

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.

The screenshot shows the 'Create a New Account' page. At the top, it says 'Create a New Account'. Below that, it states: 'You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.' There is a small image of a medical professional. Below the image, it says: 'Individual Providers, Organization Providers, Users working on behalf of a provider'. Then it says: 'If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.' Below that, it says: 'Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.' Then it says: 'After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).' At the bottom, there is a large blue button that says 'CREATE or MANAGE AN ACCOUNT'. Below the button, it says: 'To learn more about Multi-Factor Authentication (MFA) click here'.

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.

The screenshot shows the 'Terms and Conditions' page on the CMS Identity & Access Management System. At the top, it says 'CMS Centers for Medicare & Medicaid Services'. Below that, it says 'Identity & Access Management System'. There is a 'Help' button. The main content area is titled 'Terms and Conditions'. It says: '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.' Then it says: 'Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.' Below that, it says: 'By using this information system, you understand and consent to the following:'. There is a list of bullet points: '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.' Below the list, it says: 'To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.' At the bottom, there is a button that says 'Accept'. A large red arrow points to the 'Accept' button.

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.


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 NPDES.
- 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:

* Question 2:

* Question 3:

* Question 4:

* Question 5:

* Answer 1:


* Answer 2:

* Answer 3:


* Answer 4:

* 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.


Centers for Medicare & Medicaid Services

Identity & Access Management System
[Help](#)

i 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

Step 1 User Security

Step 2 User Info

Step 3 MFA Setup

Final Review

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

[Back to Previous Page](#)

* indicates required field(s)

* First Name:

Middle Name:

* Last Name:

Suffix:

* Business Phone Number:

Fax Number:

* Date of Birth: (MM/DD/YYYY)

* SSN:

Primary E-mail Address:
cohop2@gmail.com

* Personal Phone Number:

* Home Address Line 1:

Home Address Line 2:

* City:

* Country:

* State/ Province/ Territory:

* Postal/ZIP Code:

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.



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.



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

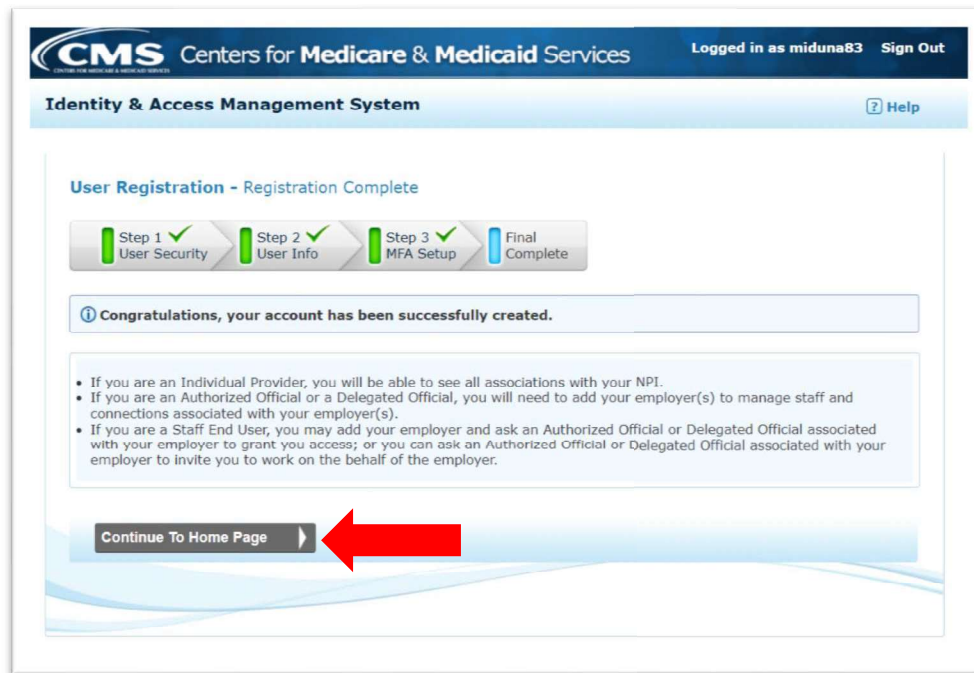
Step 1 ☒ User Security Step 2 ☒ User Info Step 3 ☒ MFA Setup Final Review

❗ Congratulations, your Phone Number [redacted] was successfully verified! This will be used to verify your identity upon logging in.

