Supporting Statement for Paperwork Reduction Act Submissions

National Plan and Provider Enumeration System (NPPES) Supplemental Data Collection
CMS-10749/OMB control number: 0938- 1427

A. **Background**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Secretary of HHS to adopt a standard unique identifier for health care providers. The unique identifier is to be used in standard transactions and may be used for other lawful purposes in the health care system. The Centers for Medicare & Medicaid Services (CMS) Final Rule, published on January 23, 2004, adopts the National Provider Identifier (NPI) as the standard unique health identifier for health care providers. Health care providers that are covered entities under HIPAA must apply for and use NPIs in standard transactions. Other health care providers are eligible for NPIs but are not required by regulation to apply for or use them. Health care providers began applying for NPIs on May 23, 2005.

The NPI Application and Update Form (OMB-0938-0931/CMS-10114) is used by health care providers and organizations to apply for NPIs and furnish updates to the information supplied on their initial applications. The form is also used to deactivate their NPIs if necessary. The original application form was approved in February 2005 and has been used since May 23, 2005. The form is on paper or can be completed via a web-based process. Health care providers can mail a paper application, complete the web-based application process via the National Plan and Provider Enumeration System (NPPES) website, or have a trusted organization submit the application via the Electronic File Interchange (EFI) process. The Enumerator uses NPPES to process initial applications, generate the NPI, manage changes to provider or organization information, and maintain NPI data.

The Enumerator processes over 5 million new provider applications or updates to existing applications annually.

As of 2024, approximately 0.9% of initial applications and changes were made using the paper form OMB-0938-0931 (National Provider Identifier (NPI) Application/Update Form- CMS-10114). Most providers and organizations (99.1%) used electronic means to apply for an NPI and make changes, with 98.7% of applications being web-based and 0.4% of applications coming in through the EFI process.

Since 2005, there have been multiple updates to the web-based application to support CMS operational needs, including the 21st Century Cures Act and interoperability requirements. To supplement the provider and organizational information collected via the NPI web-based application/update form, this PRA package (OMB control number

0938-1427/CMS-10749) includes the optional data field information:

1. Demographic Information (Ethnicity and Race Information)
    a. Primary and Secondary Languages Spoken by provider
    b. Identification of the primary location as the home address.
    c. Primary and Secondary Languages Spoken in practice locations
2. Organization Information
    a. Organization Name
    b. Office Hours
    c. Office, exam room, medical equipment accessible to individuals with mobility disabilities
    d. Multiple Practice Locations (only one is collected on the paper form but web-based form allows multiple)
    e. Multiple Contact Person (only one is collected on the paper form but web-based form allows multiple)
3. Endpoint Information
    a. Endpoint Type
    b. Endpoint
    c. Endpoint description
    d. Endpoint Use
    e. Endpoint Content Type
    f. Is the Endpoint affiliated with another Organization?
    g. Endpoint Location

This PRA package is solely used for the above optional data fields in the web-based application.

B. Justification

1. Need and Legal Basis

Delegation of Program Authority under Section 3101 of the Public Health Service Act

Delegation of Program Authority under Section 3101 of the Public Health Service Act, in the implementation of health data collection and analysis strategy. CMS authorizes this data collection. This strategy contains provisions to strengthen federal data collection efforts by requiring that all national federal data collection efforts collect information on race, ethnicity, sex, primary language and disability status. The law also provides the Department of Health and Human Services (HHS) the opportunity to collect additional demographic data to further improve our understanding of healthcare disparities.

The law requires that data collection standards for these measures be used, to the extent that it is practical, in all national population health surveys. It applies to self-reported optional

information only. The law also requires any data standards published by HHS to comply with standards created by the Office of Management and Budget (OMB).

The standards apply to population health surveys sponsored by HHS, where respondents either self-report information or a knowledgeable person responds for all members of a household.

