



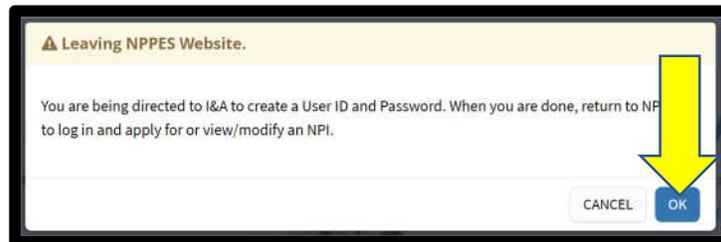
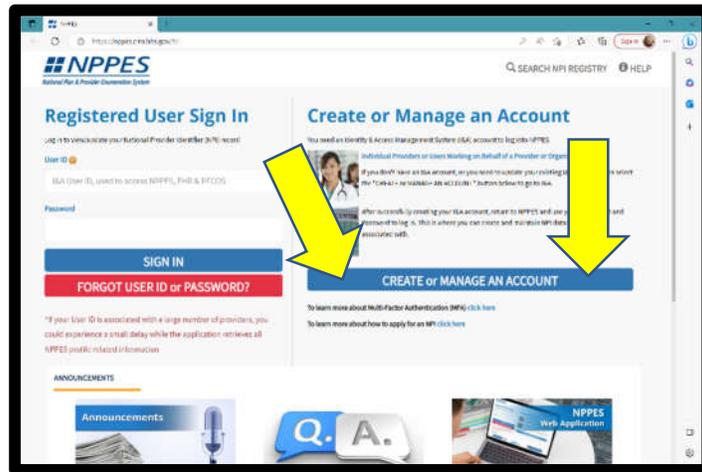
As an Independent Provider, you will provide services to individuals with waiver services. Waiver services are paid for by Medicaid funds.

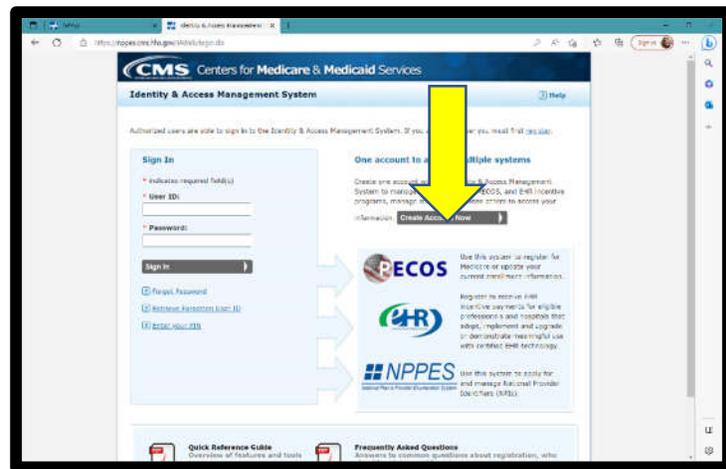
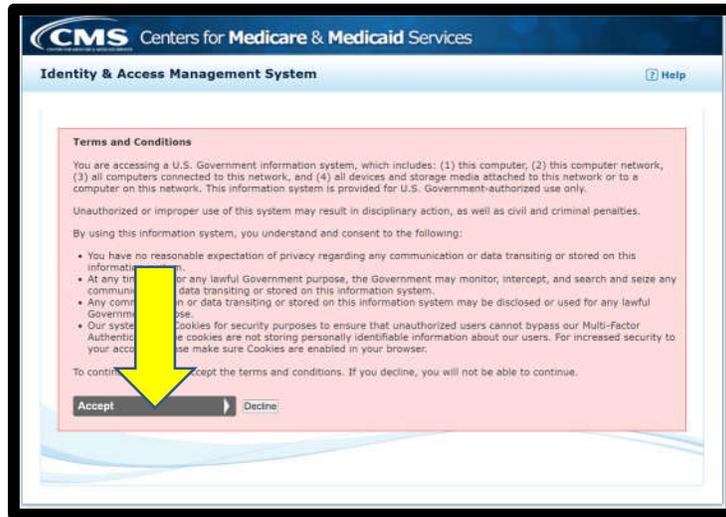
Federal law requires that an NPI be used to **identify providers on any standard transaction for health care services**. Since waiver services are paid in part using federal Medicaid funds, you must obtain an NPI and update your records with ODM to include your NPI.

