



Contra Costa Mental Health Plan

HOW TO UPDATE PRIMARY PRACTICE ADDRESS ON NPPES

NPI Enumerator Contact Information

For Assistance you can reach the NPI Enumerator by phone or email.
1 (800) 465-3203 9 a.m. and 5 p.m. Eastern Time
customerservice@npienumerator.com

Step 1. Go to <https://nppes.cms.hhs.gov/#/>

The screenshot shows the NPPES (National Provider Identifier Enumeration System) website. On the left, the 'Registered User Sign In' section includes a 'User ID' field (with a note: 'I&A User ID, used to access NPPES, EHR & PECOS'), a 'Password' field, a blue 'SIGN IN' button, and a red 'FORGOT USER ID OR PASSWORD?' button. On the right, the 'Create a New Account' section provides instructions for Individual, Organizational, and Delegated Providers, and includes a blue 'CREATE or MANAGE AN ACCOUNT' button. A search bar and help icon are visible in the top right corner.

Step 2. Sign into your account or click the forgot User ID and Password to reset.

- If you forgot your User ID or Password:
 - Follow steps to reset password or call NPI Enumerator for assistance.
 - Return to the NPPES site and use your reset User ID and Password

This is a close-up of the 'Registered User Sign In' form. It features a title 'Registered User Sign In', a subtitle 'Log in to view/update your National Provider Identifier (NPI) record.', and two input fields: 'User ID' (with a note: 'I&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 small disclaimer at the bottom 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'.

Step 3. When you sign in, you will be greeted by a Multi Factor Authentication

- It will ask you where you wish to receive your verification code:
 - Pick either Primary Authentication Method or Alternative Authentication Method.

The screenshot shows a web interface titled "Multi-Factor Authentication (MFA)". At the top left is a green shield icon with a white padlock. Below the title, there is a note: "* Indicates Required fields." The main instruction is "* Select where you wish to receive your verification code:". There are two radio button options: "Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-xxxx" (which is selected) and "Alternative Authentication Method: Email Address: d*****@gmail.com". Below these options is a link: "Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)". At the bottom, there are two buttons: a red "CANCEL" button and a blue "SEND VERIFICATION CODE" button.

- It will ask you if you are logging into the system on a Public or Private device
 - Pick either Public or Private Device.
- Enter Code once it is received.

This screenshot shows the next step in the MFA process. It includes the same title and note as the previous screen. The radio button options are identical. Below the link, there is a new question: "* Are you logging in to the system on a Public or Private device?". There are two radio button options: "Public Device" (selected) and "Private Device". Below this is a text input field labeled "* Enter Code:" with a green "VERIFY CODE" button to its right. At the bottom, there is a link: "Haven't received the code yet or need a new code?" and a blue "SEND NEW CODE" button.

Step 4. Scroll down to Manage Provider Information (Your name should appear in the grid)

Manage Provider Information
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

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

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Certification Date	Action
	XXX-XX-XXXX	XXXXXXXXXX	Concord, CA	XXXXXXXXXX	Marriage & Family Therapist	Active	12/03/2020	

1 - 1 of 1 items

Step 5. Click the Pencil icon to the far right of your name.

Manage Provider Information
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Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Certification Date	Action
	XXX-XX-XXXX	XXXXXXXXXX	Concord, CA	XXXXXXXXXX	Marriage & Family Therapist	Active	12/03/2020	

1 - 1 of 1 items

Step 6. The first screen is your profile.

The screenshot shows a progress bar at the top with eight steps: 1. PROFILE (highlighted in blue), 2. ADDRESS, 3. HEALTH INFORMATION EXCHANGE, 4. OTHER IDENTIFIERS, 5. TAXONOMY, 6. CONTACT INFO, 7. ERROR CHECK, and 8. SUBMISSION. A blue progress bar below the steps indicates '100% application completed'. Below the progress bar is a header for 'Provider Profile' with a small profile picture icon. Underneath, there is a note: '* Indicates Required fields.' and 'Note: Fields with [lock icon] will NOT be publicly available'. The main content area is titled 'Provider Name Information:' and is currently empty.

- Scroll to the bottom and click next.

