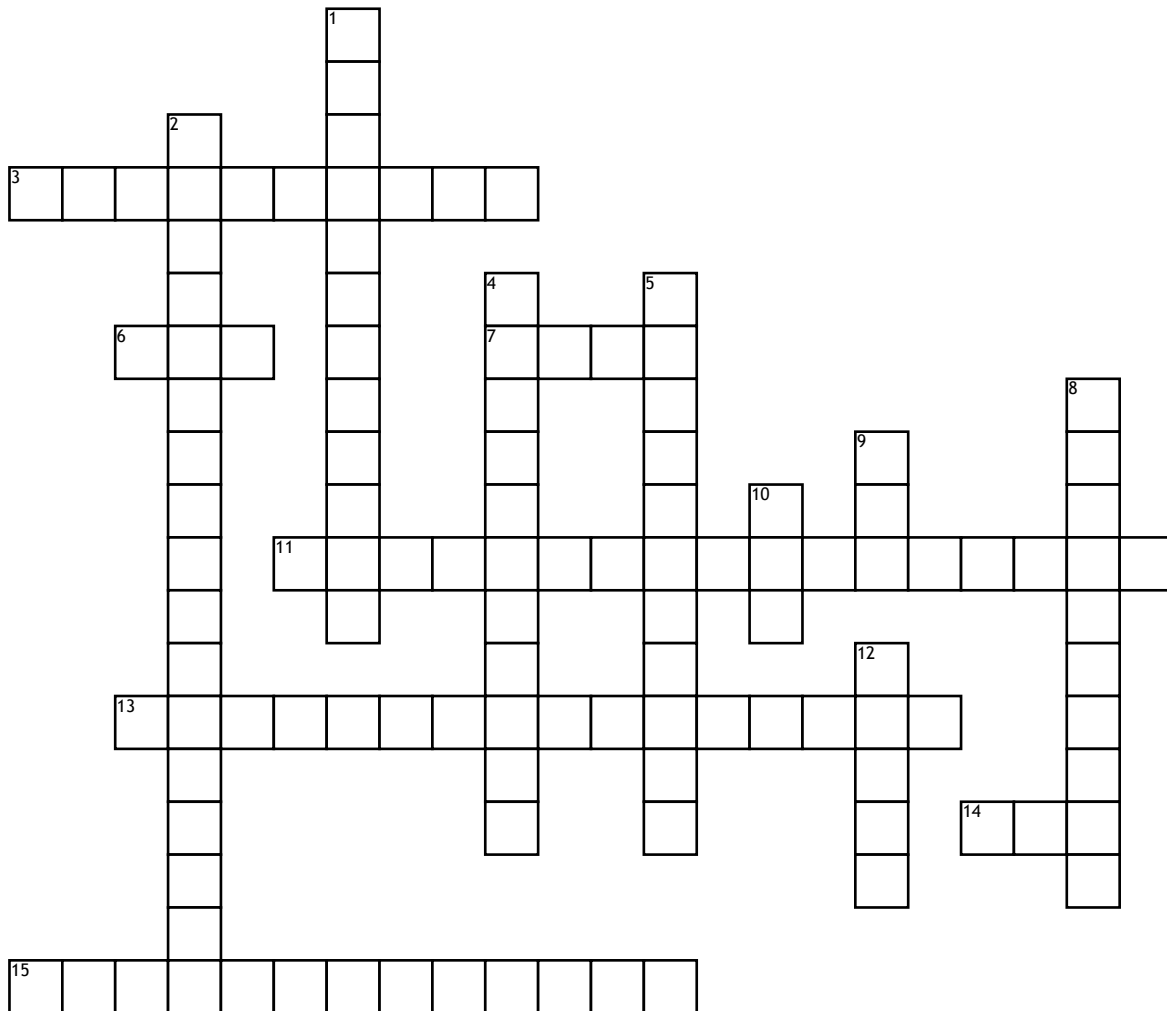


Name: _____

Managed Care



Across

3. Coordinates all secondary or tertiary care and is responsible for the case management of a patient.

6. (Acronym) Agree to provide most Medicaid benefits to people in exchange for a monthly payment from the state.

7. (Acronym) Established in 1990 to maintain the quality of care in health plans.

11. _____ Organizations are currently the most popular type of plan and agree to a relative value-based schedule or discounted fee to see members. Members do not need a referral to see a specialist.

13. The _____ Plan was developed in 1933 as a result of providing care to construction, shipyard, and steel workers for Kaiser Industries.

14. (Acronym) The oldest type of managed care. Includes staff model, group model, network model, and independent practice association (IPS).

15. Increased the cost of healthcare because there were no controls on how much to charge for the provider's service.

Down

1. Individual providers that agree to Primary Care _____ act as an individual's primary care provider and receive a small monthly payment for helping to coordinate referrals and other medical services.

2. Medicare Part C is also commonly called _____, and offers managed care options to enrollees

4. This HMO model, known as _____ Practice Associations, contract with a group of physicians who are in private practice and see MCO members at a prepaid rate per visit. Was a result of the HMO Act of 1973.

5. A healthcare delivery system organized to manage cost, utilization, and quality.

8. Unauthorized third parties outside the contract between the MCO and the physician that gain access to MCO discount rates.

9. (Acronym) Physician hospitals, surgical centers, and other medical providers that contract with a managed care to provide health services.

10. (Acronym) Similar to PPOs, but restrict members to a list of preferred or exclusive providers.

12. The _____ Model hires providers to work at a local physician location