Patient Access

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| **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**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 |