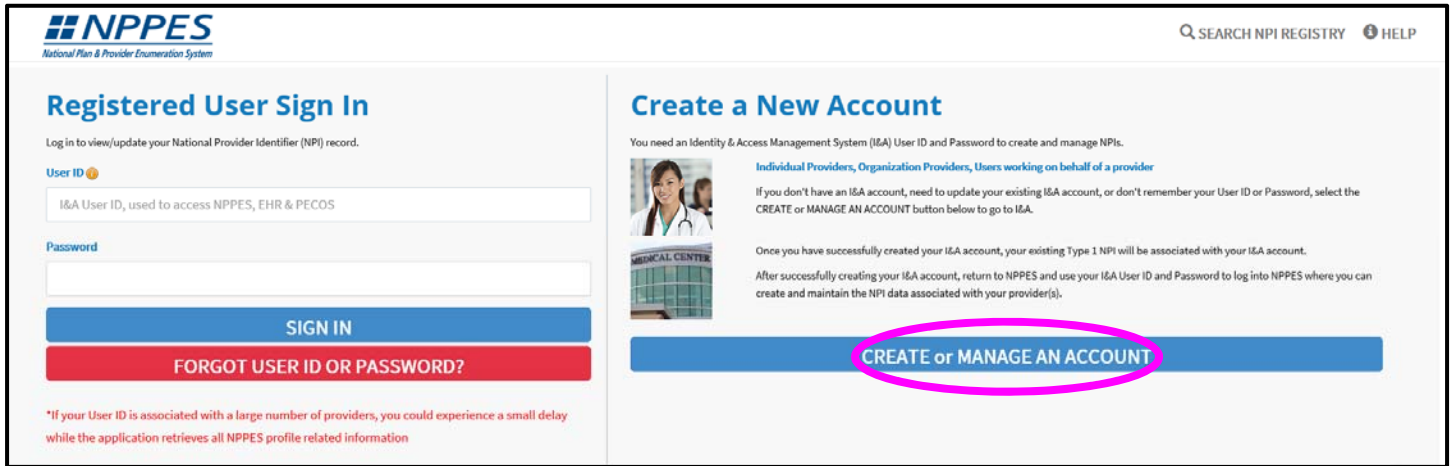
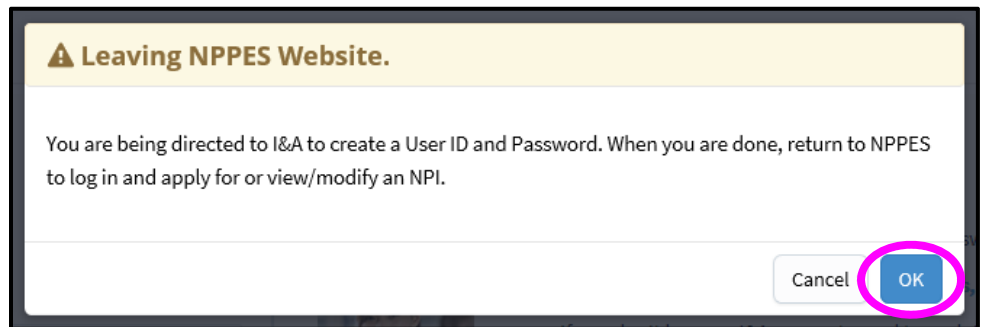


Consumer Direct Care Network must receive your National Provider Identifier (NPI) information before issuing a hire date. Please be sure to register with the Identity & Access Management System AND apply for your personal NPI Record promptly to prevent a delay in the hiring process.

