JHU – HOW TO GUIDE

Completing an 8550 – Ordering/Referring ONLY

1) Do Not Complete this application if you have not graduated from Medical School.

2) Before completing please have copies of all documents (if applicable; board certs, diploma and/or transcripts, license, etc).

3) You will need a residency letter from the Office of Graduate Medical Education (see attached examples).

Any questions please call me at 410-933-6423.
Thank you,
Diana Ayers
Provider Enrollment Specialist
Johns Hopkins University

03/2019
July 24, 2018

This letter certifies that [Redacted] is enrolled in the Surgical Oncology residency program for the 2018-2019 academic year.

The purpose of this letter is to support Dr. [Redacted] enrollment in PECOS and ePrep.

Sincerely,

Jessica L. Bienstock, MD, MPH
Associate Dean for Graduate Medical Education/DIO
June 25, 2018

This letter certifies that [REDACTED] is enrolled in the Bayview Internal Medicine residency program for the 2018-2019 academic year.

The purpose of this letter is to support Dr. [REDACTED] enrollment in PECOS and ePrep.

Sincerely,

[Signature]

Jessica L. Bienstock, MD, MPH
Associate Dean for Graduate Medical Education/DIO
Enrolling with Medicare as an Ordering/Referring ONLY using Internet-Based PECOS


- If you do not have this information call NPPES at 1-800-465-3203 select option "0" for operator and then select "1" for reset or to obtain information. If you do have this information start at STEP 2.
- Tell the operator - "I need my NPI user ID and password"
- Give the operator your NPI number and answer the following questions.
  1) Date of Birth
  2) State where you were born
  3) Last 4 digits of your SSN
  - You will be given your user id and a temporary password
  - Log into the above website within 24hrs and you will be asked to change/update your password.
  - This will take you to the I& A website.
  - Accept terms and conditions AND put in your current user id and password.
  - Change password. Once it has confirmed that your password has been changed LOGOUT.
  - Keep your information in a safe place.
ACCESS PECOS AT https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Use your User ID and password that was obtained when you applied for your NPI number. If you do not know this then call NPPES at 1-800-465-3203 and they will give you your User ID and a temp password to user.
Click on MY ASSOCIATES.....
Click on CREATE INITIAL ENROLLMENT APPLICATION....
Choose “Eligible Ordering, Certifying and Prescribing Physician and Other Eligible Professionals”.....And Hit “NEXT PAGE”.....
Then it will POP up Navigation to Easy Enrollment Alert & Hit “Continue to Easy Enrollment”.....
ENROLLMENT SUMMARY:

Identifying Information – This will auto populate some information but go through and enter any missing information. Anything with a RED asterisk (*) must be answered.

After adding Primary Medicare Specialty – Hit “Apply Specialty” and then SAVE.
EDUCATION: IF your school is not listed used "OTHER" and make sure you have a copy available to attach as a document before submitting. Then Hit "SAVE"...
Click on the arrow next to Reason for enrolling and choose...

**MD/Do's Choose: Group 2 - Physician Not Employed by any Entity in Group 1**

All others Choose: Eligible Professional Not Employed by any...

*Medical or other Professional School (Training Institution, if non MD)*

Select

*Year of Graduation*

Select

GROUP 1 - EMPLOYED BY A MEDICARE-ENROLLED CAH
GROUP 1 - EMPLOYED BY A MEDICARE-ENROLLED FQHC
GROUP 1 - EMPLOYED BY A MEDICARE-ENROLLED RHC
GROUP 1 - EMPLOYED BY IHS OR A TRIBAL ORGANIZATION
GROUP 1 - EMPLOYED BY THE DOD/TRICARE
GROUP 1 - EMPLOYED BY THE DVA
GROUP 1 - EMPLOYED BY THE PHS
GROUP 2 - DENTIST NOT EMPLOYED BY ANY ENTITY IN GROUP 1
GROUP 2 - ELIGIBLE PROFESSIONAL NOT EMPLOYED BY ANY ENTITY IN GROUP 1

GROUP 2 - LICENSED RESIDENT OR FELLOW NOT EMPLOYED BY ANY ENTITY IN GROUP 1

GROUP 2 - PEDIATRICIAN NOT EMPLOYED BY ANY ENTITY IN GROUP 1

GROUP 2 - PHYSICIAN NOT EMPLOYED BY ANY ENTITY IN GROUP 1

Save

**Final Adverse Legal Actions**

*Has a final adverse legal action ever been imposed against the applicant under any current or former name or business entity?
Final Adverse Legal Actions: We are assuming NO but if Yes then you will have to Add Final Adverse Legal Action and HIT Save....

HIT ADD LICENSE......
Add your license information and have a copy ready to attach before submitting application.....Then hit “SAVE”

**NOTE:** License information is required to submit the Easy Enrollment with the following fields being required: Selection of new or existing license information radio button. The selected record must have the following information: State Issued, License Number, Effective Date.

### License Record Information

<table>
<thead>
<tr>
<th>Select</th>
<th>State Issued</th>
<th>License Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
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<td>MM/DD/YYYY</td>
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</table>

Use **Add Certification** to enter Certification Information that is associated to you.
If you have any Certification and/or DEA license add those the same way and have a copy of them to attach before submitting the application.....Then Hit “SAVE”.

### Use Add Certification to enter Certification information that is associated to you.

**NOTE:** Certification information is not required to submit the Easy Enrollment but if included, the following fields are required: State Issued, Certification Number, Effective Date.

<table>
<thead>
<tr>
<th>State Issued</th>
<th>Certification Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Delete</th>
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</table>

No records associated for Certification Information

### Save

### Drug Enforcement Agency (DEA) Registrations

Use Add DEA to enter DEA Registration information that is associated to you.

**NOTE:** DEA Registration information is not required to submit the Easy Enrollment but if included, the following fields are required: State Issued, DEA Registration Number.

<table>
<thead>
<tr>
<th>DEA Registration Record Information</th>
<th>DEA</th>
<th>Registration Number</th>
<th>Effective Date</th>
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Correspondence Mailing Address: Use your main office information.
Contact Person: Please use my information......Hit “+ Add Additional Contact” and add – Diana Ayers – 9910 Franklin Square Drive - #2110 – Baltimore, MD 21236-4902 – telephone: 410-933-6423 – Fax: 410-933-1390 – E-Mail Address—davers2@ihmi.edu.

Relationship or Affiliation to You Choose – **Delegated Official** and check * Is contact person listed the primary contact? And then Hit “Save”
Then Hit Save and Continue and then hit YES-SAVE AND CONTINUE again....
Documentation Upload: Say “Yes” and Upload all required documents.....License, board certs, DEA licenses, diploma and/or transcripts. And then at the bottom of the page hit “Continue to Certification/Signatures”
Page 16

Choose “Electronically sign (E-sign) Certification Statement: and hit Continue.

Do you want to complete your E-Signature Now?  YES

Terms and Conditions: Do you accept the Terms and Conditions? Check YES and then hit “Complete Submission”  And then your Submission Confirmation page with a Web Tracking ID#.