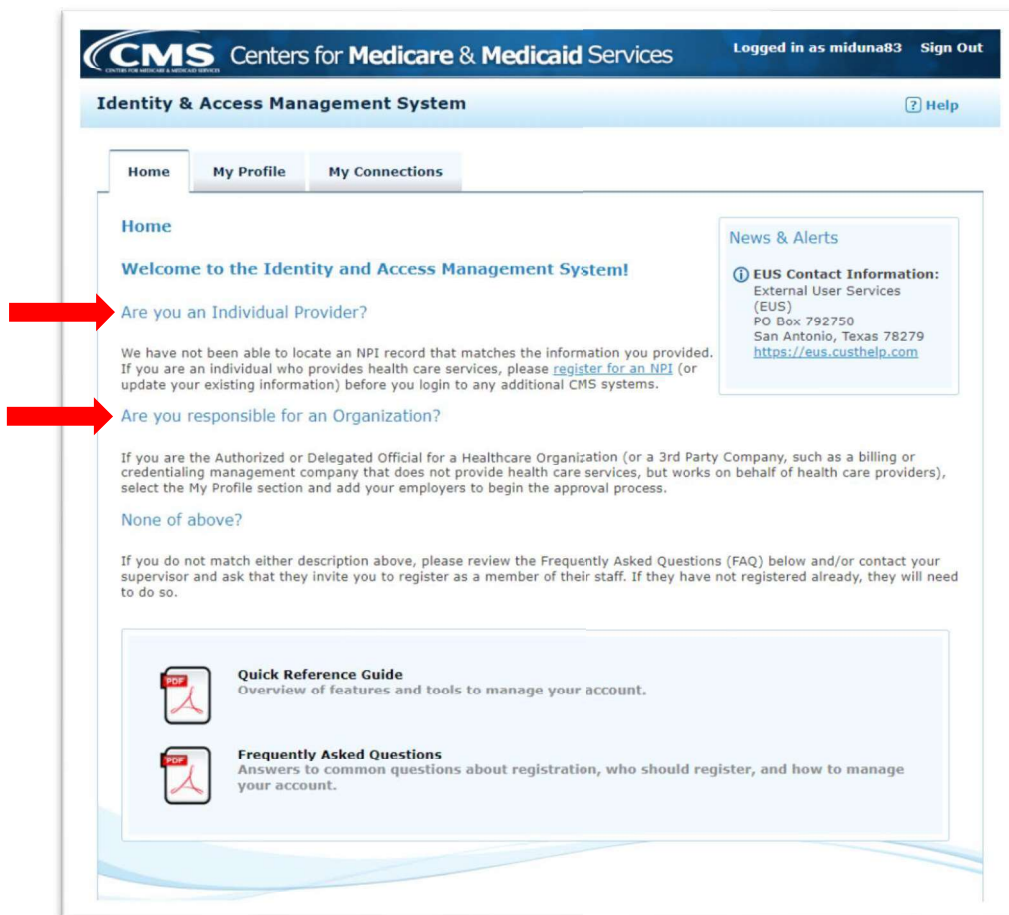
If you wish to set up an Alternative MFA method, please select [Begin Alternative Setup](#).

[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.

