

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 and must register the NPI with Florida Medicaid.

Florida Medicaid will map the NPI to the provider's Medicaid ID. Providers with multiple Medicaid IDs and only one NPI must indicate a unique combination of NPI and taxonomy; NPI and ZIP+4 Code; or NPI, Taxonomy, and ZIP+4 Code to create unique mappings from their one NPI to each of their Medicaid IDs.

NOTE: If a unique combination of NPI, Taxonomy, and/or ZIP+4 Code are used to create a unique mapping between the NPI and a Florida Medicaid ID, the provider must submit the exact same combination of NPI, taxonomy, and/or ZIP+4 Code on all transactions to guarantee they are associated with the correct Medicaid ID.

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/NationalProviderStand> 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 who are eligible for NPI and subparts are encouraged to obtain them to simplify the mapping process.
6. Contact your office practice management software vendors, billing agents, and clearinghouses to discuss any NPI changes or impacts necessary to submit the NPI as registered with Florida Medicaid.

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: (optional) _____

ZIP + 4: (optional) _____

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

Date _____

(Print signer's name and title) _____

FAX completed form to: Medicaid Provider Enrollment at 866-270-1497.

Or, mail to:

For Regular Mail:

HP Enterprise Services
Provider Enrollment
P.O. Box 7070
Tallahassee, FL 32314-7070

For Overnight or Express Delivery:

HP Enterprise Services
Provider Enrollment
2671 Executive Center Circle, Suite 100
Tallahassee, FL 32301