

NJ FamilyCare Housing Supports Program: Securing an NPI number

March 19, 2025



Housekeeping

- Please drop your name, organization and role into the chat
- Use the Raise Hand function and we will invite you to come off mute during Q&A
- This session will be recorded and posted on the 1115 Resource page

REGIONAL HEALTH HUB INTRO

Regional Health Hubs (RHHs) play an important role supporting DMHAS in key initiatives

RHHs bring together multiple sectors to address state priorities and other pressing concerns

Functions of a Regional Health Hub:

- Convene stakeholders in healthcare and beyond in support of state Medicaid priorities
- Operate Health Information Exchange (HIE)
- Serve Medicaid and other state agencies as a local expert, strategy partner and program implementor
- Innovate on population and public health interventions in response to local needs



Regional Health Hubs will play a role in NJ FamilyCare Housing Supports Program implementation

Camden Coalition will:

- Deliver and curate a training series to support program roll-out
- Serve as a “help line” for providers to field/answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

All RHHs will:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out



About **CSH**

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



[csh.org](https://www.csh.org)

Here is the CSH Team



MARCELLA

Marcella Maguire

Health Systems
Integration Director
CSH



LAWRENCE

Lawrence Vinson

Senior Program
Manager
National Consulting
CSH



CASSONDRA

Cassandra Warney

Senior Program
Manager
CSH Metro Team
(NJ, NY, PA)



BRIAN

Brian McShane

Associate Director
CSH Metro Team
(NJ, NY, PA)



[csh.org](https://www.csh.org)

Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs or Division of Medical Assistance Healthcare Services (DMAHS)



Training Objectives

- Understand what an NPI is
- Understand docs/info you'll need in order to apply for an NPI
- Walk through the process of obtaining your NPI
- Understand next steps once you have your NPI



Background

REMINDER:

Steps to Becoming an NJ FamilyCare Housing Supporting Provider

1. Obtain an NPI number
2. Complete NJ state enrollment
3. Credential with MCOs
4. Contract with MCOs

What is an NPI?

- NPI stands for National Provider Identifier
- It is a standardized 10-digit number that allows health information to be exchanged more quickly
- Used by health care providers, health plans, and health care clearinghouses in their administrative and financial transactions
- There are two types:
 - Type 1: Individual NPI
 - Type 2: Organizational NPI
- Refer to [Health Resources in Action](#) training deck (created for use in Massachusetts) for more background and detail

Does my organization need an NPI?

- Yes, all Housing Supports Providers will need a Type 2 NPI with the correct taxonomy codes
- Taxonomy codes indicate which services you will provide
- Those taxonomy codes are:
 - Pre-tenancy and Tenancy Sustaining Services: 251B00000X (Case Management)
 - Residential Modifications and Remediation Services: 171W00000X (Contractor)
- Your employees will not need a Type 1 NPI for this program as billing will occur at the organizational level
- If your organization already has a Type 2 NPI, you will need to update it to include the new taxonomy code(s) associated with this program



Getting started

Be ready with this documentation/information when you begin the process:

- Organization name (legal name)
- Employer Identification number (EIN)
- Name of authorized official for the organization
- Phone number of authorized official for the organization
- Organization mailing address
- Taxonomy codes (Provider type)
- Organization phone number
- Contact Person(s) Name, Phone and Email

GETTING STARTED

Navigate to NPPES <https://nppes.cms.hhs.gov/#/> and begin by creating a login account

GETTING STARTED

A few preliminary steps

1. Accept the terms and conditions
2. On the right side of the screen, click: Create or Manage an Account
3. You will be redirected to the CMS Identity & Access Management System
4. Accept the terms and conditions
5. Click "Create Account Now"

The image shows a screenshot of the NPPES (National Plan & Provider Enumeration System) website. The main page is titled "Registered User Sign In" and includes fields for "User ID" and "Password". Below these fields are buttons for "SIGN IN" and "FORGOT USER ID or PASSWORD?". A "Terms and Conditions" overlay is visible on the right side of the screen, containing the following text:

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

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

- You have no reasonable expectation of privacy regarding any communication or data transmitted 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 transmitted or stored on this information system.
- Any communication or data transmitted 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.

IMPORTANT: Every individual user with access to the NPPES system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited.

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

Buttons for "DECLINE" and "ACCEPT" are located at the bottom right of the overlay.