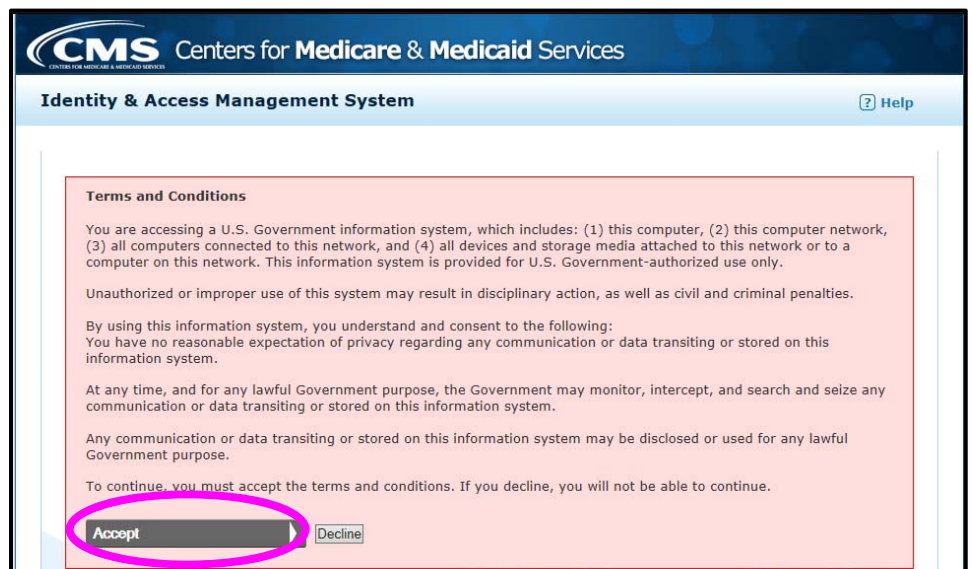
1. Go to the National Plan & Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov>
2. Click on “Create or Manage an Account”



3. You will be notified of a redirection to I&A. Click “OK.”



4. At the CMS Identity & Access Management System, you will be shown their terms and conditions. Please read them and click “Accept.”



- Once the site loads, click "Create Account Now."



**CMS** Centers for Medicare & Medicaid Services  
Identity & Access Management System [Help](#)

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:**

**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**

- User Registration requires a unique email address that belongs to you. This email will be used to contact you regarding your account so be sure to use an email account you have access to. Once you have entered and confirmed your email address and entered the random text from the captcha, click "Submit."

*If you enter an email address that is already in the I&A system, you will be prompted to either enter a new email address or to try to retrieve your forgotten password.*



**User Registration**

\* indicates required field(s)

**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 regarding your user account.

\* **E-mail Address:**

\* **Confirm E-mail Address:**





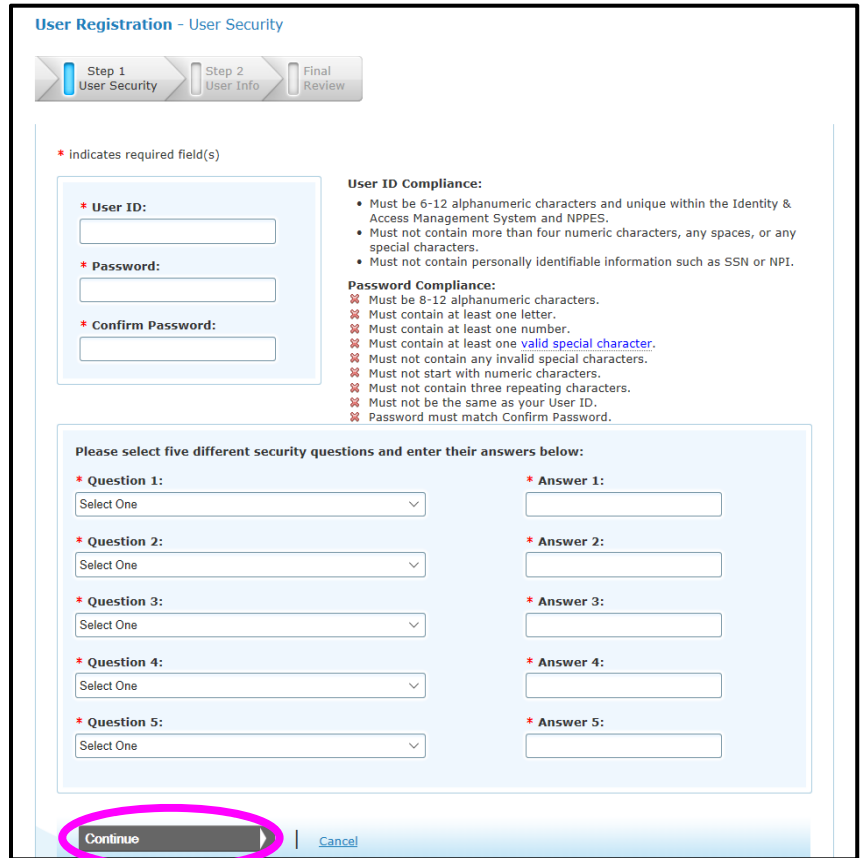
[Listen to audio](#)

\* **Enter the text from the image above:**

**Submit** | [Cancel](#)

7. Create a unique User ID and Password following the requirements of the site. Then, select five (5) different security questions and answers. Click "Continue."

