



Getting Started

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ACROSS	DOWN
2. Federal law requiring employers to permit employees to continue their group health insurance coverage after termination	1. The process of accurately accounting for all ADT activity within or across entities – (Census _____)
5. Person who is the holder of an insurance policy	3. Person designated to receive proceeds of an insurance policy
6. Osteopathic physician	4. Fixed sum of money that beneficiary must contribute towards the cost of their healthcare before insurance benefits begin
7. Written authorization form policyholder for their insurance company to pay benefits directly to the care provider	8. Conducting ourselves ethically and within the law of business practices
9. Portion of bill that beneficiary must contribute once insurance benefits have begun (___ pay)	13. Bill submitted to insurance company for payment
10. Insurance claims review process used when a beneficiary is insured by two or more carriers	
11. Health Insurance ___ and Accountability Act	16. The Administrative branch within the Department of Health and Human Services that is responsible for Medicare and Medicaid Services

Getting Started (Cont'd)

12. Cost sharing in which the subscriber is responsible for a specific percentage of the cost of healthcare	
14. Type of large group insurance plan where employees have access to care anywhere in the country without a referral	
15. System similar to DRGs used for outpatient services	
17. Master Index of Patients	
18. Form used in managed care plans for the PCP's authorization for certain specialist and certain services	



Getting Deeper

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ACROSS	DOWN
1. Questionnaire to determine primary payor before Medicare	2. ___ Health Information (PHI - protected by HIPAA)
3. EMTA_A	4. An Insured individual is legally obligated to pay for services rendered by a provider
6. Create a registration record for a future inpatient service	5. An organization that administers health insurance plans or claims but does not assume the risk (TPA)
10. Insurance plans that provide its members with incentives to use designated healthcare providers	7. Federal health insurance plan primarily for seniors
11. Diagnosis coding system	8. . System similar to DRGs used for outpatient services
12. physician's written or verbal instruction directing a patient's diagnostic and therapeutic treatment	9. Setting for inpatient care
14. Unique Physician Identifier	13. Form used in managed care plans for the PCP's authorization for certain specialist and certain services

Getting Deeper (Cont'd)

18. Joint federal and state program to provide Medical insurance for the poor	15. Principal (Physician); 1 st (Payor)
19. medical bills	16. Having a short and relatively severe course
21. Payment for insurance coverage	17. Per ___ (day)
23. Document educating patient about insurance payments or denials	18. Questionnaire used to identify the primary payor over Medicare
	20. Enforcement arm of CMS whose mandate is to fight waste, fraud, and abuse
	22. Medical Doctor



Patient Access Continuum

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Across	Down
1. Not to be disclosed	2. Ambulatory Patient
7. Physician	3. Document verifying patient name
8. Collection and storage on patient demographic, insurance, and clinical data	4. Diagnosis Related Group
9. Same ____ Surgery	5. Overdue
13. Providing patient room number to callers and visitors (Patient _____)	6. Average Length of Stay
14. Route, by way of	10. Directions, maps, information on how to get to correct location
15. Making appointment	11. Corporate Identifier
16. Healthcare Consumer	12. Admitted for multi-day stay
17. Ask the advice of a colleague or other care provider	16. Physician Assistant
18. Official count/list of patient population	



Alphabet Soup

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ACROSS	DOWN
1. HIPAA (Health Insurance __ and Accountability Act)	1. Physician Assistant
4. National File of Medicare Claim – Common Working File	2. Registered Nurse
8. PSDA (Patient Self __ Act)	3. JCAHO (Joint Commission on __ of Healthcare Organizations)
9. ABN (Advance __ Notice)	
10. International Classification of Disease (9th Revision commonly in use)	4. COB (__ of Benefits)
11. Patient Access Services	5. Organization contracted with CMS to process and pay Medicare claims - Fiscal Intermediary
12. CMS (Centers for __ and Medicaid Services)	6. MSP (Medicare __ Payor)
14. CDC – Centers for __ Control and Prevention	7. EMTALA (Emergency Medical Treatment and __ Act)
15. Overtime	13. MPI (Master Patient __)
17. EOB (__ of Benefits)	16. 3rd Party Administrator
21. Nurse Practitioner	18. Preferred Provider Organization
22. Osteopathic Physician	19. Admission, Discharge, Transfer
23. Diagnosis Related Group	20. Office of Inspector General



Information System

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ACROSS	DOWN
1. Computer Equipment, machinery	2. Letters, Numbers, Punctuation, Symbols - data accepted in computer fields or coding
7. Application Service Provider	3. act, perform
9. Skills, tools, equipment	4. ____ Paper – background image on monitor
10. Software linking information between disparate computer systems	5. Group of similar input data processed during single machine run
	6. World Wide Web
13. “Net” - World Wide (____)-	8. Secret combination of alphanumeric characters used to protect computer access
14. Master Person Index	11. Orderly storage of data
15. Input device used in typing	12. member of database
18. void, empty field	16. Input devise used to control pointer on computer screen
19. Task, Utility, Job	17. Portable, off-line data storage devise
21. Spaces for data entry	20. Electronic Clinical Record; Clinical Data Repository