

Medicaid Provider ID: _____
or, Application Tracking Number (ATN) _____



National Provider Identifier Registration

All Health Insurance Portability and Accountability Act (HIPAA) covered healthcare providers, whether they are individuals or organizations, must obtain a National Provider Identifier (NPI) to identify themselves in the HIPAA standard transactions.

Florida Medicaid will create a crosswalk within its system between the NPI and the Medicaid provider file. Providers with multiple Medicaid IDs and only one NPI may indicate a unique combination of NPI and taxonomy; NPI and 9-digit ZIP code; or NPI, Taxonomy, and 9-digit ZIP code to create unique crosswalks from their one NPI to multiple Medicaid provider files.

NOTE: *If taxonomy and/or 9-digit ZIP Code are used to create a unique crosswalk between the NPI and a Florida Medicaid ID, the provider must bill using the exact same combination of NPI, taxonomy, and 9-digit ZIP code to guarantee claims are associated with the proper Medicaid provider file.*

The following information may be helpful:

1. Read the NPI rule at <http://www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/providerNPRM/default.asp>.
2. Become familiar with the provider taxonomy codes: <http://www.wpc-edi.com/codes/Codes.asp>.
3. Monitor the CMS web site <http://www.cms.hhs.gov/NationalProvdentStand> and ask your professional organizations to help keep you informed.
4. To obtain your NPI, visit the National Plan and Provider Enumeration System (NPPES) located at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>;
5. Providers with multiple Florida Medicaid Provider IDs will be required to match their NPI(s) to all Florida Medicaid Provider IDs. If providers with multiple Florida Medicaid Provider IDs are eligible for NPI and subparts, they are encouraged to obtain them.
6. Contact your office practice management software vendors, billing agents, and clearinghouses to discuss any NPI changes or impacts.

Please complete the following information to register your NPI with Florida Medicaid:

Provider's Name: (print legibly) _____
Provider Medicaid Number: _____
NPI: (indicate "atypical" if you are not eligible for an NPI) _____
Taxonomy: (if applicable) _____
ZIP + 4: (if applicable) _____

Provider's Signature (or authorized agent if group provider)

Date

(Print signer's name and title)

Submit the completed form to:

For Regular Mail:

EDS
Provider Enrollment
P.O. Box 7070
Tallahassee, FL 32314-7070

For Overnight or Express Delivery:

EDS
Provider Enrollment
2671 Executive Center Circle, Suite 100
Tallahassee, FL 32301