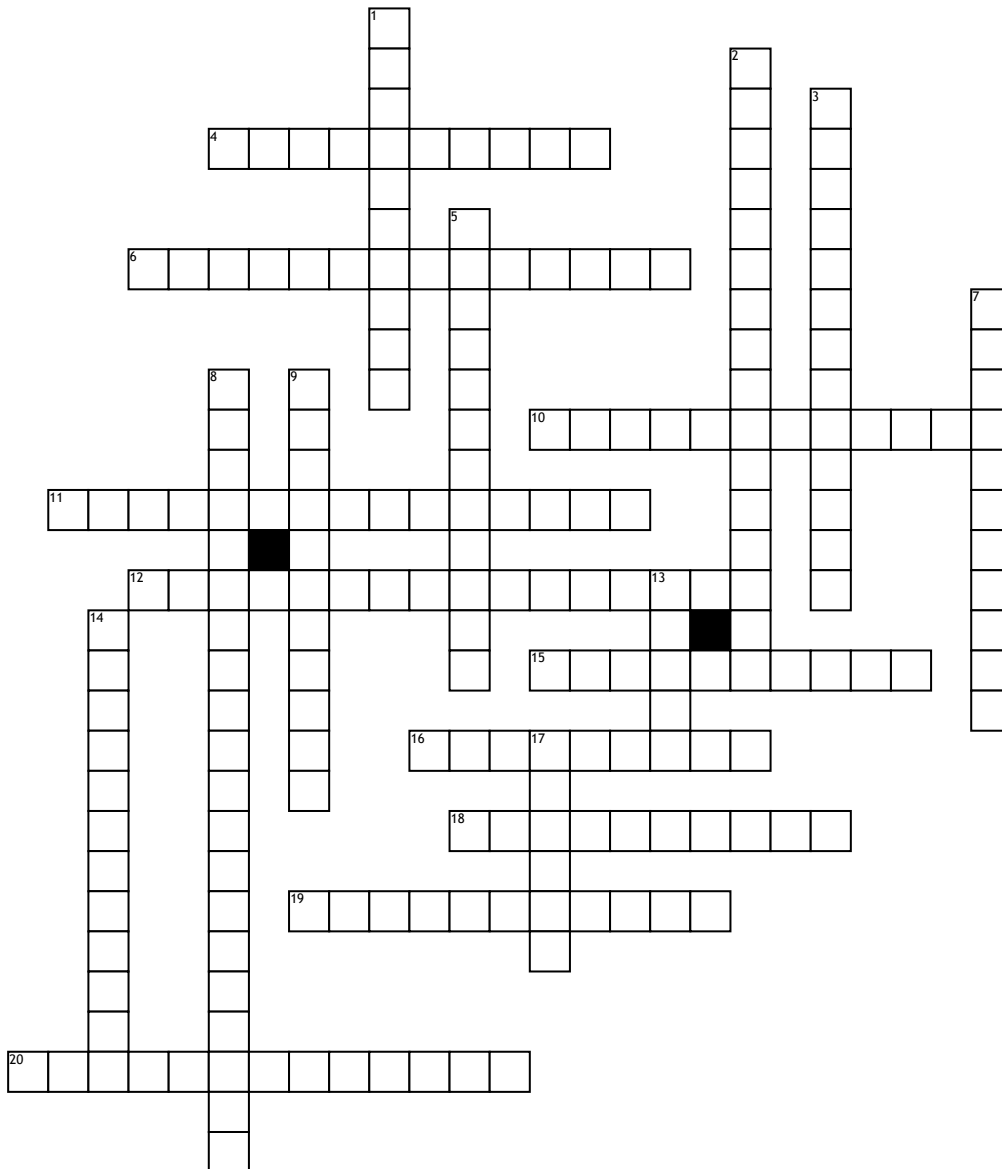


MAP 205



Across

4. medical claim that has no errors or omission
 6. Maximum amount than an insurer will consider to pay for a service
 10. determination of the insurer's payment or financial responsibility after the member's insurance benefits is applied to a medical claim
 11. the state of keeping or being kept secret or private.
 12. process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care.
 15. a specified amount of money that the insured must pay before an insurance company will pay a claim.
 16. payment made by a beneficiary in addition to that made by an insurer

18. the payment of a fee or grant to a doctor, school, or other person or body providing services to a number of people, such that the amount paid is determined by the number of patients, students, or customers.

19. the use of an arbitrator to settle a dispute.

20. companies that function as intermediaries who forward claims info from healthcare providers to insurance payers

Down

1. designate (a medical procedure or insurance claim) with a lower value.
 2. doctor agrees to accept the Medicare-approved amount as full payment for covered services
 3. a process whereby a professional association or nongovernmental agency grants recognition to a school or health care institution for demonstrated ability to meet predetermined criteria for established standards

5. Comprehensive listing of items billable to a hospital patient or a patient's health insurance provider

7. a type of insurance in which the insured pays a share of the payment made against a claim.

8. arrangement by which a patient request that his or her health insurance benefits payments be made directly to a designated person or facility

9. person or group that receives benefits, profits, or advantage

13. treat with cruelty or violence

14. Health plan of the parent whose birthday comes first in calendar year is the primary plan

17. reviews decision that denies a benefit or payment by third party