This appendix contains acronyms and definitions used in this chapter.

Bureau of Health Services Financing (BHSF)
The division within the Department of Health and Hospitals responsible for the administration of the Medicaid Program.

Center for Medicare and Medicaid Services (CMS)
The federal organization that administers the Medicare program and oversees and monitors the state Medicaid program.

Change in Ownership (CHOW)
Any change in the legal entity responsible for the operation of a provider agency.

Crossover Medicare/Medicaid Claims
Claims received on a Medicaid-eligible recipient who has both Medicare and Medicaid coverage.

Department of Health and Hospitals (DHH)
The state agency responsible for administrating the Medicaid Program and health and related services including public health, mental health, and developmental disabilities.

Electronic Data Interchange (EDI)
The communication of data from one computer system to another computer system**.**

Electronic Funds Transfer (EFT)
The payment of Medicaid claims that are deposited directly into a provider's bank account.

Electronic Media Claims (EMC)
The process used to file claims electronically**.**

Employer Identification Number (EIN)
A number assigned to a business by the Internal Revenue Service (IRS). Also known as a Federal Taxpayer Identification Number (TIN).

Explanation of Benefits (EOB)
It provides detailed information about the services a person has used. It isn't a bill.

Explanation of Medicare Benefits (EOMB)
A notice sent to providers informing them of the services which have been paid by Medicare.

Fiscal Intermediary (FI)

The fiscal agent contracted by DHH to operate the Medicaid Management Information System. It processes Medicaid claims for services provided under the Medicaid Program and issues appropriate payment.

Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule

A federal regulation which is designed to establish uniformity and standards for transmission, storage and handling of data.

Internal Control Number (ICN)

The **unique** 13-digit number given to each claim for tracking purposes.

Mandatory Services

Services required by the federal government that each state must provide under Medicaid.

Medicaid

A federal-state medical assistance entitlement program provided under a State plan approved under Title XIX of the Social Security Act.

Medicaid Card

A medical eligibility card issued to each eligible recipient.

Medicaid Management Information System (MMIS)

The computerized claims processing and information retrieval system which includes all providers eligible for participation in the Medicaid Program. This system is an organized method of payment for claims for all Medicaid services. It includes all Medicaid providers and recipients.

Medical Assistance Program Law (MAPIL)

MAPIL outlines the provisions related to provider agreement.

Medically Needy

A medical program designed to provide Medicaid coverage when an individual's or family's income and/or resources are sufficient to meet basic needs in a categorical assistance program but not sufficient to meet medical needs according to Medically Needy Program standards.

Medicare

The health insurance program designed for aged and disabled under Title XVIII of the Social Security Act.

Optional Services

Services states choose to provide to Medicaid recipients. These services must be approved by CMS.

Pay and Chase

Recovery of full or partial payment from a financially responsible third party after Medicaid has paid the claim.

Provider

Any individual or entity responsible for furnishing Medical services under a provider agreement with the Medicaid Program.

Provider Agreement

A contract between the provider of services and the Bureau of Health Services Financing that specifies responsibilities with respect to the provision of services and payment under the Title XIX Medicaid Program.

Provider Enrollment (PE)

The act of registering a licensed provider into the computerized system for payment of eligible services under the Medical Assistance Program. Enrollment includes the execution of the provider agreement and assignment of the provider number used for payment.

Recipient

An individual who has been certified for medical benefits by the Medicaid Program.

Remittance Advice

A list of all claims paid, pending, or denied during a particular payment period.

Revision Index

The form issued with each manual chapter to document chapter revisions.

Spend – Down

A term used to describe a group in the Medically Needy Program. The income for these Medicaid applicants/recipients is above the Medically Needy Income Eligibility Standards but they may qualify for the Medically Needy Program on the basis that countable income has been spent or is obligated to pay unpaid medical expenses.

Third Party Liability (TPL)

Refers to the responsibility of another payer (Medicare, insurance, etc.) to pay benefits for services before Medicaid pays. Medicaid is generally the payer of last resort.