

The VMG Business Office – NPPES Process for Providers

NPPES: (<https://nppes.cms.hhs.gov/#/>)

To access NPPES website **Click** on the link above.

Login using your username and password. Then **Select** Sign In.

(If it has been awhile since you have logged on to your NPPES account, it may be divert you to the CMS I&A system to update your information. If it does, you will need to update your password and complete your profile, if required. You do not need to answer any question beyond that. Once your information is updated you will logout and then log back into NPPES.)

The screenshot shows the NPPES website interface. At the top left is the NPPES logo with the tagline "National Plan & Provider Enumeration System". At the top right are search and help icons. The main content is divided into two columns. The left column is titled "Registered User Sign In" and contains a form with fields for "User ID" (with a yellow highlight and text "I&A User ID; used to access NPPES, EHR & PECOS") and "Password" (with a yellow highlight). Below the form are two buttons: a blue "SIGN IN" button and a red "FORGOT USER ID OR PASSWORD?" button. A note below the buttons states: "*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". The right column is titled "Create a New Account" and includes a sub-header "Individual Providers, Organization Providers, Users working on behalf of a provider". It contains text explaining the need for an I&A account and instructions on how to create one. A large blue button at the bottom of this section reads "CREATE or MANAGE AN ACCOUNT". Below the main content is an "ANNOUNCEMENTS" section with a "Welcome to the New NPPES!" message. To the right of the announcements is a "What's New in NPPES version 3.0" banner with a "View" button and a play icon. At the bottom center, there is a graphic of two speech bubbles, one blue with a white "Q." and one white with a blue "A."

Click, the Pencil Icon  to edit your information.

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

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.

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
Individual	XXX-XX-3822	Adams, Allison	Nashville, TN	114458890	Internal Medicine	Active	 

The first screen it brings you to is the provider's personal information, Confirm it is completed correctly and that the Sole Proprietor is marked No. Then **Click Next**.

Prefix: -- First: [Redacted] Middle: [Redacted] Last: [Redacted] Suffix: --

Type of Other Name: Credential(s) (MD, DO, etc.)
Former Name: [Redacted]

Other Identifying Information:

* Date of Birth: [Redacted] * TIN Type: SSN * Tax Identification Number (TIN): [Redacted]

* State of Birth (if U.S.): [Redacted] Country of Birth: US - United States

* Gender: Male Female

* Is the Provider a Sole Proprietor? Yes No

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 Native Hawaiian or other Pacific Islander

Primary Language Spoken: English, Arabic/العربية, Armenian/Հայերեն, Bengali/বাংলা

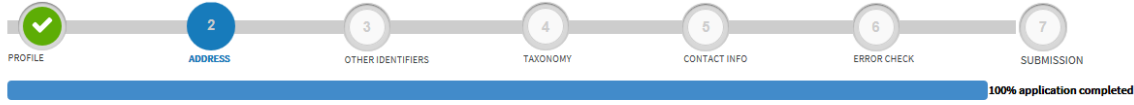
Secondary Language(s) Spoken: (Multiple languages can be selected) English, Arabic/العربية, Armenian/Հայերեն, Bengali/বাংলা

NEXT

SAVE & RETURN TO MAIN PAGE

On next screen is the mailing and practice information. Please confirm that both are Vanderbilt addresses. If not please update accordingly

Business Mailing Address: Select Edit Mailing Address



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

3601 The Vanderbilt Clinic
Nashville, TN 37232 - 5100
United States
Phone: (615) 322-3000

EDIT 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.

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>	3601 The Vanderbilt Clinic	Nashville	TN	US			

Update the address to: *719 Thompson Lane, Suite 30330 Nashville, TN 37204, 615-322-3000*
Click Save

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)

719 Thompson Lane

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

Suite 30330

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

Telephone Number: Extension: Fax Number:

CANCEL
SAVE

After updating the information you may receive this next screen. If you do, **Select** “Accept Standardized Address” or “Use Input 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)

Address Line 2: (e.g. Suite Number)

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

* Comments - Tell us why do you want to use input address:

Your standardized address:

719 Thompson Ln Ste 30330
Nashville, TN 37232-5100

ACCEPT STANDARDIZED ADDRESS

Practice Location: Select the Pencil

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

3601 The Vanderbilt Clinic
Nashville, TN 37232 - 5100
United States
Phone: (615) 322-3000

EDIT 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.

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>	3601 The Vanderbilt Clinic	Nashville	TN	US			

Update the address to: 3601 The Vanderbilt Clinic, Nashville, TN 37232, 615-322-3000

Note Please make sure at least one of your addresses is the 3601 TVC address above, you may add additional locations as needed***

Click Save



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) * Telephone Number: Extension: Fax Number:

Address Line 2: (e.g. Suite Number)

* City:

* State: * Zip Code: Zip Ext:

Office Hours:

Languages Spoken: (Multiple languages can be selected)
 Arabic/ العربية
 Armenian/ Հայերեն
 Bengali/ বাংলা
 Chinese/ 中文

CANCEL
SAVE

(If you need to add an additional location you would select “Add Another Practice Location” otherwise
 once complete **Click Next**

[EDIT 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.