This close-up shows the bottom of the form. At the top left are 'CLEAR' (red) and 'SAVE' (green) buttons. Below them is a large empty text input field. At the bottom right of the form is a pagination control showing '1 - 1 of 1 items' and '5 items per page'. At the bottom center, a blue 'NEXT >' button is circled in red.

Step 7. The 2nd screen is the address.

The screenshot shows the progress bar at the top with eight steps: 1. PROFILE (with a green checkmark), 2. ADDRESS (highlighted in blue), 3. HEALTH INFORMATION EXCHANGE, 4. OTHER IDENTIFIERS, 5. TAXONOMY, 6. CONTACT INFO, 7. ERROR CHECK, and 8. SUBMISSION. A blue progress bar below the steps indicates '100% application completed'. Below the progress bar is a header for 'Address' with a location pin icon. Underneath, there is a note: 'This information will be used to contact the provider if we have questions about the NPI application.'

Step 8. Scroll down to Practice Location and click the pencil on the far left.

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.
Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Primary Location	Address	City	State/Province/Region	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	CA	US	[REDACTED]	English	

ADD ANOTHER PRACTICE LOCATION

Step 9. Select PPL and update your address to the location you primarily provide services

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)
[REDACTED]

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

* City:
[REDACTED]

* State:
CA - CALIFORNIA

* Zip Code: [REDACTED] Zip Ext: [REDACTED]

Organization Name(Optional):
[REDACTED]

Office Hours: [REDACTED]

* Telephone Number: [REDACTED] Extension: [REDACTED] Fax Number: [REDACTED]

Choose Language Filter: Q
Filter by Language: [REDACTED]

Choose Language Spoken: [REDACTED]
Select Language: [REDACTED]

Languages Spoken ^
English

Actions
[REDACTED]

CANCEL SAVE

Step 10. 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)
[Redacted]

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

* City:
[Redacted]

* State:
CA - CALIFORNIA

* Zip Code: [Redacted] Zip Ext: [Redacted]

Organization Name(Optional):
[Redacted]

Office Hours: [Redacted]

* Telephone Number: [Redacted] Extension: [Redacted] Fax Number: [Redacted]

Choose Language Filter: [Redacted] Filter by Language: [Redacted]

Choose Language Spoken: [Redacted] Select Language: [Redacted]

LANGUAGES SPOKEN: English

ACTIONS: [Redacted]

CANCEL SAVE

Step 11. Click Next on the lower left side of the screen until you get to the Error check.

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION

100% application completed

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

Step 12. Review for accuracy and click NEXT to submit

Error Check

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile
COMPLETED: Profile
No Errors Found [REVIEW]

Step 2: Address
COMPLETED: Address
No Errors Found [REVIEW]

Step 3: Health Information Exchange
COMPLETED: Health Information Exchange
No Errors Found [REVIEW]

Step 4: Other Identifiers
COMPLETED: Other Identifiers
No Errors Found [REVIEW]

Step 5: Taxonomy
COMPLETED: Taxonomy [REVIEW]

Step 13. Scroll down and click that you Certify and Hit Submit

The screenshot shows a form with two bullet points at the top: "I have read and understand the [Privacy Act Statement](#)." and "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."

Below the bullet points is the heading "Penalties for Falsifying Information:" followed by a paragraph of text starting with "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."

A red arrow points to the word "check" written in black over a checkbox. The checkbox is located in a light blue box with the text "I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103."

Another red arrow points to the "SUBMIT" button, which is circled in black with the handwritten word "click" next to it. To the left of the "SUBMIT" button is a "PREVIOUS" button and to the right is a "SAVE & RETURN TO MAIN PAGE" button.

Step 14. The last screen you will see is the Submission Confirmation and then you can sign out.

The screenshot shows a "Submission Confirmation" page with a folder icon and an upward arrow. The text on the page reads: "Thank you. Your application will be processed. Your Tracking number is : 06092008115597"

Below this is the text: "You have successfully submitted your Change Request to the NPI application."

Further down, it says: "An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the 'junk' folder. If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](#)."

The final paragraph states: "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."

Step 15. If your address does not update on NPPES within 48 hours call the NPI Enumerator.