GETTING STARTED

A few preliminary steps

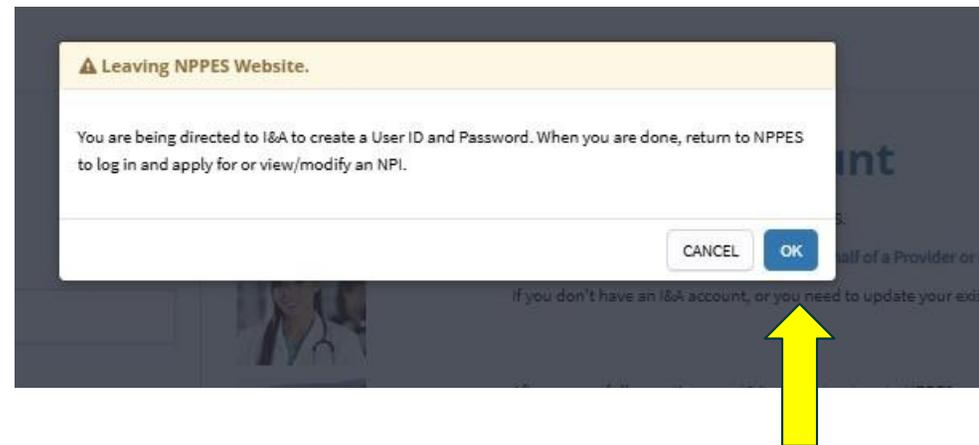
1. Accept the terms and conditions
2. On the right side of the screen, click: **Create or Manage an Account**
3. You will be redirected to the CMS Identity & Access Management System
4. Accept the terms and conditions
5. Click "Create Account Now"

The screenshot displays the NPPES website interface. On the left, the 'Registered User Sign In' section includes a 'User ID' field, a 'Sign User ID, used to access NPPES Data & PDSOs' field, and a 'Password' field. Below these fields are buttons for 'SIGN IN' and 'FORGOT USER ID or PASSWORD?'. On the right, the 'Create or Manage an Account' section features a 'CREATE or MANAGE AN ACCOUNT' button. A yellow arrow points to this button. The page also includes a search bar and a 'HELP' link in the top right corner.

GETTING STARTED

A few preliminary steps

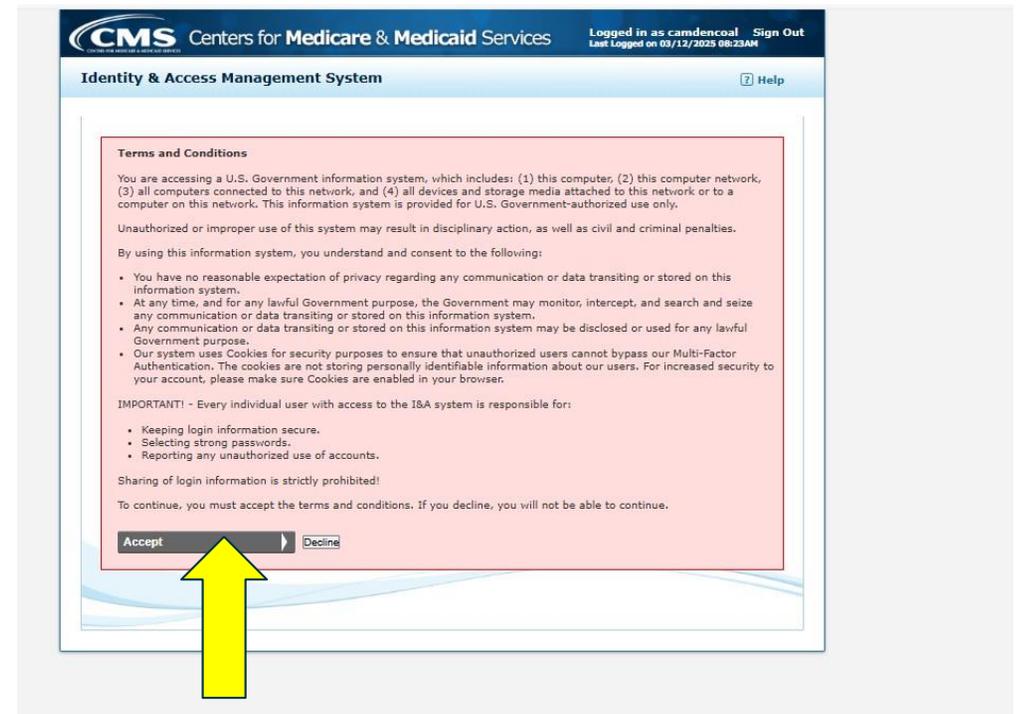
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3. You will be redirected to the CMS Identity & Access Management System.
4. Accept the terms and conditions
5. Click "Create Account Now"



GETTING STARTED

A few preliminary steps

1. Accept the terms and conditions
2. On the right side of the screen, click: Create or Manage an Account
3. You will be redirected to the CMS Identity & Access Management System.
4. **Accept the terms and conditions**
5. Click "Create Account Now"



GETTING STARTED

A few preliminary steps

1. Accept the terms and conditions
2. On the right side of the screen, click: Create or Manage an Account
3. You will be redirected to the CMS Identity & Access Management System.
4. Accept the terms and conditions
5. Click "Create Account Now"

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

[PEPPER Access Through I&A](#)

I&A Users with access to PECOS will now have access to PEPPER.

