

**FY 2004 BUDGET AND PERFORMANCE REQUIREMENTS
PROGRAM MANAGEMENT**

July 22, 2003

Provider/Supplier Enrollment (Intermediary)

Addendum 1

Provider/Supplier Enrollment (Activity Code 31001)

Provider/Supplier Enrollment (PSE) attempts to ensure that only qualified and eligible individuals and entities are enrolled in the Medicare program and receives reimbursement for services furnished to beneficiaries.

CMS has made it a priority to establish a strong link in its budget requests between program outcomes and contractor administrative funding levels utilizing the concept of Activity Based Costing (ABC). The ABC initiative is to identify and trace all material costs incurred when providing a service, e.g., Provider Enrollment, back to the activities that produce that output. The attached Activity Dictionary (Attachment 1 to the BPRs) lists “tasks” for the provider enrollment function; however, they are not to be considered an all-inclusive list of tasks performed under the PSE function. In addition to satisfying all requirements contained in the Provider Enrollment BPRs the Activity Dictionary, fiscal intermediaries are to budget according to the Medicare Program Integrity Manual, Chapter 10; other referenced manuals; and any applicable general instructions.

Workload Reporting Requirements (Cumulative)

Workload 1 – Initial applications (CMS-855A) and Changes of Ownership (CHOW) received.

Workload 2 – Changes of information (including seller CHOWs) received.

Other issues

- Fiscal Intermediaries must justify all provider enrollment budget requests in writing.
- In general, provider enrollment-initiated educational activities will be charged to provider enrollment, e.g., phone calls, letters, and site-specific visits with suppliers, etc. Time associated in working with Provider Communications (PCOM) staff at seminars, conferences, etc. or through other PCOM initiated resources, e.g. a bulletin, is to be charged to the PCOM line item.
- Identify, by job title, the number of FTEs for the provider enrollment activity code. Intermediaries should be assigning staff corresponding with the enrollment workload to meet processing time requirements while still effectively screening applicants.

- A new activity code has been added to report the cost and workload associated with provider based entities (Activity Code 16005). Provider Enrollment should only be charged for the review of the CMS-855A application.
- Intermediaries should budget for and plan to attend a provider enrollment conference in 2004. PECOS will be discussed at the conference.