A NPI is assigned by the National Plan and Provider Enumeration System (NPPES)

SECTION ONE: CREATE AN NPPES ACCOUNT

Go to: [NPPES \(hhs.gov\)](https://nppes.hhs.gov)







The screenshot shows the 'User Registration' page in the CMS Identity & Access Management System. The page includes a 'User Registration' section with a note: '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 about your user account.' Below this are fields for 'E-mail Address' and 'Confirm E-mail Address'. A yellow arrow points to the 'E-mail Address' field. There is also a CAPTCHA section with an image and a 'Listen to audio' link. On the right, there are links for 'Quick Reference Guide' and 'Frequently Asked Questions'. The page has a 'Submit' button and a 'Cancel' link.

The screenshot shows the 'User Security' page in the CMS Identity & Access Management System. The page is titled 'User Registration - User Security' and has a progress bar with four steps: 'Step 1 User Security', 'Step 2 User Info', 'Step 3 MFA Setup', and 'Final Review'. The 'User ID Compliance' section lists requirements: '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', and 'Must not contain personally identifiable information such as SSN or NPI'. The 'Password Compliance' section lists requirements: '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', and 'Password must match Confirm Password'. Below these are five security questions, each with a dropdown menu for the question and a text input field for the answer. The page has a 'Continue' button and a 'Cancel' link.



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

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:
sam.elliott@email.com

Personal Phone Number:

Home Address Line 1:

Home Address Line 2:

City:

Country: United States

State/ Province/ Territory: SE - Select One

Postal/ZIP Code:

|

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.



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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

[Back to Previous Page](#)

* indicates required field(s)

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

|



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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](#)

An E-mail was sent to mehdi06@gmail.com

* Enter Code:

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

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

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

Identity & Access Management System [Help](#)

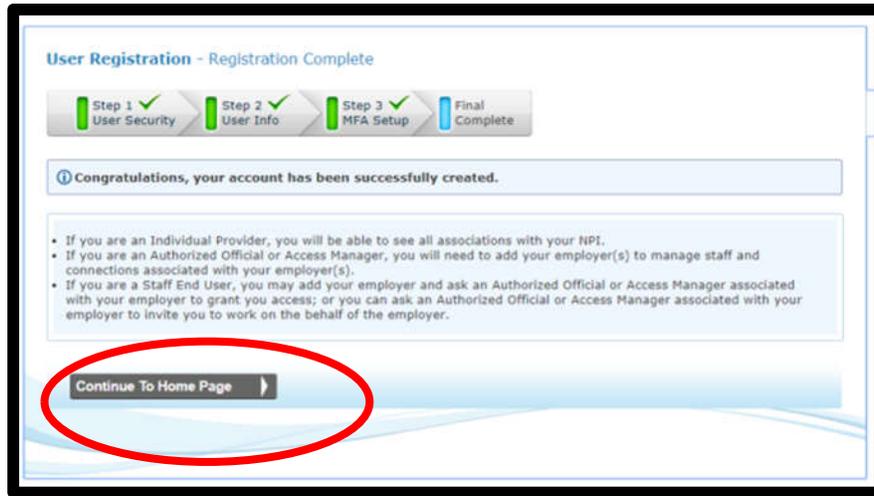
User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

