

Name: _____ Date: _____

Intro to HIT Vocabulary Puzzle 7B

1. occurs when the payer or its designee (such as utilization staff) will not reimburse the facility for treatment of the patient because admission was deemed unnecessary. A. Revenue Cycle Management
2. The development, implementation, and enforcement of policies and procedures to ensure that coding standards are met. B. Relative weight
3. All the activities that connect the services being rendered to a patient with the provider's reimbursement for those services. C. Third party payer
4. A Health Maintenance Organization that owns the faculties, employs the physicians, and provides essentially all the health care services. D. Staff model
5. Insurance policies that supplement Medicare coverage. Also called secondary insurance. E. Admission denied
6. An entity that pays a provider for part or all of a patient's health care services. F. Wraparound policies
7. A number assigned yearly by the Centers for Medicare and Medicaid Services (CMS) that is applied to each diagnosis related group and used to calculate reimbursement. G. Principal diagnosis
8. The condition that, after study, is determined to be chiefly responsible for occasioning the admission of the patient to the hospital. H. Coding compliance plan
9. A data collection device that facilitates the accurate capture of ambulatory care diagnoses and services. I. Encounter form
10. Statistical distribution of patients according to their utilization of resources. J. Case Mix