

A Glossary of Enrollment Terms

- * **A Provider-** is any entity who has enrolled in the Medicaid program to furnish medical care, services, or supplies.
- * **Individual Provider-** is a person licensed or certified to perform a medical service.
- * **Group Provider-** is two or more health care practitioners whose practice is incorporated under the same federal tax identification number. The group provider must obtain a separate provider number for each office location where group members practice. Each provider in a group must also be enrolled as an individual provider in the Ohio Medicaid Program.
- * **Organization Provider-** is a public or private held business such as a hospital, pharmacy, clinic, ambulance, etc. These types of business are not covered under the individual or group provider applications.
- * **Social Security and Tax ID Numbers -** All individual providers must enroll using their Social Security numbers, or, if individually incorporated, their federal tax identification numbers (EIN). All groups and organizations must enroll using their Tax ID number. A completed IRS form W-9 must be submitted with your enrollment application.
- * **Physical Location-** is the address of the place where the medical services were rendered.
- * **Pay To Address-** is the address to which Payment and/or Remittance Advice is to be mailed.
- * **Mailing/Correspondence Address-** is the address to which materials other than payment or remittance advice is to be mailed.
- * **Remittance Advice-** gives the information and disposition of claims that have been submitted by the provider and processed.
- * **Electronic Funds Transfer-** is the transfer of your Medicaid reimbursement to the bank account that you designate.
- * **Medicare Identification Information-** is the Provider Identification Number (PIN) assigned to the provider by Medicare.
- * **CLIA Number-** is the certificate number assigned by the Clinical Laboratory Improvement Act of the Department of Health.
- * **Optional Category of Service-** is the list of services billable by the provider other than the main services performed by the provider.
- * **Disclosure of Ownership/Control Interest Statement-** describes the ownership of the provider. This information pertains to the provider for which the application is submitted. This section of the application is required of all applicants.