*Password compliance item bullets will change from red X's to green check marks as they are completed.*



**User Registration - User Security**

Step 1 User Security | Step 2 User Info | Final Review

\* Indicates required field(s)

**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: Select One | \* Answer 1: [Text Box]

\* Question 2: Select One | \* Answer 2: [Text Box]

\* Question 3: Select One | \* Answer 3: [Text Box]

\* Question 4: Select One | \* Answer 4: [Text Box]

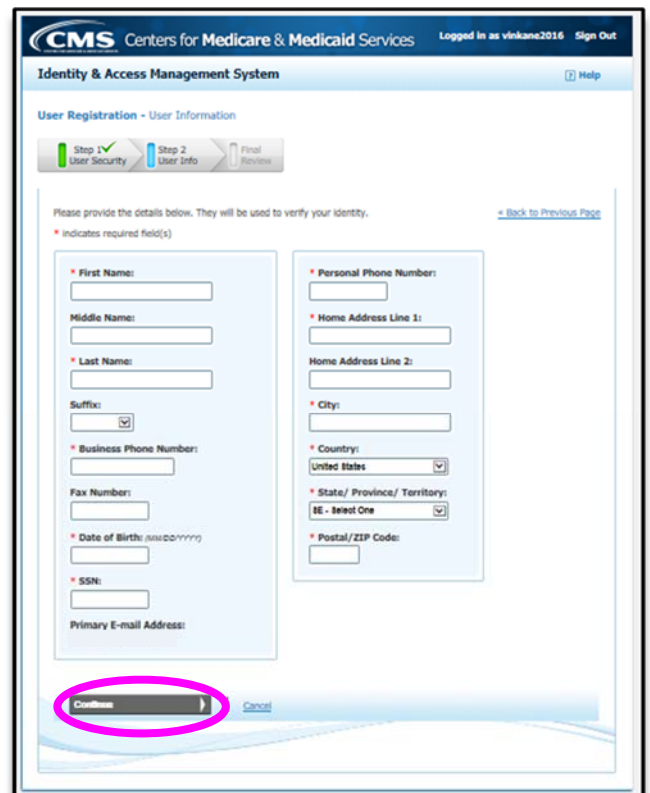
\* Question 5: Select One | \* Answer 5: [Text Box]

**Continue** | [Cancel](#)

8. Enter your demographic information. Click "Continue."

*Primary E-mail address will auto fill. If you want to change it, you can do that later on the Homepage screen by navigating to your profile.*

*If an account with the SSN you use is already in the I&A system, you will receive an error message asking you to check your SSN. If it is incorrect, please fix it. Otherwise, please follow the link to use the Forgotten User IT function to retrieve your User ID.*



**CMS Centers for Medicare & Medicaid Services** | Logged in as vinkane2016 | Sign Out

**Identity & Access Management System** | Help

**User Registration - User Information**

Step 1 User Security | Step 2 User Info | 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: [Text Box] | \* Personal Phone Number: [Text Box]

Middle Name: [Text Box] | \* Home Address Line 1: [Text Box]

\* Last Name: [Text Box] | Home Address Line 2: [Text Box]

Suffix: [Dropdown] | \* City: [Text Box]

\* Business Phone Number: [Text Box] | \* Country: United States

Fax Number: [Text Box] | \* State/Province/Territory: SE - Select One

\* Date of Birth: [Text Box] | \* Postal/ZIP Code: [Text Box]

\* SSN: [Text Box]

Primary E-mail Address: [Text Box]

