

# ALBUQUERQUE PUBLIC SCHOOLS

Health and Wellness Department  
Medicaid School Based Services  
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Winston Brooks  
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Director  
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Date:

TO: Related Service Providers  
FR: Joann Sanchez, Medicaid Operations Coordinator  
RE: National Provider Identifier

The National Provider Identifier (NPI) is a federally mandated identification number issued to health care providers by the National Plan and Provider Enumeration System (NPPES). Effective **May 23, 2007**, Federal law requires health care providers to use their NPI, and only their NPI, to identify themselves on HIPAA standard electronic transactions such as electronic claims (APS submits electronic claims to Medicaid).

All individual and organizational health care providers who are HIPAA-covered entities **must** obtain an NPI. Individuals are eligible to obtain only one NPI, regardless of the number of specialties they practice, the number of facilities for whom they work, or the number of locations where they provide services.

You may apply for an NPI in one of three ways.

- (1) Use the web-based NPI application process for the most efficient processing and the fastest receipt. The website is <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
  - (2) Obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator located in Fargo, ND, whereby their staff will enter the application data into NPPES. The form is only available upon request by Phone: 1-800-465-3203, TTY: 1-800-692-2326, E-mail [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com), or Mail: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059.
  - (3) Authorize APS Medicaid Office to obtain the NPI on your behalf.
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Please checkmark one of the following options and return to the Medicaid Office at City Centre, Suite 360W.

\_\_\_\_\_ I will apply for my own NPI # and, upon receipt, give it to APS Medicaid office.

\_\_\_\_\_ I authorize APS Medicaid office to obtain the NPI on my behalf.  
Please include your **State of Birth** \_\_\_\_\_ for application.  
If born outside the U.S.A., **Country of Birth** \_\_\_\_\_.

\_\_\_\_\_ I already have an NPI. It is \_\_\_\_\_.

\_\_\_\_\_  
Your Name and Credentials (Please Print)

\_\_\_\_\_  
Your Signature and Credentials