



## **INSTRUCTIONS FOR COMPLETING THE NPI SPREADSHEET - Institutional**

**Please complete each column for every entry even when the information is duplicative (ex: a subpart address and Tax ID may be the same as the primary DBA.) Also please complete the NPI contact information at the bottom of the spreadsheet.**

**Item 1:** Enter the *Doing Business As Name* in the first column. Please provide information for all locations where you service MassHealth members. If you have additional business locations associated with your Tax ID for which you do not currently have a separate MassHealth provider number (*subparts*), please provide the doing business as information for those locations underneath your primary provider number(s) information. A sample of a completed spreadsheet entry is included in the attached documentation.

**Item 2:** Enter the *Doing Business As Street Address* in the second column.

**Item 3:** Enter the *City or Town* in which the DBA street address is located.

**Item 4:** Enter the two character abbreviation for the *State* in which the DBA street address is located.

**Item 5:** Enter the five-character *zip code* for the DBA location.

**Item 6:** Enter the applicable *Federal Tax Identification Number* for the DBA location.

**Item 7:** Enter the seven-digit legacy *MassHealth Pay-To Provider Number* for the DBA location. If you currently do not have a MassHealth provider number for a particular sub-part of your organization, please enter “None” in this field.

**Item 8:** If you have already applied for and received your *NPI* for the DBA location or subpart, enter it here. If you have not received it yet, please provide an indication of how you are planning to enumerate by entering NPI 1, NPI 2, NPI 3, etc., in this field.

**Item 9:** Enter the applicable Medicare Provider Number for the DBA location. If you do not have one, please enter “None” in this field.

**Item 10:** Enter the applicable taxonomy code listed with your NPI application for the DBA location.

**If you have any questions about completing the spreadsheet, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.**

**Thank you for your cooperation!**