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>	3601 The Vanderbilt Clinic	Nashville	TN	US			

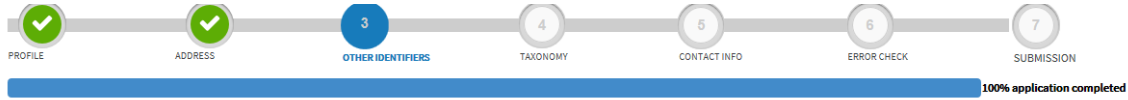
Filter...
1 / 1
5 items per page
1 - 1 of 1 items

[ADD ANOTHER PRACTICE LOCATION](#)

[< PREVIOUS](#) [NEXT >](#)

[SAVE & RETURN TO MAIN PAGE](#)

Next Screen is Other Identifiers. You may add your Medicare and Medicaid # here but you don't have to. **Click 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 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:** **State Issued: (if applicable)**

▼

CLEAR
SAVE

▼ Filter... ?

Issuer ^	Other Issuer	State Issued	Identification Number	Actions
No data to display.				

To Learn more about Endpoint [click here](#). To Learn more about Direct Address [click here](#).

* **Endpoint Type:** * **Endpoint:** ?

▼

* **Is provider affiliated to another organization?**

Yes No

CLEAR
SAVE

▼ Filter... ?

Endpoint Type ^	Endpoint	Affiliation Y/N	Affiliation Type	Affiliation Id	Actions
No data to display.					

◀ ▶ 1 / 1 ▶ ▶ 5 items per page

◀ PREVIOUS
NEXT ▶

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On this screen is the provider's taxonomy code. Please update to include the provider's specialties and confirm that the specialties are entered for the State of TN and that the proper specialty is set as primary.

To find your taxonomy, enter your specialty in the "Choose Taxonomy Filter" and then **Select** the correct taxonomy in the "Choose Taxonomy Box".

Taxonomy
Provider's Taxonomy and License 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 search box. All taxonomies containing the data you enter will display allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields next to the search box will be populated. Complete your taxonomy code entry by entering the License and State information.

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

License Number:

State Issued:

For example if your Specialty is Pediatric Cardiology:

Taxonomy
Provider's Taxonomy and License 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 search box. All taxonomies containing the data you enter will display allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields next to the search box will be populated. Complete your taxonomy code entry by entering the License and State information.

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

License Number:

State Issued:

Also update the License and State; then **Select Save**



Taxonomy

Provider's Taxonomy and License 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 search box. All taxonomies containing the data you enter will display allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields next to the search box will be populated. Complete your taxonomy code entry by entering the License and State information.

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

* License Number:

* State Issued:

Choose your Primary Taxonomy:

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input type="checkbox"/>	208000000X	Pediatrics		54434	TN	
<input checked="" type="checkbox"/>	207R00000X	Internal Medicine		54434	TN	
<input type="checkbox"/>	2080P0202X	Pediatrics - Pediatric Cardiology		MD54434	TN	

Select Next

Filter...

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input type="checkbox"/>	208000000X	Pediatrics		54434	TN	
<input checked="" type="checkbox"/>	207R00000X	Internal Medicine		54434	TN	

1 - 2 of 2 items

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

On this screen is the Contact Persons information. Please update with the providers information or you may put Marian Burlison (Manger, 615-936-2000, payer.enrollment@vanderbilt.edu) information, she is the manager of Payer enrollment. **Click Next.**



Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Person is same as Provider

Contact Person is same as Myself

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

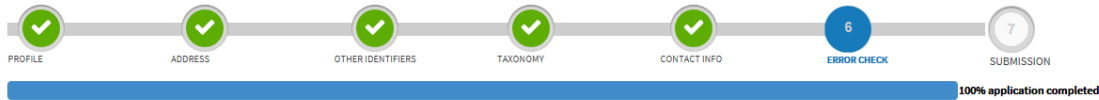
Credential(s):(MD, DO, etc.) Title/ Position:

* Telephone Number: Extension: * Contact Person Email:

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

Verify that all information is complete if it's not then Select Review and complete the information, as needed.

Select Next



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: Other Identifiers



COMPLETED: Other Identifiers
No Errors Found

REVIEW

Step 4: Taxonomy



COMPLETED: Taxonomy
No Errors Found

REVIEW

Step 5: Contact Information



COMPLETED: Contact Information
No Errors Found

REVIEW

PREVIOUS

NEXT

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Check the box and Click Submit



Submission Certification

* 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

You will receive a confirmation number and you will **Click Sign Out**.



Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is :** 06252012018106

You have successfully submitted your Change Request to the NPI application.

An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder.

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](#).

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.

Provider Name: ██████████
Contact Person: MARIAN GARDNER
Primary Practice Location Address: 1215 21st Ave S Suite 5200, Nashville, TN 37232-0014
SSN: XXX-XX-██████
Date Submitted: May-22-2017
Contact Email: PAYERENROLLMENT@VANDERBILT.EDU

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](#)



NPI Enumerator Contact Information

By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY)

Select Yes

Sign Out Confirmation

Are you sure you want to sign out ?

NO

YES