Delegation of Authorities under Title IV--Delivery of the 21st Century Cures Act

The 21st Century Cures Act fosters innovation in health care to deliver better information, more conveniently, to patients and their providers. It also promotes transparency through modern technology, providing opportunities for the public to gain visibility into the services, quality, and costs of health care. Section 4003 of the Cures Act added a definition of "interoperability" as paragraph 10 of section 3000 of the PHSA ([42 U.S.C. 300jj](#) (9)) (as amended). Under section 3000 of the PHSA, `interoperability', with respect to health IT, means technology that enables the secure exchange of electronic health information with, and use of electronic health information from, other health IT without special effort on the part of the user. Under the authority of the 21st Century Cures Act, this collection of critical provider information, in particular endpoint data, supports HHS' vision and strategy for achieving a health information ecosystem within which all individuals and their health care providers are able to send, receive, find, and use electronic health information in a manner that is appropriate, secure, timely, and reliable.

2. **Purpose and users of the information**

The fields included in this PRA are optional for the provider or organization to complete; the application is not affected if the submitter does not complete these additional fields.

Demographic and Office Information

While CMS has been collecting the optional data elements since 2017, the demographic data has not been published externally due to data quality issues as providers/organizations often only report this information during their initial enrollment and do not provide updates when applicable. In 2024, we found that only 39.8% of providers with an active Type 1 NPI had the race and/or ethnicity data completed.

CMS seeks to use the data to understand how many minority providers are serving people in underserved communities and how many providers speak a language other than English to provide better care to patients with limited English proficiency.

Comprehensive data, including race, ethnicity, language, and accessibility may be used to plan for quality improvements and address changes among the target populations that improve patient outcomes.

Endpoint Information

Optional submission of provider endpoint data is included in this collection to support the advancement of interoperability. Section 4003 of the Cures Act recognized the importance of making provider digital contact information available through a common directory. This collection enables the NPPES website to capture provider digital endpoint information that can be used to facilitate secure sharing of health information. For instance, providers can submit a Direct address, which functions similar to a regular email address, but includes additional security measures to ensure that messages are only accessible to the intended recipient in order to keep the information confidential and secure. Direct addresses are available from a variety of sources, including EHR vendors, State Health Information Exchange entities, regional and local Health Information Exchange entities, as well as private service providers offering Direct exchange capabilities called Health Information Service Providers (HISPs). This collection allows NPPES to capture information about a wide range of other types of endpoints that providers can use to facilitate secure exchange of health information, for instance a FHIR server URL or query endpoint associated with a health information exchange. The collection of these optional data fields increases the efficient exchange of critical health information and strengthens NPPES as an interoperability resource for patients and payers.

3. **Use of Information Technology**

This collection lends itself to electronic collection methods and is currently available through the NPPES website. The NPPES website is a secure, intelligent and interactive national data storage system maintained and housed at the Virtual Data Center (VDC) hosted by the Companion Data Services (CDS), which is the company that maintains CMS' Data Centers. It has limited user access through strict CMS systems access protocols. Access to the data maintained in NPPES is limited to CMS, NPPES contractor employees responsible for provider NPI processing, and the providers or organizations that have NPI records in NPPES. These providers and organizations only have access to their own records. The data stored in NPPES mirrors the data collected on the OMB- 0938-0931/CMS-10114 (National Provider Identifier (NPI) Application/Update Form) and is maintained indefinitely as both historical and current information. NPPES also supports a web-based platform, which allows providers and organizations to complete the web-based version of CMS-10114 and transmit it to the Enumerator for processing. This includes an upload file capability (also known as EFI submission) for approved provider organizations to help facilitate the enumeration process. NPPES has also adopted an electronic signature standard. Periodically, CMS will require adjustment to the format of the OMB- 0938-0931/CMS-10114 form (either paper, electronic or both) for clarity and to improve optional data fields. These adjustments do not alter the current OMB data collection approval.