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

Assistive technology users can navigate to and select the 'Close' button on the pop-up by pressing the Tab key. Tabbing past this button may move focus away from the pop-up content. If this happens, use the Shift + Tab keys to return to the previous focus point.

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 and PECOS, manage staff, and authorize others to access your information.

IMPORTANT! - Every individual user with access to the I&A system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

Create Account Now

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

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

PEPPER Use this system as a guide for auditing and monitoring efforts to help providers identify and prevent payment errors.

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](#)

Complete the Registration steps

1. Confirm that there is not an existing user name linked to the email address that you are using
2. Provide your User Information
3. Accept the standardized address if necessary
4. Create a User ID and password, along with several security questions
5. Set up multifactor authentication
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process

The screenshot shows the 'User Registration' page within the 'Identity & Access Management System' of the CMS (Centers for Medicare & Medicaid Services). The page includes a header with the CMS logo and a 'Help' link. The main content area is titled 'User Registration' and contains a note about the email address, followed by input fields for 'E-mail Address' and 'Confirm E-mail Address'. There is also a CAPTCHA section with an image and a 'Listen to audio' link. At the bottom, there are 'Submit' and 'Cancel' buttons. To the right of the registration form, there are two links: 'Quick Reference Guide' and 'Frequently Asked Questions', each with a PDF icon and a brief description.

GETTING STARTED

Complete the Registration steps

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3. Accept the standardized address if necessary
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5. Set up multifactor authentication
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process

The screenshot shows the 'User Registration - User Information' form within the CMS Identity & Access Management System. The form is titled 'User Registration - User Information' and includes a progress bar with four steps: Step 1 User Info (highlighted), Step 2 User Security, Step 3 MFA Setup, and Final Review. A yellow warning box states: 'Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.' Below this, a legend indicates that an asterisk (*) denotes required fields. The form is divided into two main sections. The left section contains fields for: First Name, Middle Name, Last Name, Suffix (dropdown), Business Phone Number, Fax Number, Date of Birth (MM/DD/YYYY), SSN, Secondary E-mail Address, and Primary E-mail Address (pre-filled with cmccauley@camdenhealth.org). The right section contains fields for: Contact Phone Number, Contact Address Line 1, Contact Address Line 2, City, Country (dropdown, pre-filled with United States), State/Province/Territory (dropdown, pre-filled with SE - Select One), and Postal/ZIP Code. At the bottom of the form, there are 'Continue' and 'Cancel' buttons.

Complete the Registration steps

1. Confirm that there is not an existing user name linked to the email address that you are using
2. Provide your User Information
3. **Accept the standardized address if necessary**
4. Create a User ID and password, along with several security questions
5. Set up multifactor authentication
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process

Access Management System

Select your address

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

Use Standardized Address:
800 Cooper St Fl 7
Camden, NJ 08102-1155
United States

Use The Address I Entered:
800 Cooper Street
7th Floor
Camden, NJ 08102
United States

[Continue](#)

Name: _____ Contact Address Line 2: _____
ley _____ 7th Floor

GETTING STARTED

Complete the Registration steps

1. Confirm that there is not an existing user name linked to the email address that you are using
2. Provide your User Information
3. Accept the standardized address if necessary
4. Create a User ID and password, along with several security questions
5. Set up multifactor authentication
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process

The screenshot shows the 'User Registration - User Security' page in the CMS Identity & Access Management System. The page is titled 'User Registration - User Security' and features a progress bar with four steps: Step 1 User Info (completed), Step 2 User Security (current step), Step 3 MFA Setup, and Final Review. A yellow warning box at the top states: 'Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.' Below this, there is a section for 'User ID Compliance' and 'Password Compliance' with detailed requirements. The 'User ID Compliance' requirements are: 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. The 'Password Compliance' requirements are: Must be 8-12 alphanumeric characters; Must not contain your first name or last name; 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. Below these requirements, there is a section for 'Please select five different security questions and enter their answers below:' with five questions and corresponding answer fields. At the bottom, there are 'Continue' and 'Cancel' buttons.

