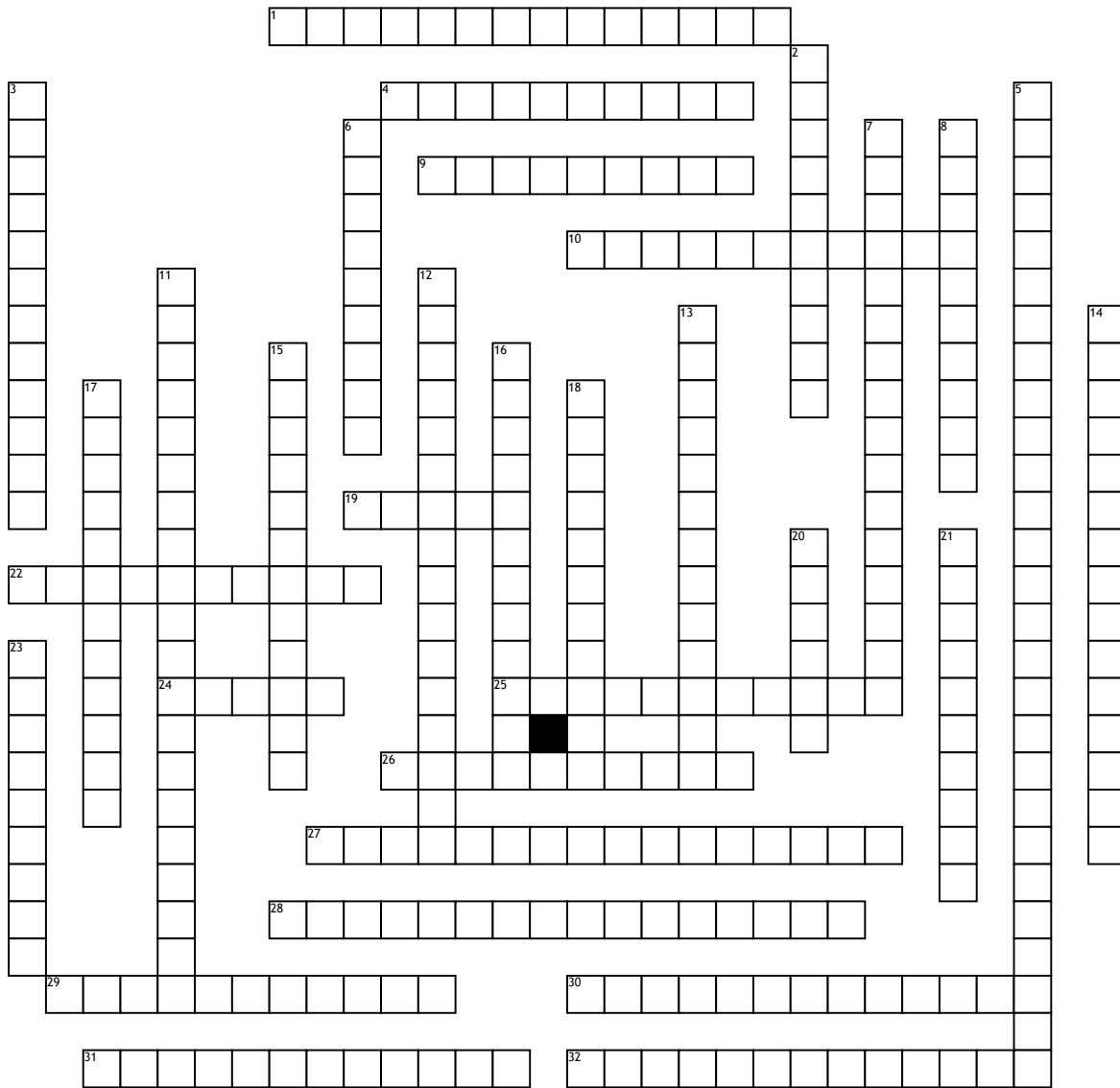


MAP 205



Across

- 1. The maximum amount that an insurer will consider to pay for a service, including any amount that the patient will be responsible for paying
- 4. A specified amount of money that the insured must pay before an insurance company will pay a claim
- 9. the person legally responsible for charges incurred
- 10. A form of alternative dispute resolution, is a technique for the resolution of disputes outside the courts
- 19. To treat with cruelty or violence
- 22. A medical claim that has no errors or omissions
- 24. wrongful or criminal deception intended to result in financial or personal gain.
- 25. A person or group that receives benefits, profits, or advantages
- 26. term used to describe the person in charge of a patients treatment
- 27. Your doctor, provider, or supplier agrees to accept the Medicare-approved amount as full payment for covered services
- 28. A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary
- 29. complete listing of fees used by medicare to pay doctors or other providers/suppliers.

- 30. Process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency
- 31. The determination of the insurers payment or financial responsibility after the members insurance benefits is applied to a medical claim
- 32. Companies that function as intermediaries who forward claims information from healthcare providers to insurance payers

Down

- 2. the process of taking legal action
- 3. A person or group in whose name an insurance policy is held.
- 5. Is a type of errors and omissions (E&O) coverage. It protects physicians and other healthcare professionals against claims alleging their negligent acts caused injury to patients
- 6. A payment made by beneficiary in addition to that made by the insurer
- 7. health care services that a physician, exercising prudent clinical judgment, would provide to a patient
- 8. The alteration by an insurer or other third-party of service codes for physicians or other health care providers
- 11. An arrangement by which a patient requests that his or her health insurance benefit payments be made directly to a designated person or facility

- 12. The process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal
- 13. Payment model where no service are unbundled and paid for separately
- 14. The state of keeping or being kept secret or private.
- 15. The health plan of the parent whose birthday comes first in the calendar year is designated as the primary plan
- 16. Refers to qualifying for both medicare and medicaid
- 17. A comprehensive listing of items billable to a hospital patient or a patients health insurance provider
- 18. a type of insurance in which the insured pays a share of the payment made against a claim.
- 20. A request for your health insurance marketplace to review a decision that denies a benefit or payment
- 21. Payment arrangement for health care service providers such as physicians or nurse practitioners
- 23. A provision that may be incorporated in a physicians contract with managed care organizations