4. **Duplication**

Efforts

The *OMB- 0938-0931/CMS-10114 The National Provider Identifier Application/Update Form Revision* (paper application) was re-approved on March 31, 2025. The burden for the NPI application is included in that PRA package. Regulations require the data fields in the PRA package for OMB-0938-0931/CMS-10114; unlike this PRA package (OMB control number 0938-1427/CMS-10749), which only includes burden for the optional data fields collected on the web application. This PRA package will eventually be merged into the NPI application/update collection (OMB- 0938-0931/ CMS-10114), and it will be acceptable to have optional and required fields within one PRA package.

5. Small Businesses

There will be minimal impact on small businesses as the length of time to read, complete, and submit the online form is expected to be less than ten minutes.

6. Less Frequent Collection

After the application for an initial NPI, this information is collected on an as-needed basis, as regulation also mandates that health care providers update NPPES within 30 days of changes to their information. This PRA package is for the optional data fields.

7. Special Circumstances

There are no special circumstances associated with this collection.

8. Federal Register Notice/Outside Consultation
The 60-day notice published in the Federal Register on July 3, 2025 (90 FR 29551). A total of zero (0) comments were received.

A 30-day notice published in the Federal Register on September 24, 2025 (90 FR 45951).

No outside consultation was sought.

9. Payments/Gifts to Respondents

There are no payments or gifts to the respondents as a result of completing this form.

10. Confidentiality

CMS will comply with the Delegation of Program Authority under Section 3101 of the Public Health Service Act and the Delegation of Authorities under Title IV--Delivery of the 21st Century Cures Act. The NPI registry is public information

System of Records Notice (SORN) information: SORN 09-70-0555, National Plan and Provider Enumeration System (NPPES), HHS/CMS/OFM. For purposes of this system of record (SOR), the system contains information related to health care providers who are individuals who have applied for and have been assigned an NPI. The definition of a health care provider is limited to those entities that furnish or bill and are paid for, health care services in the normal course of business. The statutory definition of a health care provider is found at 45 CFR 160.103. Authority for maintenance of this system is given under §§ 1173 and 1175 of the Act; as amended by Public Law 104 -191, which authorizes the assignment of a unique identifier to all health care providers and the maintenance of a data base containing the information they furnished in their application for an NPI.

11. **Sensitive Questions**

There are no sensitive questions associated with this information.

12. **Burden Estimate (Total Hours & Costs)**

A. Burden Estimate

CMS is calculating burden based on the number of NPI applications processed for calendar year 2024. Burden has been estimated based on the number of affected users, reasons to collect the data, and the data collection methods.

The hourly burden to the respondents is calculated based on the following assumptions:

- There were 545,648 applications for initial NPIs in 2024 using the web-based application and the EFI process.
- The web-based and EFI (which is also electronic but takes a different format) collection will be counted in the burden hours.
- Completion of the application takes 0.17 hours (10 minutes) for both the web-based application and the EFI application. This estimate is based on how long it takes a respondent to complete and submit this application using each process.

CMS estimates the total burden hours for this information collection to be 92,760.16 hours.

HOURS ASSOCIATED WITH COMPLETING THE APPLICATION:

There were 545,648 applications for initial NPIs in 2024 using the web-based application and EFI application process:
   A. 543,183 respondents completing the application form via the web-based application
   B. 2,465 respondents completing the application form via the EFI application process

The electronic and EFI (which is also electronic but takes a different format) collection will be counted in the burden hours. Completion of the application takes 0.17 hours (10 minutes). Cost to the respondents is calculated based on the following assumptions:

- The date fields question can be completed by the applicants or their proxy and
- The record keeping burden is included in the time determined for completion by administrative staff.

Based on the information above, CMS has split the cost burden as follows:

- Office and administrative support workers complete the application in approximately 8 minutes, or 0.135 hours, and
- Health diagnosing and treating practitioners review and sign the application in approximately 2 minutes, or 0.035 hours.