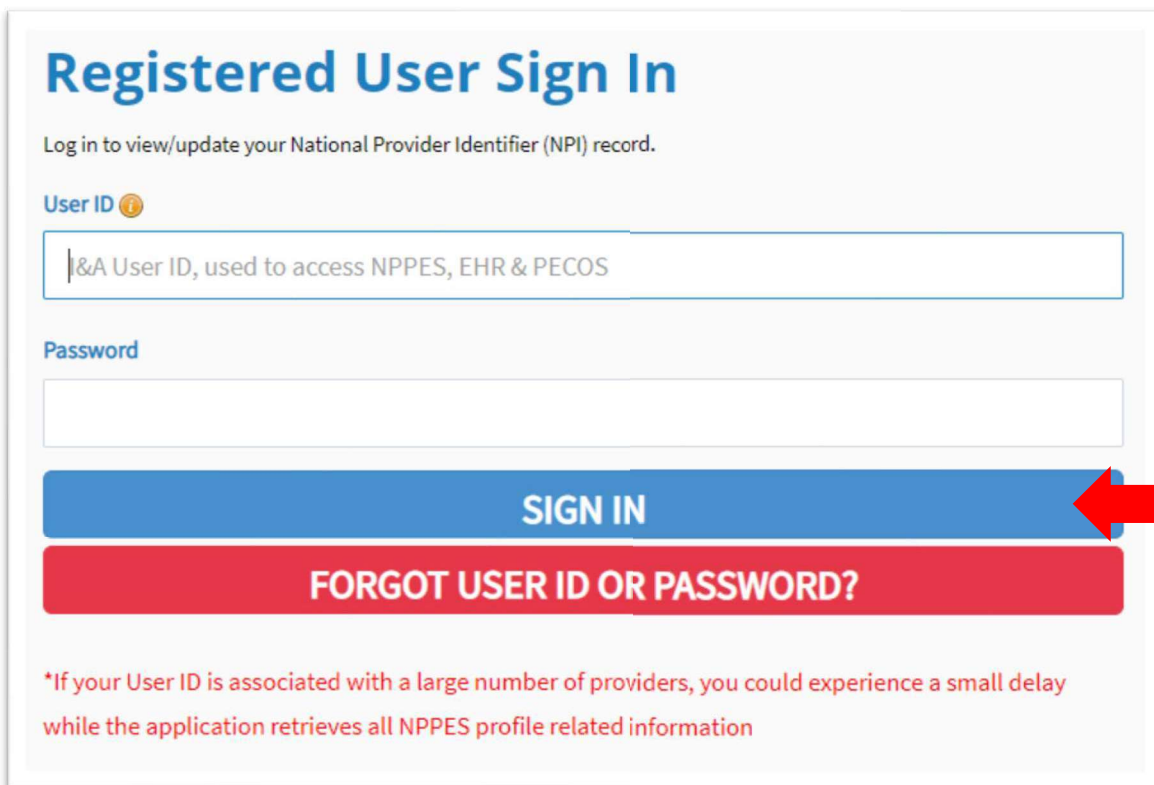


Home Page: Once your registration is complete, you can proceed with your registration for an NPI number. You will have the option to select as an “Individual” or “Agency.” Be sure to click the correct one.



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 a subtitle: "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 asterisk 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.



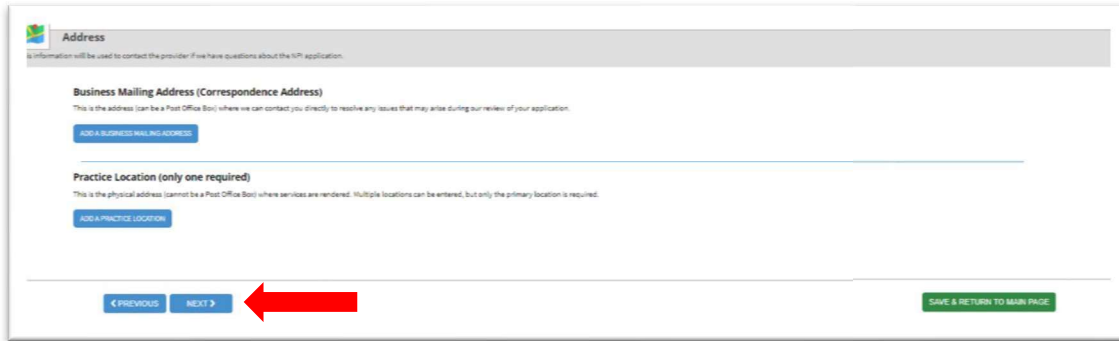
The image shows a web form titled "Multi-Factor Authentication (MFA)". It has a shield icon with a plus sign. Below the title, there are two asterisked notes: "* Indicates Required fields." and "* Select where you wish to receive your verification code:". Below these is a radio button labeled "Primary Authentication Method: Phone Number Text/SMS:". At the bottom, there is a link: "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)". At the bottom left is a red "CANCEL" button, and at the bottom right is 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.

