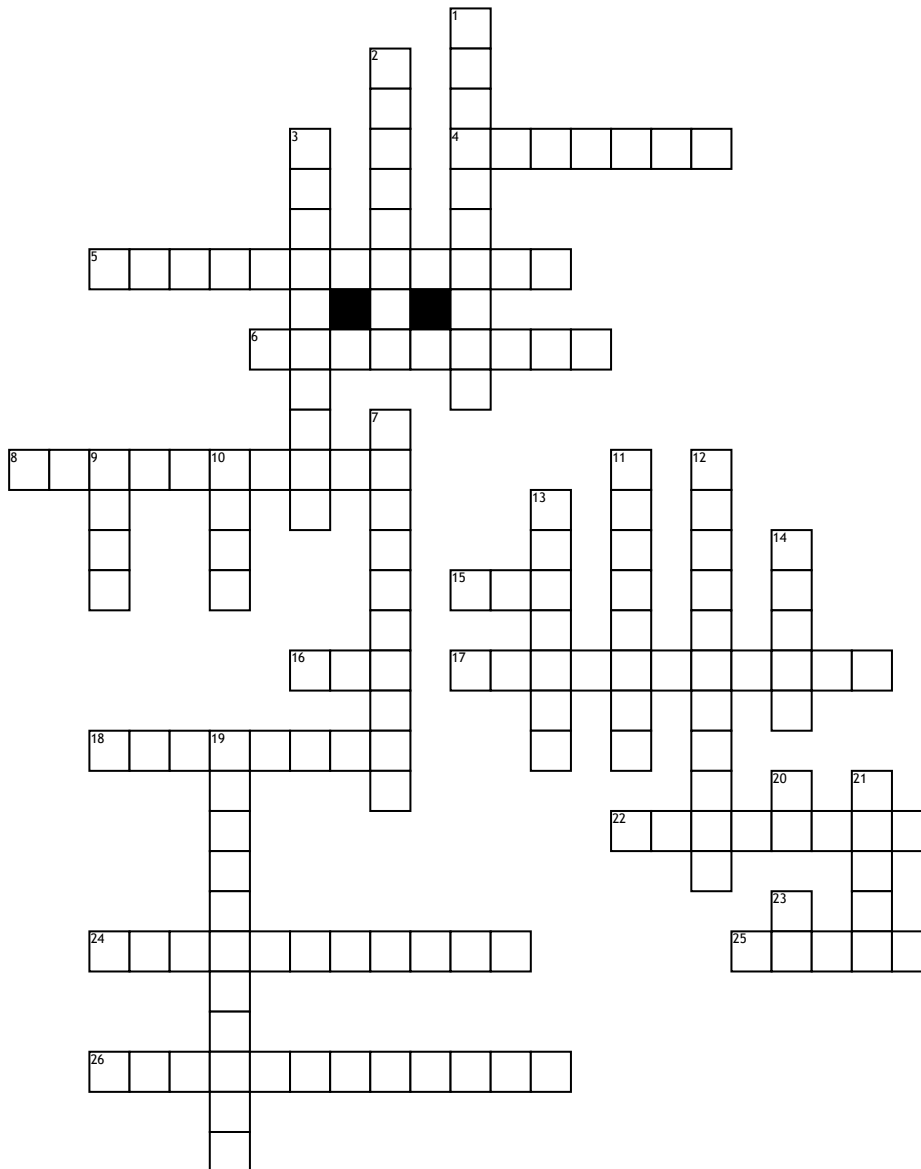


Patient Access



Across

4. Payment for insurance coverage
 5. Insurance claim review process used when a beneficiary is insured by 2 or more carriers
 6. Type of large group insurance plan where employees have access to care anywhere in the country without a referral
 8. Conducting ourselves ethically and within the law of business practices
 15. The administrative branch within the Department of Health and Human Services that is responsible for Medicare and Medicaid services
 16. Master Index of Patients
 17. Health Insurance _____ and Accountability Act
 18. Form used in managed care plans for the PCP's authorization for certain specialists and certain services

Down

22. _____ Health Information (PHI-protected by HIPAA)
 24. Cost sharing in which the subscriber is responsible for a specific percentage of the cost of healthcare
 25. Federal law requiring employers to permit employees to continue their group health insurance coverage after termination
 26. The process of accurately accounting for all ADT activity within or across entities (Census ____)
- Down**
1. Ambulatory patient
 2. Federal health insurance plan primarily for seniors
 3. Written authorization form policyholder for their insurance company to pay benefits directly to the care provider

7. Fixed sum of money that beneficiaries must contribute towards the cost of their healthcare before insurance benefits begin
 9. Questionnaire used to identify the primary payor over Medicare
 10. Diagnosis Coding System
 11. Joint federal and state program to provide Medical insurance for the poor
 12. Person designated to receive proceeds on an insurance policy
 13. Person who is a holder of an insurance policy
 14. Bill submitted to insurance company for payment
 19. _____ of benefits
 20. Portion of bill that beneficiary must contribute once benefits have begun (____pay)
 21. EMTA_A
 23. Osteopathic physician