



# Getting Started

## Answer Sheet

					<sup>1</sup> V		<sup>2</sup> C	O	<sup>3</sup> B	R	A		<sup>4</sup> D	
<sup>5</sup> I	N	S	U	R	E	D			E				E	
					R				N				<sup>6</sup> D	
		<sup>7</sup> A	S	S	I	G	N	M	E	N	T		U	
	<sup>8</sup> C				F				F				<sup>9</sup> C	
<sup>10</sup> C	O	O	R	D	I	N	A	T	I	O	N		T	
	M				C				C				I	
	<sup>11</sup> P	O	R	T	A	B	I	L	I	T	Y		B	
	L				T				A				L	
	I		<sup>12</sup> C	O	I	N	S	U	R	A	N	<sup>13</sup> C	E	
	A				O				Y			L		
<sup>14</sup> I	N	D	E	M	N	I	T	Y				<sup>15</sup> A	P	<sup>16</sup> C
	C									<sup>17</sup> M	P	I		M
<sup>18</sup> R	E	F	E	R	R	A	L					M		S

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

*Getting Started (Cont'd)*

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
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

## Answer Sheet

<sup>1</sup> M	S	<sup>2</sup> P		<sup>3</sup> L	A	B	O	R			<sup>4</sup> T			
		E		I					<sup>5</sup> J	C	A	H	O	
		<sup>6</sup> P	R	E	A	D	<sup>7</sup> M	I	T			I		
<sup>8</sup> A		S		B		E				<sup>9</sup> H		R		
<sup>10</sup> P	P	O		<sup>11</sup> I	C	D	9			<sup>12</sup> O	R	D	E	<sup>13</sup> R
C		N		L		I				S				E
		A		I		C			<sup>14</sup> U	P	I	N		F
		L		T		A		<sup>15</sup> P		I				F
				Y		R		R		T				E
<sup>16</sup> A			<sup>17</sup> D		<sup>18</sup> M	E	D	I	C	A	I	D		R
<sup>19</sup> C	L	A	I	M	S			M		L				A
U			E		P			A			<sup>20</sup> O			L
T			M					<sup>21</sup> P	R	E	M	I	U	<sup>22</sup> M
<sup>23</sup> E	O	B						Y			G		D	

ACROSS	DOWN
1. Questionnaire to determine primary payor before Medicare	2. ___ Health Information (PHI - protected by HIPAA)
3. EMTA_A	3. Legal responsibility or accountability
5. An organization that administers health insurance plans or claims but does not assume the risk (TPA)	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	7. Federal health insurance plan primarily for seniors
10. Insurance plans that provide its members with incentives to use designated healthcare providers	8. System similar to DRGs used for outpatient services
11. Diagnosis coding system	9. Setting for inpatient care

*Getting Deeper (Cont'd)*

12. physician's written or verbal instruction directing a patient's diagnostic and therapeutic treatment	13. Form used in managed care plans for the PCP's authorization for certain specialist and certain services
14. Unique Physician Identifier	15. Principal ( Physician); 1 <sup>st</sup> (Payor)
18. Joint federal and state program to provide Medical insurance for the poor	16. Having a short and relatively severe course
19. medical bills	17. Per ____ (day)
21. Payment for insurance coverage	18. Questionnaire used to identify the primary payor over Medicare
23. Document educating patient about insurance payments or denials	20. Enforcement arm of CMS whose mandate is to fight waste, fraud, and abuse
	22. Medical Doctor



# Patient Access Continuum

## Answer Sheet

<sup>1</sup> C	<sup>2</sup> O	N	F	<sup>3</sup> I	<sup>4</sup> D	E	N	T	I	A	<sup>5</sup> L		<sup>6</sup> A	
	U			<sup>7</sup> D	R						A		L	
	T		<sup>8</sup> R	E	G	I	S	T	R	A	T	I	O	N
	P			N							E		S	
<sup>9</sup> D	A	Y		T						<sup>10</sup> W		<sup>11</sup> C		<sup>12</sup> I
	T			<sup>13</sup> I	N	F	O	R	M	A	T	I	O	N
<sup>14</sup> V	I	A		F						Y		D		P
	E			I						F				A
	N		<sup>15</sup> S	C	H	E	D	U	L	I	N	G		T
	T			A						N				I
		<sup>16</sup> P	A	T	I	E	N	T		D				E
		A		I						I				N
				O				<sup>17</sup> C	O	N	S	U	L	T
		<sup>18</sup> C	E	N	S	U	S			G				

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

## Answer Sheet

	<sup>1</sup> P	O	<sup>2</sup> R	T	<sup>3</sup> A	B	I	L	I	T	Y			
	A		N		C							<sup>4</sup> C	W	<sup>5</sup> F
		<sup>6</sup> S			C				<sup>7</sup> L			O		I
	<sup>8</sup> D	E	T	E	R	M	I	N	A	T	I	O	N	
		C			E				B			R		
		O			D				O			D		
<sup>9</sup> B	E	N	I	F	I	C	I	A	R	Y		<sup>10</sup> I	C	D
		D			T							N		
	<sup>11</sup> P	A	S		A		<sup>12</sup> M	E	D	I	C	A	R	E
<sup>13</sup> I		R			T							T		
N		Y		<sup>14</sup> D	I	S	E	A	S	E		I		
D					O							<sup>15</sup> O	<sup>16</sup> T	
<sup>17</sup> E	X	<sup>18</sup> P	L	<sup>19</sup> A	N	A	T	I	<sup>20</sup> O	N		<sup>21</sup> N	P	
X		P		D					I				A	
	<sup>22</sup> D	O		T			<sup>23</sup> D	R	G					

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

## Answer Sheet

			<sup>1</sup> H	<sup>2</sup> A	R	<sup>3</sup> D	<sup>4</sup> W	A	R	E		<sup>5</sup> B		
	<sup>6</sup> I			L		O	A					<sup>7</sup> A	S	<sup>8</sup> P
	N			P			L					T		A
	<sup>9</sup> T	E	C	H	N	O	L	O	G	Y		C		S
	E			A								H		S
	R		<sup>10</sup> I	N	T	E	R	<sup>11</sup> F	A	C	<sup>12</sup> E			W
	N			U				I			N			O
<sup>13</sup> W	E	B		<sup>14</sup> M	P	I		L			R			R
	T			E			<sup>15</sup> K	E	Y	B	O	A	R	D
		<sup>16</sup> M		R							L			
		O		I		<sup>17</sup> D			<sup>18</sup> N	U	L	L		
	<sup>19</sup> F	U	N	C	T	I	O	N			E		<sup>20</sup> C	
		S				S			<sup>21</sup> F	I	E	L	D	S
		E				K							R	

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; the practical use of scientific knowledge in industry and everyday life	4. ____ Paper – background image on monitor
10. set of statements, functions, options that link users to computer programs or allow data to flow between programs	5. Group of similar input data processed during single machine run
13. “Net” - World Wide (____)-	6. World Wide Web
14. Master Person Index	8. Secret combination of alphanumeric characters used to protect computer access
15. Input device used in typing	11. organized collection of data that is stored in the memory of a computer, and can be accessed and manipulated as a single named unit
18. void, empty field	12. member of database
19. Task, Utility, Job; special purpose or task of a computer key	16. Input device used to control pointer on computer screen
21. Spaces for data entry; an area of knowledge, interest or study	17. Portable, off-line data storage device
	20. Electronic Clinical Record; Clinical Data Repository