Steps:

1

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
		All				All						

Once the dashboard is accessed, the input of Provider information can be initiated by clicking the 'New Provider?' button.

2

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

Standard application	Ordering, Referring, Prescribing	Change of Operator	MCP Single Case
Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.	Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.	Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.	Use this application if you are entering into a Single Case agreement with a Managed Care Plan.
Select	Select	Select	Select

[Click here for more application types](#)

Select the proper application type, based on the descriptions listed on the page.

**Note:** 10 days are allotted to complete the application. After 10 days, information will be removed.

3

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

Standard application	Ordering, Referring, Prescribing	Change of Operator	MCP Single Case
Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.	Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing.	Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.	Use this application if you are entering into a Single Case agreement with a Managed Care Plan.
Select	Select	Select	Select

Less...

Medicaid Waiver (ODM)	Medicaid Waiver (ODA)	Medicaid Waiver (DODD)	Non-Medicaid DODD
Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid.	Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider.	Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities.	Use this application if you are applying for one or more of the following options. Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees.
Select	Select	Select	Select

If the application being applied for is not listed, select the "click here for more application types..." button (pictured in Step 2) to display additional options.

# Quick Reference Guide: New Provider Application

## Steps:

4



The screenshot shows a web interface for selecting an application type. At the top, there is a dropdown menu labeled "Application Type" with "Standard application" selected and a "Change" link to its right. Below this are five buttons, each with an icon and a label: "Individual" (person icon), "Group" (group of people icon), "Organization" (building icon), "Facility/Institution" (hospital icon), and "Pharmacy" (pharmacy icon).

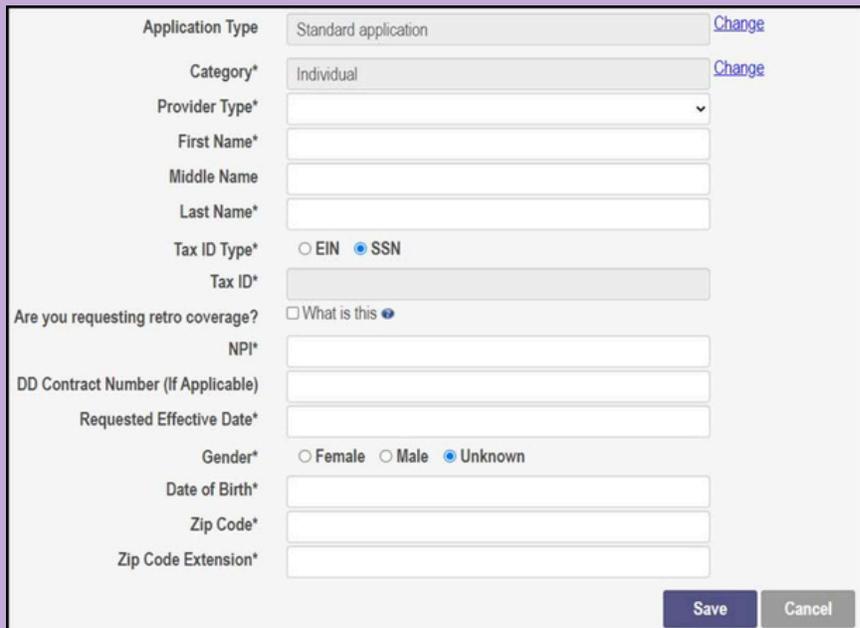
After choosing the proper application, select the category that pertains to the business.

**Note:** Not all categories display under each application type.

5

Complete the provider details for the applicant. All items marked with an asterisk\* are required fields and must be completed for the page to be saved. Once all information is completed, click 'Save.'

**Note:** Depending on the category selected, different information may appear or be required. Complete the information on the selected screen after choosing a category.



The screenshot shows a form for entering provider details. The "Application Type" dropdown is set to "Standard application" with a "Change" link. The "Category\*" dropdown is set to "Individual" with a "Change" link. The "Provider Type\*" is a dropdown menu. The "First Name\*", "Middle Name", and "Last Name\*" are text input fields. The "Tax ID Type\*" has radio buttons for "EIN" and "SSN", with "SSN" selected. The "Tax ID\*" is a text input field. The "Are you requesting retro coverage?" section has a checkbox for "What is this?" which is unchecked. The "NPI\*" is a text input field. The "DD Contract Number (If Applicable)" is a text input field. The "Requested Effective Date\*" is a text input field. The "Gender\*" has radio buttons for "Female", "Male", and "Unknown", with "Unknown" selected. The "Date of Birth\*", "Zip Code\*", and "Zip Code Extension\*" are text input fields. At the bottom right, there are "Save" and "Cancel" buttons.