Table 1: Burden Hours

Collection Types	Respondents	Responses	Time (hours)	Total hours
NPPES Web-Based Application	543,183	1	0.17	92,341 hours
NPPES EFI Process	2,465	1	0.17	419 hours
TOTAL	545,648 Respondents			92,760 hours

C. Burden Estimate (costs)
- CMS used the hourly wage calculations which were taken from the most recent wage data provided by the Bureau of Labor Statistics (BLS) for May 2024 (see https://data.bls.gov/oes/#/industry/000000), indicating the mean hourly wage for the general categories of "Office and Administrative Support Occupations" and " Healthcare Diagnosing or Treating Practitioners". CMS adjusts the employee hourly wage estimates by a factor of 100 percent. This is necessarily an estimation because fringe benefits and overhead costs vary significantly from employer to employer and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Table 2: Wage Rates

Wage Category	Base Wage Rate	Wage Rate + Fringe Benefits (100%)
Office and Administrative Support Occupations	$24.12	$48.24
Healthcare Diagnosing or Treating Practitioners	$61.80	$123.60

The cost burden to the respondents is calculated based on the following assumptions:

COSTS ASSOCIATED WITH COMPLETING THE APPLICATION:

CMS estimates the new total burden cost for this information collection to be $5,914,824.32 for 545,648 Respondents**.** These figures are calculated based on how long it takes a respondent to complete and submit the application, and who completes and signs it.

    A. 543,183respondents completing the application form via the web-based application

0.135 hours (8 minutes) x $48.24 = $6.51 per application completed by office and administrative support workers

0.035 hours (2 minutes) x $123.60 = $4.33 per application reviewed and signed by Health Diagnosing and Treating Practitioners

Subtotal 1 = $6.51 + $4.33 = $10.84 per application

Total 1: 543,183 respondents x $10.84 per application = $5,888,103.72 annually for completion of the applications via NPPES Web

    B. 2,465 respondents completing the application form via the EFI application process

0.135 hours (8 minutes) x $48.24= $6.51 per application completed by office and administrative support workers

0.035 hours (2 minutes) x $123.60 = $1.33 per application reviewed and signed by Health Diagnosing and Treating Practitioners

Subtotal 1 = $6.51 + $4.33 = $10.84 per application

Total 2:

2,465 respondents x $10.84 per application = $26,720.60 annually for completion of the applications via NPPES Web using the EFI process

TOTAL FOR ALL APPLICATIONS:

Total 1 + Total 2 = $5,888,103.72 + $26,720.60 = $5,914,824.32total cost for the application using the form

Table 3: Total Burden for Supplemental Data Collection

Data Collection Activity	Respondents	Responses Per Year	Time Per Response (hours)	Total Burden Per Year (hours)	Cost per Hour	Total Burden Costs Per Year Using Loaded Rate
NPPES Web-based Application	543,183	1	0.17	92,341.11	$63.76	$5,888,103.72
NPPES EFI Process	2,465	1	0.17	419.05	$63.76	$26,720.60
Total	545,648	1	0.17	92,760.16	$63.76	$5,914,824.32

13. **Capital Costs**

There is no capital cost associated with this collection.

14. **Cost to the Federal Government**

There is no cost to the federal government for this information collection.

15. **Changes to Burden**

This PRA package updates the existing burden under OMB control number 0938-1427/CMS-10749 to reflect minor changes in BLS wage rates and number of NPI web applications submitted.

16. **Publication/Tabulation Dates**

NPPES captures the information from the application form, uniquely identifies the health care provider or organization, and assigns an NPI. This data is published in the NPIs Registry and in the public use NPPES files (https://download.cms.gov/nppes/NPI_Files.html).

17. **Expiration Date**

Once approved the expiration date for this PRA package (OMB control number 0938-1427/CMS-10749) will be listed on the NPPES website. (nppes.cms.hhs.gov).