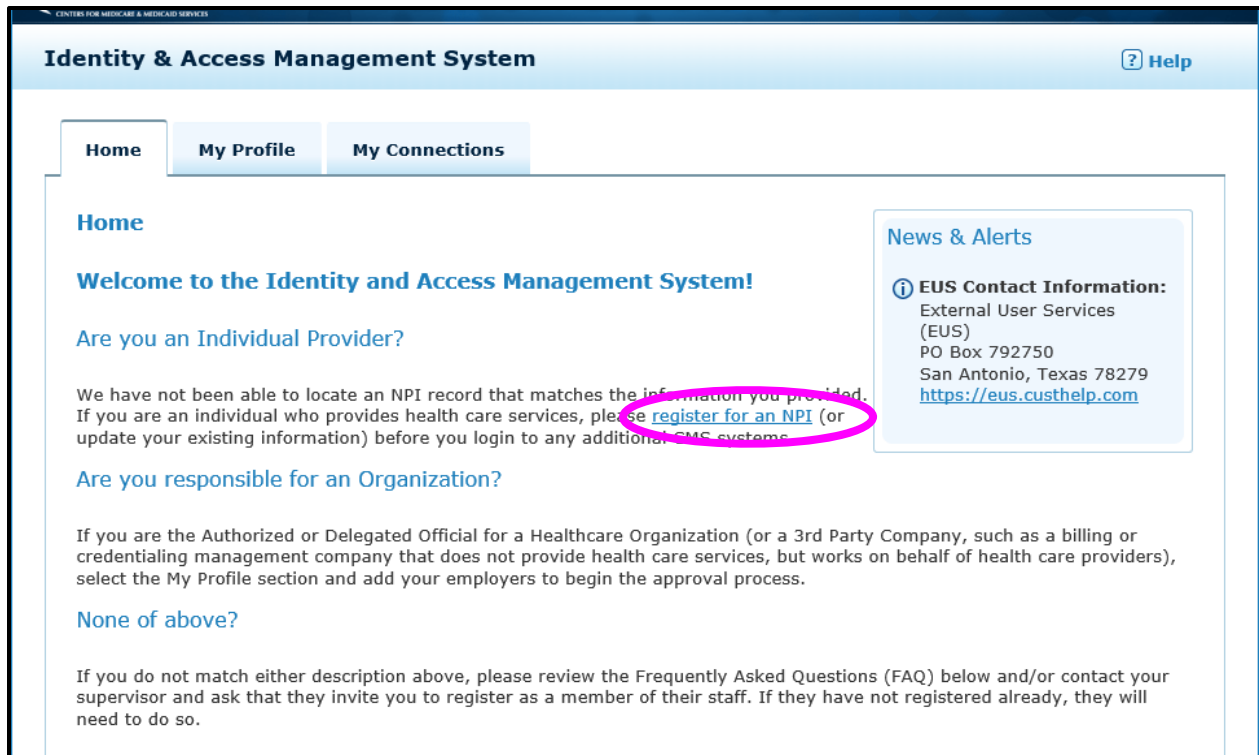
**Continue** | [Cancel](#)

9. You may get another step if you do not standardize your address is step 8. If so, select an address option the site offers you and click "Continue." This usually happens if you don't include the 4 digit suffix (example: 11558 vs. 11558-1541)

10. This creates your account with the Identity & Access Management System. You should receive an email with your basis account information. Click "Continue to Homepage."