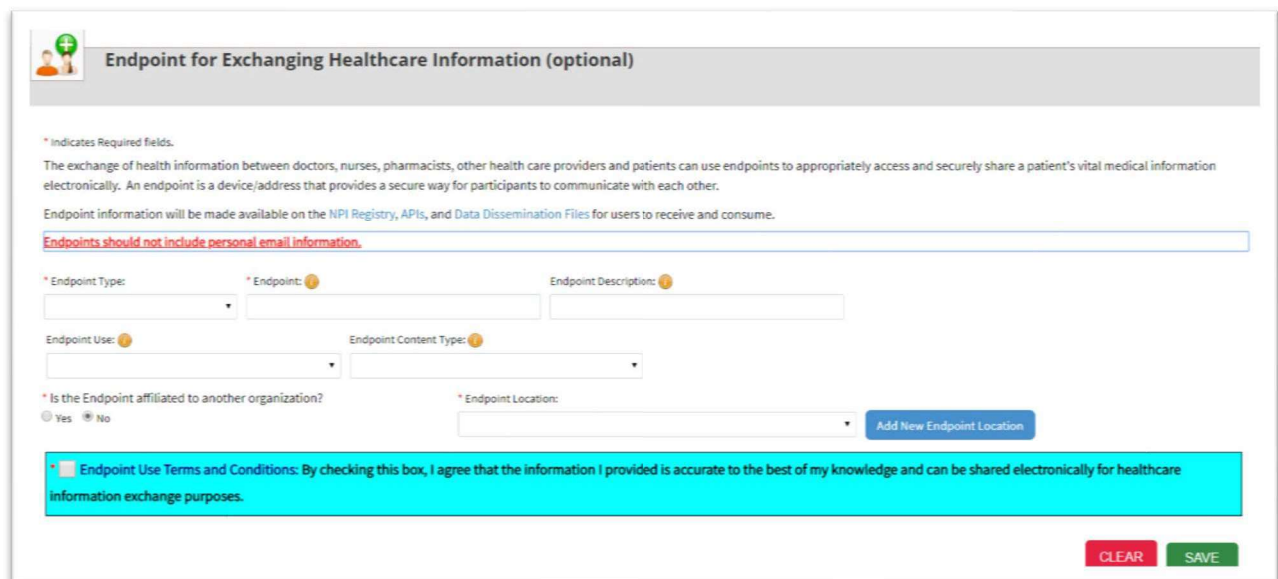
Other Identifying Information: You will need to supply your Date of Birth, Tax Identification Type and Tax Identification Number, State and Country of Birth, Gender and Demographic information in this section. Be sure to fill this out in its entirety and click next.

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.

