

## Adding Digital Endpoints in NPPES

Step by step instructions



### Navigate to NPPES in your web browser: https://nppes.cms.hhs.gov/#/

### Accept Terms and Conditions



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## Sign in with your User ID and Password

### INPPES

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### Scroll to Manage Provider Information then, use pencil tool to edit your account



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## Review profile information on Main Page

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## Select Health Information Exchange

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# Populate the information needed to describe the digital endpoint and its intended purpose

Some practitioners may want to include a Direct address that others can use to send secure messages to themselves directly.

However, most practitioners will prefer to include the addresses used by their organization to facilitate coordination of care.

For example, a practitioner who prefers ADT notifications to be sent to a Direct address established for that purpose can add this digital endpoint in using the following information as show in this presentation

### Select Direct Messaging Address for the Endpoint Type

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# Add the endpoint Direct address the organization wants to use for receiving ADT Notifications.

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# Add the description "Digital endpoint for ADT notification"

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## Select "Direct" for Endpoint Use

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## Select "Other" for Content Type

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## Add "Visit notification note (LOINC 86530-3)"

#### \* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

#### Endpoints should not include personal email information.

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# Answer the question about if the endpoint is affiliated with another organization

#### \* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

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# Select the address that best supports searching for this endpoint. Pick an address where care is provided.

#### \* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

#### Endpoints should not include personal email information.

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## Accept the endpoint use terms and conditions

#### \* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

Endpoints should not include personal email information.

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# This is the response you see to indicate the endpoint information has been entered correctly.



Endpoint for Exchanging Healthcare Information (optional)

• INFO: Health Information Exchange The entered endpoint has been added.

## This is what is looks like to include multiple digital endpoints for different information exchange purposes.

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

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### Review information in additional sections, select "Next" at the bottom of the Error Check.

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### Check and Submit

### **III NPPES** Q SEARCH NPI REGISTRY B HELP National Plan & Provider Enumeration Sys 🛔 Matt Elrod 🔅 Sign Out Health Information Exchange **Submission Certification** Other Identifiers Taxonomy After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application. Contact Information \* Indicates Required fields. Error Check • 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 Submission application is not true, correct, or complete, I agree to notify the <u>NP</u>I Enumerator of this fact immediately. • I authorize the NPJ 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. \* 🔄 certi y that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103. that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103. Required © 2020 MaxMD Confidential

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## The Intersection of Vision and Knowhow

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