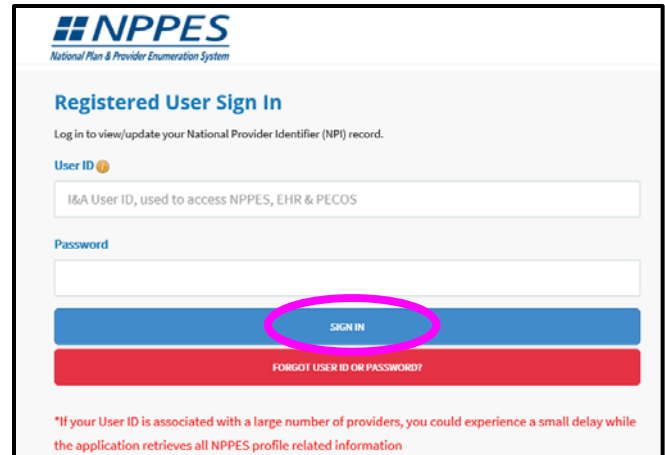


11. On the homepage, click "register for an NPI."

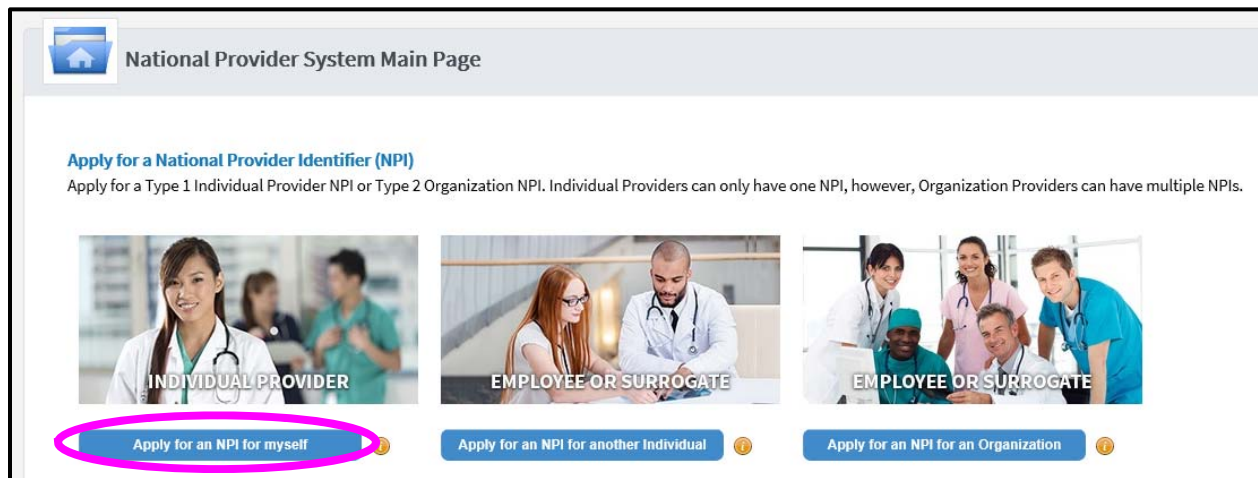


12. Enter the UserID and Password you created earlier in step 7. Click “Log In.”

*If you have forgotten your UserID or Password, you can use the links provided below the login button.*



13. After you have logged in, click “Apply for an NPI for myself.”

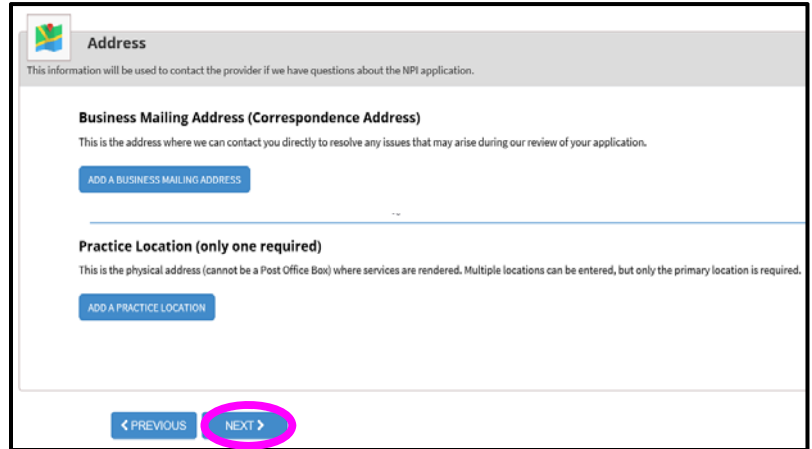


14. The site will ask you some more required information about yourself. Some of the fields will prefill with the information you already entered.

*One of the questions is “Is the Provider a Sole Proprietor?” The answer to this is usually “No,” unless you are the owner of a small business with no other employees. Since, in this case you are not working as your own business, please answer “NO.”*

After you have entered all your information, click “Next.” Through these steps you also have the option to click “Save & Return to Main Page” and come back to finish later.

15. The next section is for addresses.
- A. Business Mailing Address – This is your address. If there are any issues with your NPI application, correspondence will be sent to the address you list here.
  - B. Practice Location – This is the Participant’s address, where you will provide services. It cannot be a PO Box.



After you have entered both addresses, click “Next.”

16. The site asks for optional, other identifiers. You can enter any that the site has available under “Issuer” as long as you have the Identification Number. Click “Save” between entries. These are not required. If you don’t have any to submit, or are done submitting, click “Next.”