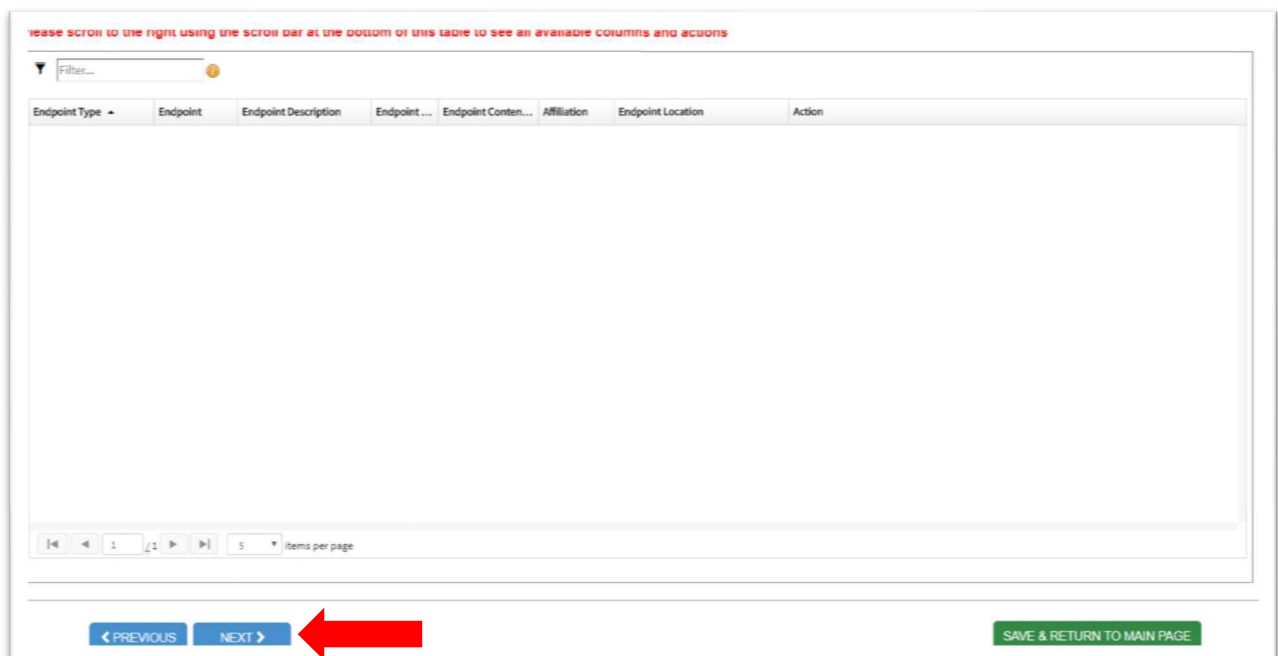


The screenshot shows the 'Address' form. At the top, it says 'Address' and 'Information will be used to contact the provider. If you have questions about the ISP application.' Below this, there are two sections: 'Business Mailing Address (Correspondence Address)' and 'Practice Location (only one required)'. Each section has a text input field and a blue button labeled 'ADD A BUSINESS MAILING ADDRESS' and 'ADD A PRACTICE LOCATION' respectively. At the bottom, there are three buttons: '< PREVIOUS', 'NEXT >', and 'SAVE & RETURN TO MAIN PAGE'. A red arrow points to the 'NEXT >' button.

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.




The screenshot shows the 'Endpoint for Exchanging Healthcare Information (optional)' form. It includes a header with a green plus icon and the title. Below the header, there is a note: '* Indicates Required fields.' and a paragraph explaining the exchange of health information. A red text box states: 'Endpoints should not include personal email information.' The form contains several input fields: 'Endpoint Type' (dropdown), 'Endpoint' (text), 'Endpoint Description' (text), 'Endpoint User' (dropdown), 'Endpoint Content Type' (dropdown), 'Is the Endpoint affiliated to another organization?' (radio buttons for Yes/No), and 'Endpoint Location' (dropdown). There is a blue button 'Add New Endpoint Location'. 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 two buttons: 'CLEAR' and 'SAVE'.



The screenshot shows a table with the following columns: 'Endpoint Type', 'Endpoint', 'Endpoint Description', 'Endpoint ...', 'Endpoint Conten...', 'Affiliation', 'Endpoint Location', and 'Action'. The table is empty. Below the table, there is a pagination bar with the text '1 / 1' and '5 items per page'. At the bottom, there are three buttons: '< PREVIOUS', 'NEXT >', and 'SAVE & RETURN TO MAIN PAGE'. A red arrow points to the 'NEXT >' button.

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 |
|--------|--------------|--------------|-----------------------|---------|
|--------|--------------|--------------|-----------------------|---------|

1

5

items per page

40 **Search for the specific Taxonomy Code to bring up the Service you are searching for.


this is saved, you can click “Next” to continue.

