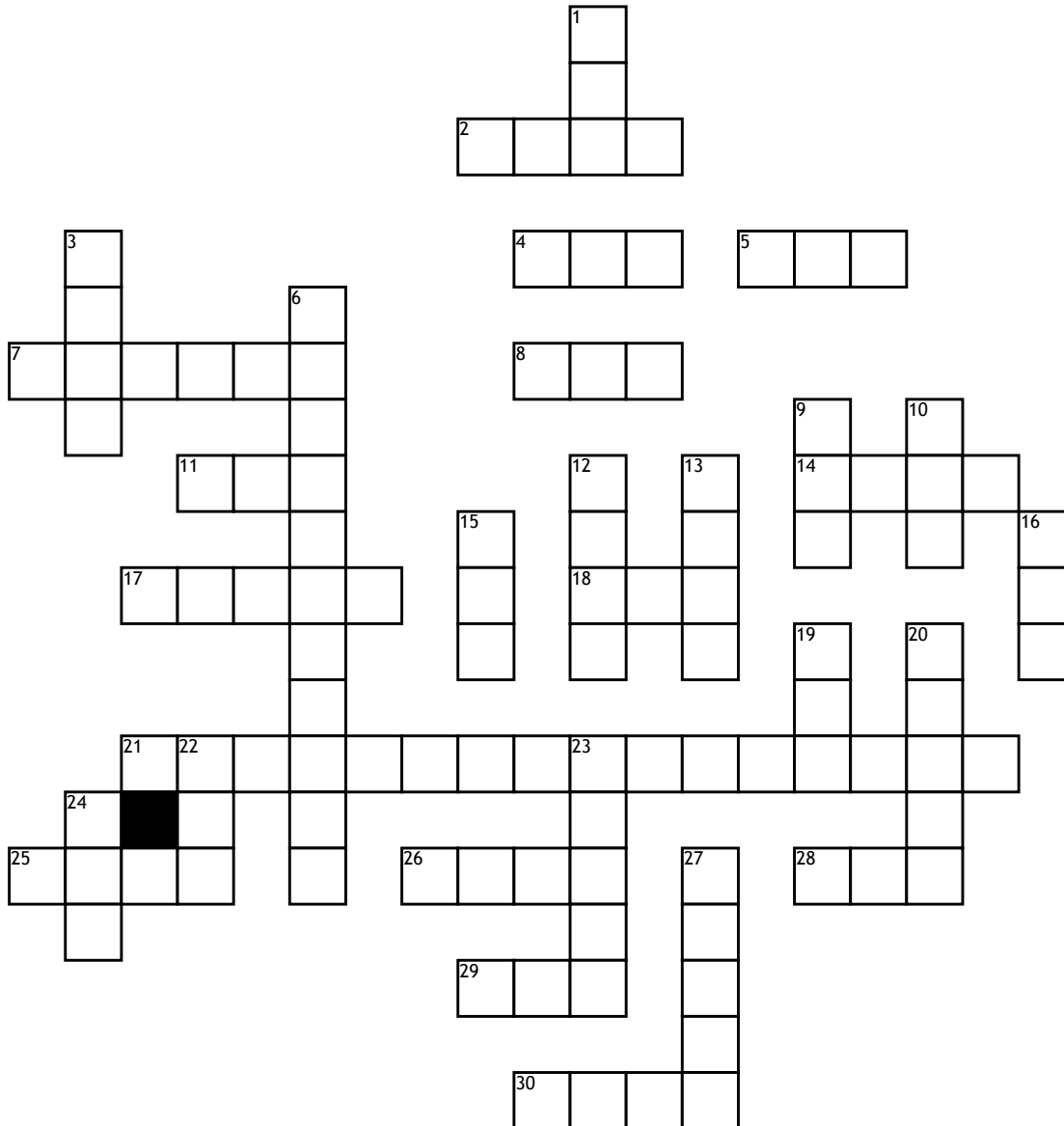


# Population Health



**Across**

- 2. It supports the creation of qualified nonprofit health insurance issuers to offer competitive health plans in the individual and small group markets.
- 4. A physician who provides at least 90 percent of his/her services in an inpatient hospital, outpatient hospital, or emergency department setting
- 5. An element or segment of a company representing a specific business function
- 7. A group of people who share a characteristic or experience within a defined period
- 8. A risk-adjustment model designed to estimate future health care costs for patients
- 11. The episode begins with an admission to the participant hospital and ends 90 days post discharge to cover the complete recovery period.
- 14. A reporting program for eligible professional to assess and report on quality measures
- 17. Created to combat fraud and abuse in health insurance and health care delivery.
- 18. The U.S. federal government agency responsible for protecting the public's health and providing important services, especially for people in need.
- 21. Requires health insurance issuers to submit data on the proportion of premium revenues spent on clinical services and quality improvement.
- 25. A type of surgery that improves blood flow to the heart by redirecting blood around a section of a blocked or partially blocked artery

- 26. An interdisciplinary method of functional assessment used to guide treatment and to assess program effectiveness.
- 28. The process of gathering, analyzing and comparing an individual's prognostic health characteristics with a standard age group, thereby predicting the likelihood that a person may develop a health problem.
- 29. A network of healthcare facilities that provides a continuum of healthcare services as opposed to fragmented care
- 30. A nonprofit accreditation entity to advance healthcare quality through leadership, accreditation, measurement and innovation.

**Down**

- 1. A U.S. legislative agency that monitors and audits government spending and operations.
- 3. Conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcome
- 6. The method to which a patient is connected to a health care system, provider or physician and takes responsibility for the care of that patient
- 9. A classification system for outpatient Medicare reimbursement.
- 10. A patient classification system that standardizes prospective payment to hospitals and encourages cost containment initiatives.
- 12. A third-tier health insurance plan that allows members to use health savings accounts, health reimbursement accounts or similar medical payment products to pay routine healthcare expenses directly

- 13. A voluntary program that encourages groups of doctors, hospitals and other health care providers to come together as an ACO to give coordinated, high quality care to Medicare beneficiaries.
- 15. Mandated in 2003 as part of the Medicare Prescription Drug, Improvement and Modernization Act
- 16. Duration of a single episode of hospitalization.
- 19. An organization that processes insurance claims on behalf of a separate entity
- 20. A federal law that sets minimum standards for most voluntarily established retirement and health plans in private industry to provide protection for individuals in these plans.
- 22. Episodes of care based on specific clinical care or procedure related care
- 23. A group of data elements that represent core items of a comprehensive assessment for adult home care patient and form the basis for measuring patient outcomes.
- 24. Creates incentives and disincentives for manage care organization based on their performance on certain quality measures.
- 27. A methodology that calculates the costs of healthcare resources consumed as a patient moves along a care process.