Identity & Access Management System [Help](#)

User Registration - User Security

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

Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.

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

* **User ID:**

* **Password:**

* **Confirm Password:**

User ID Compliance:

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

Password Compliance:

- Must be 8-12 alphanumeric characters.
- Must not contain your first name or last name.
- Must contain at least one letter.
- Must contain at least one number.
- Must contain at least one valid special character.
- Must not contain any invalid special characters.
- Must not start with numeric characters.
- Must not contain three repeating characters.
- Must not be the same as your User ID.
- Password must match Confirm Password.

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

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

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

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

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

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

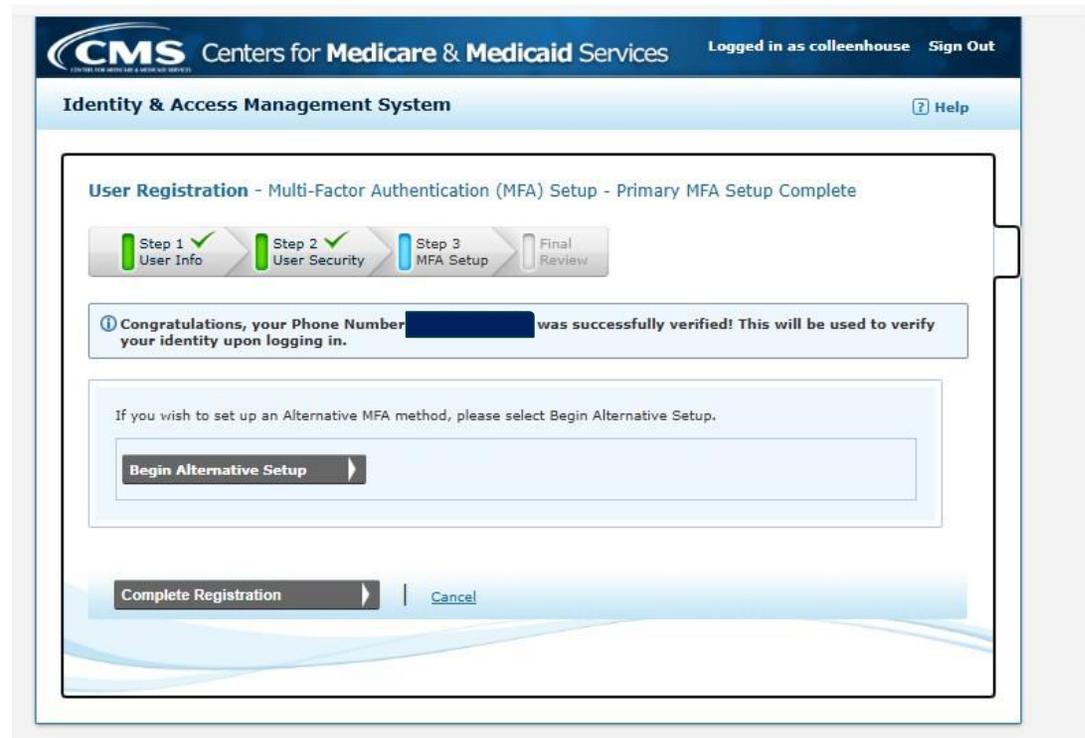
Complete the Registration steps

1. Confirm that there is not an existing user name linked to the email address that you are using
2. Provide your User Information
3. Accept the standardized address if necessary
4. Create a User ID and password, along with several security questions
5. **Set up multifactor authentication**
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process

The screenshot shows the 'User Registration - Multi-Factor Authentication (MFA) Setup' page. At the top, it displays the CMS logo and 'Centers for Medicare & Medicaid Services', along with the user's login status 'Logged in as colleenhouse' and a 'Sign Out' link. The page title is 'Identity & Access Management System'. A progress bar indicates the current step: 'Step 3 MFA Setup' is active, while 'Step 1 User Info' and 'Step 2 User Security' are completed, and 'Final Review' is pending. A yellow warning box states: 'Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.' Below this, a note explains that a temporary code will be sent via voice or text/SMS, and the user must enter it on the next page. It also states that at least one method for receiving the verification code must be selected, with up to two methods allowed. A section titled 'Please note the following Text/SMS and Voice Call Details:' lists several conditions: international numbers are not supported, standard message and data charges may apply, and by entering a mobile phone number, the user certifies they are the account holder or have the holder's permission. A final note states that if the same phone number is used for both Text/SMS and Voice Call methods, deleting one will delete the other. The 'Please select a Multi-Factor Authentication Method:' section contains a dropdown menu labeled 'Authentication Method:' with 'Select Primary Authentication Method' selected. At the bottom, there are 'Continue' and 'Cancel' buttons.