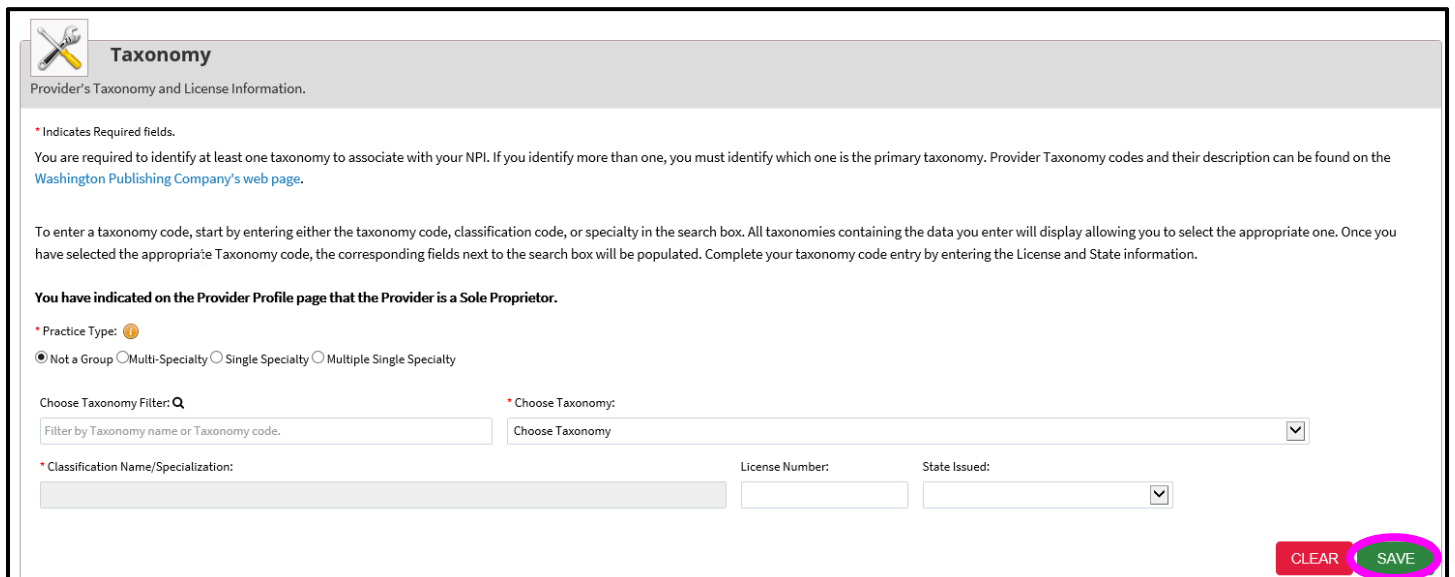
17. On the next screen, the site requires you to enter Taxonomy and License information. If you have any professional licenses, enter those. Click “Save” between entries. If you do not have any professional licenses, there are options available that don’t require licensing information such as:

**Status:** Active

**Taxonomy Code:** 3747P1801X

**Type Level III Area of Specialization:** Personal Care Attendant

*An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished or essential to the health and welfare of the individual may also be provided. Personal care providers must meet state defined training and certification.*





As you enter Taxonomies, they will show up in the list in the panel below. If you enter more than one, mark the checkbox next to your primary one. If you want to remove any, click the trash can icon in the "Actions" column, on the right side of the panel. When you are finished making entries, click "Next."

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

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input type="checkbox"/>	372800000X	Adult Companion				🗑️

1 - 1 of 1 items

◀ PREVIOUS
NEXT ▶
SAVE & RETURN TO MAIN PAGE

18. Provide contact information. Click "Next" when complete.

**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 Myself

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

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

\* Telephone Number: 
 Extension: 
 \* Contact Person Email: 
 \* Confirm Contact Person Email:

◀ PREVIOUS
NEXT ▶
SAVE & RETURN TO MAIN PAGE

Providing Consumer Direct's information as the Contact Person will expedite receipt of your NPI information and allow us to issue your hire date.

**First Name:** Consumer  
**Last Name:** Direct  
**Telephone Number:** (844) 381-4432  
**Email:** infoCDDC@ConsumerDirectCare.com

19. The last screen is an Error Check. It scans all pages of your application for any required information that wasn't filled out. If anything was left blank that is required or if anything looks incorrect, the section will be highlighted in red with a button provided to Updated. Make sure all sections are complete and colored green. Then click "Submit" at the bottom



The screenshot shows an "ERROR CHECK" screen with a warning icon. A note at the top says: "Please click the NEXT button to submit your application." Below this, there are three sections:

- Step 1: Provider Profile** (Green background): A checkmark icon, "COMPLETED: Profile", "No Errors Found", and a "REVIEW" button.
- Step 2: Address** (Red background): An error icon, "ERROR: Address", "Business Mailing Address", "Mailing Address State is a required field. Mailing Address Zip Code is a required field. Mailing Address Line 1 is a required field. Mailing Address City is a required field.", "Practice Location", "At least one practice location must be selected.", and an "UPDATE" button.
- Step 3: Other Identifiers** (Green background): A checkmark icon, "COMPLETED: Other Identifiers", "No Errors Found", and a "REVIEW" button.

If you would like help during the NPI application process, you can contact NNPEs directly at:

Toll Free: 1-800-465-3203  
TTY: 1-800-692-2326  
Email: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

Mail: NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059