CLEAR SAVE

◀ PREVIOUS NEXT ▶

[SAVE & RETURN TO MAIN 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 |
|-----------------|------|---------------|----------------|------------------|----------------------|---------|
|-----------------|------|---------------|----------------|------------------|----------------------|---------|

[< 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

Step 2: Address

✓ COMPLETED: Address
No Errors Found

Step 3: Health Information Exchange

✓ COMPLETED: Health Information Exchange
No Errors Found

Step 4: Other Identifiers

✓ COMPLETED: Other Identifiers
No Errors Found

Step 5: Taxonomy

✓ COMPLETED: Taxonomy
No Errors Found

Step 6: Contact Information

✓ COMPLETED: Contact Information
No Errors Found

◀ 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 [REDACTED] Enumerator of this fact immediately.
- I authorize the [REDACTED] Enumerator to verify the information contained herein. I agree to keep the NPDES 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 [REDACTED] Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

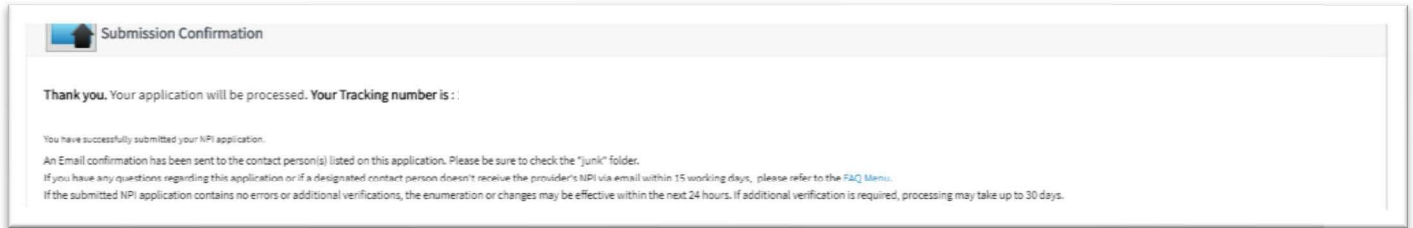
Penalties for Falsifying Information:

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.

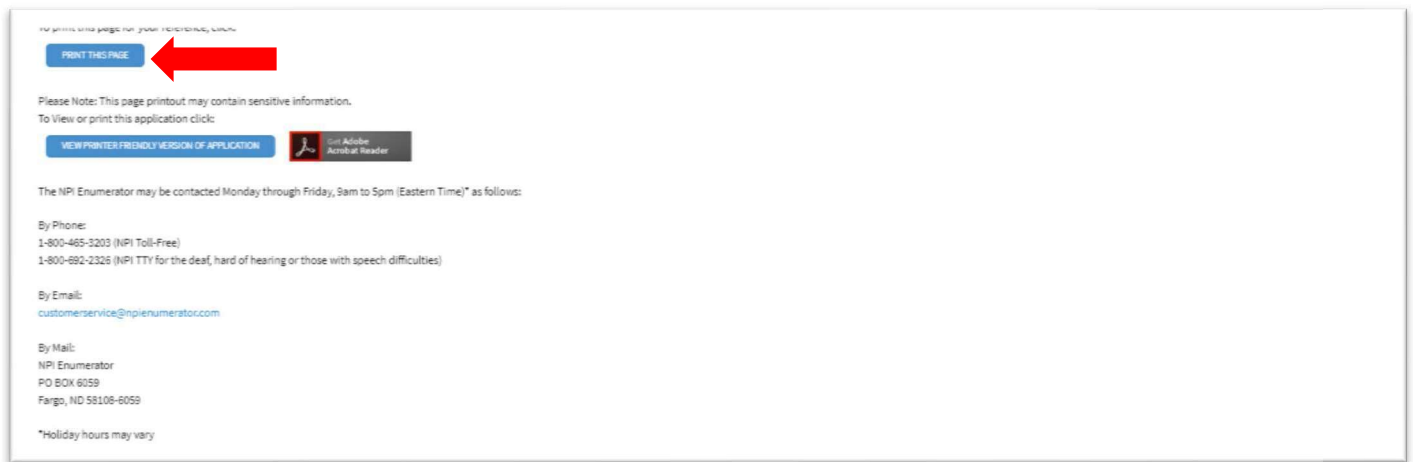
☒ I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

◀ 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.