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Reimbursement Methodologies

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| **Across**  **2.** Fee schedules are updated by third-party payers.  **3.** The computer software program that assigns appropriate MS-DRGS according to information provided for each episode of care is called a  **4.** Assigning a diagnosis/procedure code specifically for purpose to obtain higher payment  **7.** The type of payment system where the amount of payment is determined before the service is delivered is called  **14.** Per person premiums, provide all contracted hc services that the covered individuals needs over a specific period of time, calculated on project cost - per patient per month or per member per month  **17.** A Healthcare program for dependent and survivors of permanently and totally disabled veterans  **18.** The amount of money that the patient is responsible for before the insurance kicks in is called the  **19.** In this model, healthcare services are contracted with two or more multispecialty group practices instead of just one  **20.** The MS DRG prospected payment system rate is based on what type of diagnosis?  **21.** What data set is used for patient assesments by the home health prospective payment system? | **Down**  **1.** Uses multiple codes that Describe individual components of a procedure rather than an appropriate single code that describes all steps of procedure preformed.  **5.** A medical condition that coexists with the primary cause for hospitalization and affects the patient's treatment and length of stay  **6.** Title XIX of the Social Security Act Amendment of 1965 is also known as  **8.** Which of the following terms is used for the amount charged for a medical  **9.** A medical condition that arises during an inpatient hospitalization (for example, a postoperative wound infection)  **10.** A payment under the medicare outpatient prospective payment system that includes items such as anesthesia, supplies, certain drugs, and the use of recovers and observation rooms  **11.** What is the name of the federally funded program that pays the medical bills of  **12.** Which of the following is not a place where PACE services can be provided?  **13.** Upon which criterion is Medicaid eligibility-based?  **15.** Performance of Internal - facility based staff (HIM P.) & External - consultants hired for purpose ( corporates that specialize), Scope, Frequency & size of sample depends: size of organ, available resources, number of code profess., history of noncompliance, risk factors, case complexity, results of initial assessments  **16.** Which of the following plans reimburses patients up to a specified amount? |