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 |