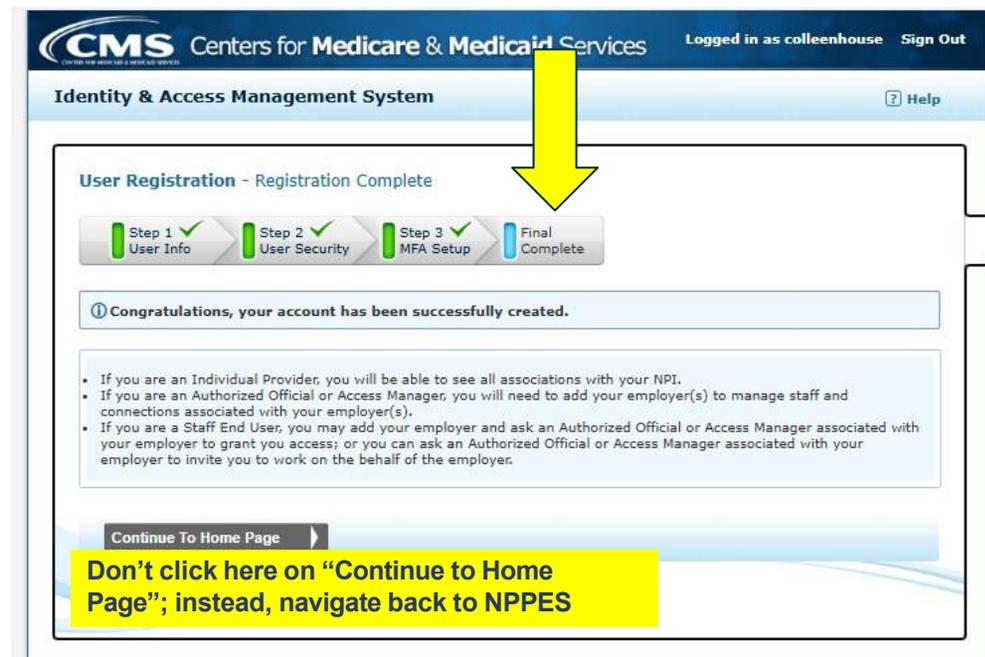
Complete the Registration steps

1. Confirm that there is not an existing user name linked to the email address that you are using
2. Provide your User Information
3. Accept the standardized address if necessary
4. Create a User ID and password, along with several security questions
5. **Set up multifactor authentication**
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process



Complete the Registration steps

1. Confirm that there is not an existing user name linked to the email address that you are using
2. Provide your User Information
3. Accept the standardized address if necessary
4. Create a User ID and password, along with several security questions
5. Set up multifactor authentication
6. When the Final Complete lights up blue you can navigate back to NPPES to begin the NPI process





Getting your NPI

GETTING YOUR NPI

Navigate to NPPES <https://nppes.cms.hhs.gov/#/>
and sign in with your newly created login

- The following content and most of the screenshots have been pulled from [Health Resources in Action](#) and their 2024 webinar “How to Apply for a National Provider Identifier”

- We have added yellow arrows and text boxes in the few places where we have details specific to the NJ FamilyCare Housing Supports Program.

- The following slides will pick up at “Step 3”
 - you’ve completed Steps 1 and 2 by gathering your documentation and creating your account.
- These slides focus on applying for your NPI online

HOW TO APPLY FOR AN NPI

Step 3: Select Entity Type 2 for Organization NPI



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.



Apply for an NPI for myself



Apply for an NPI for another Individual



Apply for an NPI for an Organization



Step 4: Select Your Relationship with the Provider

Select your relationship with the Provider

I am an Employee of the Provider ⓘ

I am a Surrogate working on behalf of the Provider ⓘ

*** Note:** A Sole Proprietorship is not eligible for an Organizational NPI

If you are applying for an NPI for a sole proprietor please select cancel and complete an Individual Provider application. ⓘ