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

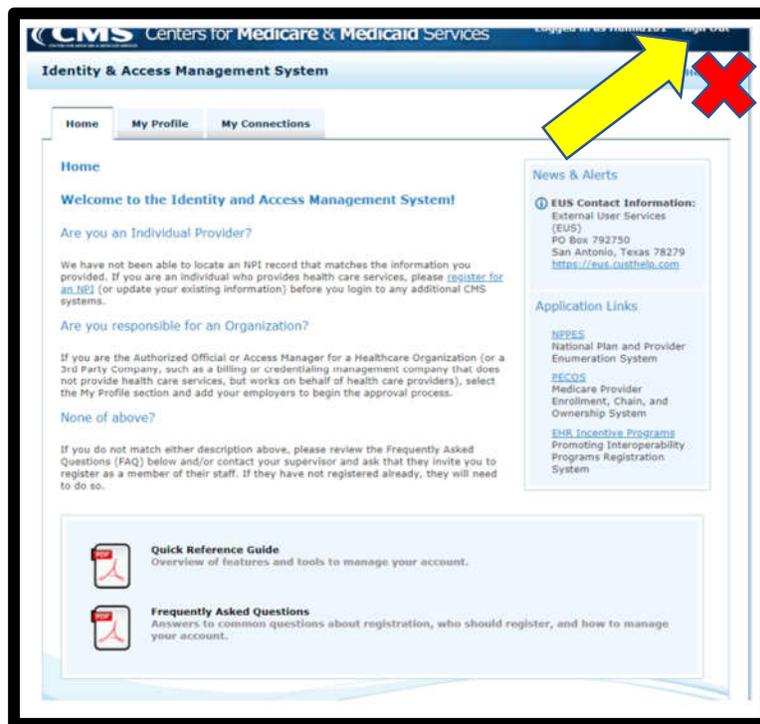
Congratulations, your Phone Number (703) 555-1212 X 12345 was successfully verified! This will be used to verify your identity upon logging in.

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

| [Cancel](#)

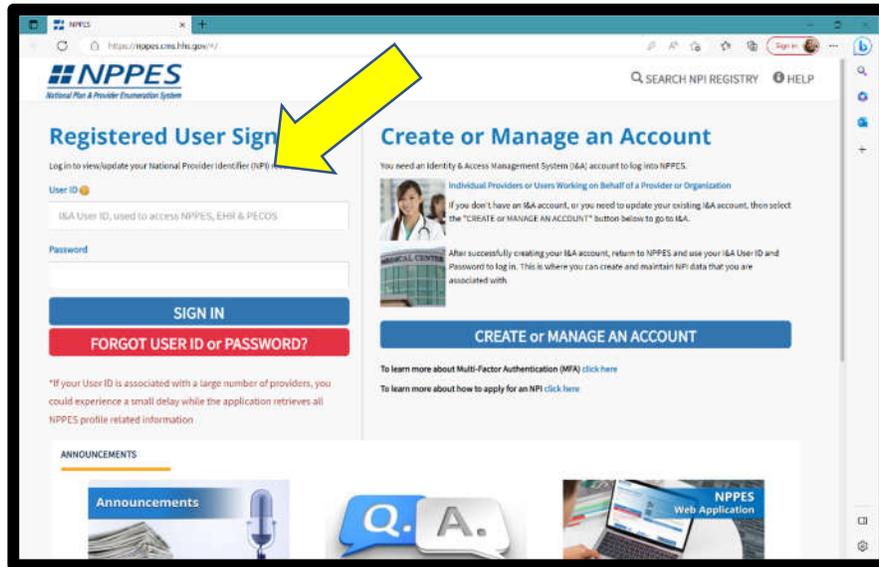


You have now completed the process. Sign out of the account.



SECTION TWO: REGISTER FOR A NPI NUMBER

1. Go to: [NPPES \(hhs.gov\)](https://www.hhs.gov) to sign in as a Registered User



2. Once you have created your username and password, go back to the same website (<https://nppes.cms.hhs.gov/#/>) and type your username and password and sign in|





3. Complete the Multi-Factor Authentication (MFA) process

Click send verification, once you receive the code, type in the verification code and click verify code.

