

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

**Provider/Supplier Enrollment (Carrier)**

**July 22, 2003**

**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 2 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 and attached Activity Dictionary, carriers 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-855B, CMS-855I) received.

**(RRB: Number of records flagged in PECOS.)**

Workload 2 – Changes of information (CMS-855I, CMS-855B) received.

**(RRB: Number of requests for carrier enrollment records.)**

Workload 3 – Reassignment of Benefits (CMS-855R) received.

**(RRB: Number of general inquiries and written correspondence.)**

**Other issues**

- Carriers 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 MIP-Provider Communications (PCOM) staff at seminars, conferences, etc. or through other PCOM initiated resources, e.g. a bulletin, is to be charged to PCOM.

- Identify, by job title, the number of FTEs for the provider enrollment activity code. Carriers should be assigning staff corresponding with the enrollment workload to meet processing time requirements while still effectively screening applicants.
- Carriers will begin inputting provider enrollment information into PECOS in October 2003 (FY 2004 budget year). Although there will be a learning curve, CO does not expect it to have a budgetary impact.
- The Railroad Retirement Board (RRB) will contact a carrier(s) for additional information for the development of provider enrollment information needed to process RRB claims. The carrier(s) may have to create an enrollment record in PECOS. The carrier(s) are to respond to RRB inquiries within 10 days. A program memorandum is forthcoming.
- PECOS entry will include skeletal record information captured from in-house records when changes of information or reassignments occur. A PM is forthcoming with instructions and this activity will be effective October, 2003.
- Carriers should not be charging provider enrollment for participating physician costs. Participating physicians costs should be charged to Activity Code 15001.
- Indicate the scope of a Carrier Medical Director's provider enrollment activities, if necessary, in your budget justification along with the monetary amount.
- Carriers should budget for and plan to attend a provider enrollment conference in 2004.