Cancel OK

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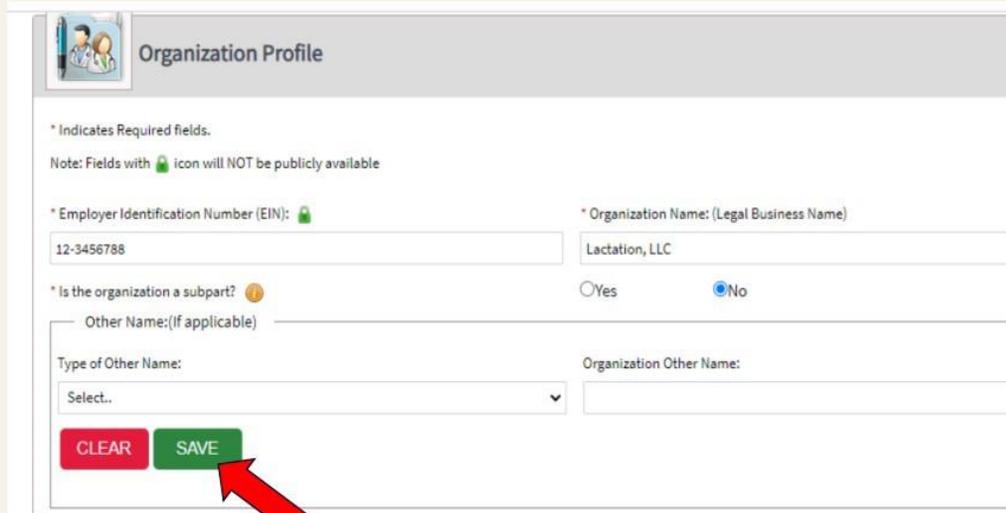
Select "I am an Employee of the Provider" and click **OK**



GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 5: Complete Organization Profile



The screenshot shows the 'Organization Profile' form. At the top left is a small icon of two people. Below it, the title 'Organization Profile' is displayed. A note states: '* Indicates Required fields. Note: Fields with [lock icon] icon will NOT be publicly available'. The form contains several fields: 'Employer Identification Number (EIN):' with a lock icon and the value '12-3456788'; 'Organization Name: (Legal Business Name)' with the value 'Lactation, LLC'; 'Is the organization a subpart?' with radio buttons for 'Yes' and 'No', where 'No' is selected; 'Other Name: (if applicable)' with a dropdown menu set to 'Select..'; and 'Organization Other Name:' with an empty text box. At the bottom left are two buttons: a red 'CLEAR' button and a green 'SAVE' button. A red arrow points to the 'SAVE' button.

Enter your organization's Employer Identification Number (EIN)

Enter your organization's name or legal business name

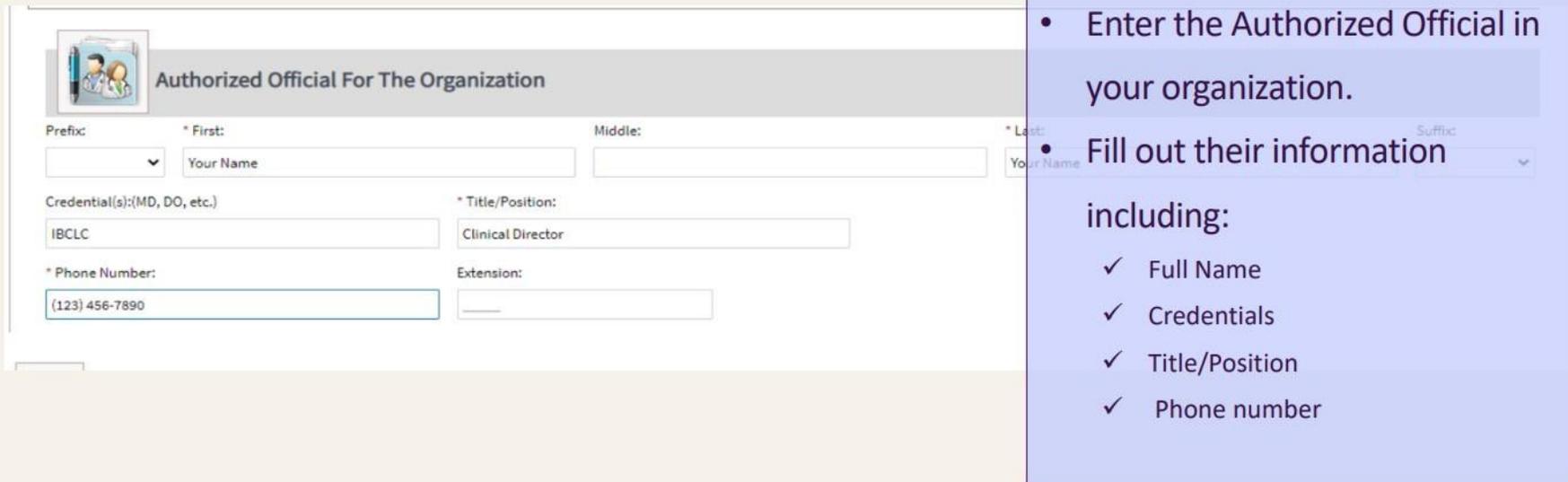
Click **NO** for the "Is the organization a subpart?"