The first screenshot shows the 'Multi-Factor Authentication (MFA)' page. It includes instructions to select where to receive the verification code and a 'SEND VERIFICATION CODE' button. The second screenshot shows the same page with an 'Enter Code' field and a 'VERIFY CODE' button.

4. Click on Apply for an NPI for myself

The screenshot shows the 'National Provider System Main Page' with three application options: 'Apply for an NPI for myself', 'Apply for an NPI for another provider', and 'Apply for an NPI for an organization'. The 'Apply for an NPI for myself' button is circled in red.



5. Complete the profile page and click Next

Anything with an * is required

TIN Type is social security, TIN is your social security number

For language, search for English (and any other language you speak), once you select it click save and make sure the check box under primary is checked

Provider Profile

Provider Name Information:

Name: [First] [Middle] [Last] [Suffix]

Other Identifying Information:

TIN: [Number] TIN Type: [Social Security] TIN Number: [Number]

Country of Birth: [Country]

Gender: [Male] [Female] Race: [Race] Ethnicity: [Ethnicity]

Check Language:

Language	Primary
English	<input checked="" type="checkbox"/>

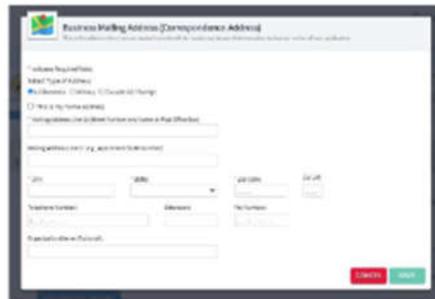
Buttons: **NEXT** **CANCEL & RETURN TO MAIN PAGE** **SAVE & RETURN TO MAIN PAGE**



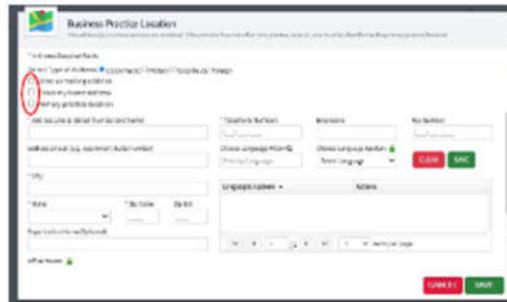
6. Complete the address section, then click Next



Click on add a business mailing address, add your address (click this is my home address if applicable) and click save. You may need to select 'Accept Standardized Address'



Click on Add a Practice Location. Click on Same as mailing address, This is my home address and primary practice location. The Information will auto-fill from your business mailing address information. Click Save





7. You can SKIP the Endpoint for Exchange Healthcare Information page. Scroll to the bottom of the page and click next.

8. You can SKIP Other Identifiers. Scroll to the bottom of the page and click next.

9. On the taxonomy page, you need to enter at least one taxonomy. You should enter the taxonomy code(s) for all services you are certified in.

Search for each taxonomy, select it from the drop down menu and then click on Save (for each one). You do not need to fill in license number or State Issued.

Once you have selected all applicable taxonomy codes, on the bottom of the page, make sure to check the primary box next to the taxonomy code of your primary service.

Once complete, click on Next

Use the Taxonomy Guide to find the appropriate code(s) for your services.
For ease of search- type in the actual taxonomy code or the NUCC description
(bold on the taxonomy guide)



10. Complete the Contact information page and then click next
Click on Add Contact Information. Select the boxes next to Primary Contact Information and Contact Person is Myself and the information will auto-fill. Click 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.

[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:
[Dropdown] [Text] [Text] [Text] [Dropdown]

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

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:
[Text] [Text] [Text] [Text]

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

11. On the Error Check page, make sure that all the sections have green boxes that say Completed. Then click Next.



12. On the final page, read over all the information. Check the box to certify that the form is being completed by a health care provider. Then click 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:

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. 1001(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 § 190.103.

← PREVIOUS

SUBMIT

SAVE & RETURN TO MAIN PAGE