You do not need to fill out "Other Name" if it does not apply to your organization and click **SAVE**

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 6: Fill Out the Authorized Official for the Organization



The screenshot shows a web form titled "Authorized Official For The Organization". The form includes the following fields:

- Prefix: A dropdown menu.
- * First: A text input field containing "Your Name".
- Middle: A text input field.
- * Last: A text input field containing "Your Name".
- Suffix: A dropdown menu.
- Credential(s): (MD, DO, etc.): A text input field containing "IBCLC".
- * Title/Position: A text input field containing "Clinical Director".
- * Phone Number: A text input field containing "(123) 456-7890".
- Extension: A text input field.

Overlaid on the right side of the form is a blue callout box with the following text:

- Enter the Authorized Official in your organization.
- Fill out their information including:
 - ✓ Full Name
 - ✓ Credentials
 - ✓ Title/Position
 - ✓ Phone number

Step 7: Input Your Organization's Business Mailing Address and Practice Location

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

Business Mailing Address (Correspondence Address)
This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during your application.

ADD A BUSINESS MAILING ADDRESS ←

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

← PREVIOUS SAVE & EXIT → NEXT

- Click on **ADD A BUSINESS MAILING ADDRESS**
- Enter the address where you can be contacted in the event there are issues with your application
- You will be asked to verify your organization's address

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 7.1: Verify your Organization's Business Mailing Address



Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

* Indicates Required fields.

Select Type of Address:
 US Domestic Military Outside US / Foreign

This is my home address

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

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

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

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

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

Is this office accessible to individuals with mobility disabilities? Yes No

Does this office have exam rooms accessible to individuals with mobility disabilities? Yes No

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

- Under "Type of Address," select "US Domestic"
- The business address is where you provide services to your client
- Click **SAVE** once you've added your address

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 7.2: Verify your Organization's Business Mailing Address

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

USE INPUT ADDRESS

REVALIDATE ADDRESS

Your standardized address:

100 Universal City Plz
Universal City, CA 91608-1002

ACCEPT STANDARDIZED ADDRESS

You will be asked to verify your organization's address. You can do one of the following:

1. Accept Standardized Address – Accepts what is listed in the box on the right / Information may be different than was inputted.
2. Use Input Address – Leaves the information that was inputted. Comments are required.
3. Revalidate Address – Allows the user to modify information and NPPES will provide an address to accept.

Click on one of the blue boxes to go to the next page.

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 8: Input Your Organization's Practice Location Address

We recommend choosing "Same as mailing address"

There is no need to add additional practice locations

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

* 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

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

Is this office accessible to individuals with mobility disabilities? Yes No

Does this office have exam rooms accessible to individuals with mobility disabilities? Yes No

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

CANCEL SAVE

- Click on **ADD A PRACTICE LOCATION**
- You will be asked to verify your organization's practice location
- Click **SAVE** once you've checked off "Primary Practice Location"

HOW TO APPLY FOR AN NPI

Step 8.1: Verify Your Organization's Practice Location

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

You will be asked to verify your organization's address. You can do the following:

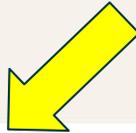
1. Accept Standardized Address – Accepts what is listed in the box on the right / Information may be different than was inputted
2. Use Input Address – Leaves the information that was inputted. Comments are required
3. Revalidate Address – Allows the user to modify information and NPPES will provide an address to accept

Click on one of the blue boxes to go to the next page.

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 8.2: Select the Box with Your Organization's Primary Practice 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 Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input type="checkbox"/>	300 45th St S Ste 318	Fargo	ND	US			
<input checked="" type="checkbox"/>	350 5th Ave	New York	NY	US			
<input type="checkbox"/>	233 S Wacker Dr	Chicago	IL	US			
<input type="checkbox"/>	100 Universal City Plz	Universal City	CA	US			

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Exchanging Healthcare Information or Other Identifier

- You do not need to fill out the Endpoint for Exchanging Healthcare Information or Other Identifier sections
- **Skip these sections by clicking NEXT on the bottom of both pages.**

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.
The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's information. An endpoint is a device/address that provides a secure way for participants to communicate with each other.
Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.
The Endpoint and Endpoint Description fields cannot accept more than 1000 characters each.
Endpoints should not include personal email information.

* Endpoint Type: * Endpoint:

Endpoint Use:

SKIP THIS STEP BY CLICKING NEXT

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 report 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

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GETTING YOUR NPI

Step 9. Find and choose your Taxonomy Code(s)



Taxonomy
Provider's Taxonomy Information

ERROR: Taxonomy
One Primary Taxonomy selection is required.

* 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 National Uniform Claim Committee Website.
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 appropriate Taxonomy code, the corresponding fields below the search box will be populated.

* Practice Type:
 Not a Group 1330000000-Multi-Specialty 1394000000-Single Specialty

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy:
Choose Taxonomy:

* Classification Name/Specialization:

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

Actions	Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type
---------	------------------	---------------	---------------	------------

For the Housing Supports Program you can add one or two codes

Pre-tenancy and Tenancy Sustaining Services:

- Choose “Not a group” for Practice Type
- Add code 251B00000X (Case Management)

Residential Modifications and Remediation Services:

- Choose “Multi-specialty” or “Single Specialty” for Practice Type
- Add code 171W00000X (Contractor)

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 10: Enter Primary Contact(s) Information

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 SAVE & EXIT NEXT

- Click the **ADD CONTACT INFORMATION** button
- Enter the information of the primary person who will receive NPI notifications and follow up on any issues related to your application
- It is recommended you list your CFO or high-level senior leader, but it depends on the organization
- You can enter more than one person
- Do not enter personal information (address, email, etc.) in this section
- Once you've entered the primary contact(s) information, click **NEXT**

HOW TO APPLY FOR AN NPI

Step 11: Review the Error Check Page

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

- Review each section of the Error Check page by clicking the **REVIEW** button on the right of the screen
- Once you review each section and corrections are made, there will be a checkmark in each section
- Click the **NEXT** button to submit your application

GETTING YOUR NPI

HOW TO APPLY FOR AN NPI

Step 12: Submission Certification

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 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 statements or entries. 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

An organization NPI should be emailed to you. It will usually come within a few days of submission.

- Read the terms and conditions in this section
- Click on the "I certify..." box at the bottom of the screen
- Once the check box is checked, click the **SUBMIT** button at the bottom of your screen

HOW TO APPLY FOR AN NPI

Submission Confirmation & Next Steps

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 immediately. If verifications are required, processing may take up to 30 days.

Organization Name: JH Org 02052021
Authorized Official: Jessie Org
Primary Contact Person: Jessie Three-fourteen
Primary Practice Location Address: [7281 4th St Remington, VA 22734-2124](#) United States
EIN: 525020521
Date Submitted: Feb-05-2021

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu at <https://nppes.cms.cmsstest/webhelp/nppeshelp>.

NPI Enumerator Contact Information Monday through Friday, 9am to 5pm (Eastern Time)*
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY for the deaf, hard of hearing, or those with speech difficulties)

*Holiday hours may vary

By e-mail: at customerservice@npienumerator.com

By mail at:
NPI Enumerator
[7125 AMBASSADOR RD STE 100](#)
[WINDSOR MILL MD 21244-2751](#)

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.

- The primary contact(s) will receive an email confirmation with a Tracking ID number
- Once your organization's NPI application is processed, the primary contact(s) will receive an email notification. We recommend you save it in your files
- If you have questions, call NPI Enumerator at 1-800-465-3203 or email at customerservice@npienumerator.com

Frequently Asked Questions

- Who from my organization should complete this process?
 - An administrator
- Why do I need my SSN?
 - You will need your SSN to create your account, but not to apply for the Type 2 NPI.
- Do I need to establish my Employer in the CMS system?
 - No; once you create your account within the CMS system you should navigate back to NPPES to complete your NPI application.
- What address should I associate with my Type 2 NPI number?
 - Your organization's headquarters or mailing address (not a PO Box)
 - Be consistent
- Should I add both taxonomy codes even if I'm not sure I'll be billing under both?
 - Yes, if you are not sure, there is no downside to adding a code that you do not end up using



I (now) have a Type 2 NPI

What's next?

Steps to Becoming an NJ FamilyCare Housing Supporting Provider

1. Obtain an NPI number
2. Complete NJ State Enrollment
3. Credential with MCOs
4. Contract with MCOs

NJ State Enrollment

1. Obtain an NPI number
 2. Complete NJ State Enrollment
 3. Credential with MCOs
 4. Contract with MCOs
- NJ State Enrollment is also termed: “Completing your Provider Application” or “Getting your NJ FamilyCare Medicaid ID #”
 - Enrollment requires you to choose a “Provider Specialty” that will associate your organization with the Housing Supports Program
 - Enrollment for the Housing Supports Program is open

Next steps

- Sign up for our Housing Supports Program newsletter [here](#)
- Training and office hours will be held every other Wednesday from 1-2:30pm
- Upcoming trainings:
 - 4/2: Office Hours (open Q&A)
 - 4/16: Topic TBD

