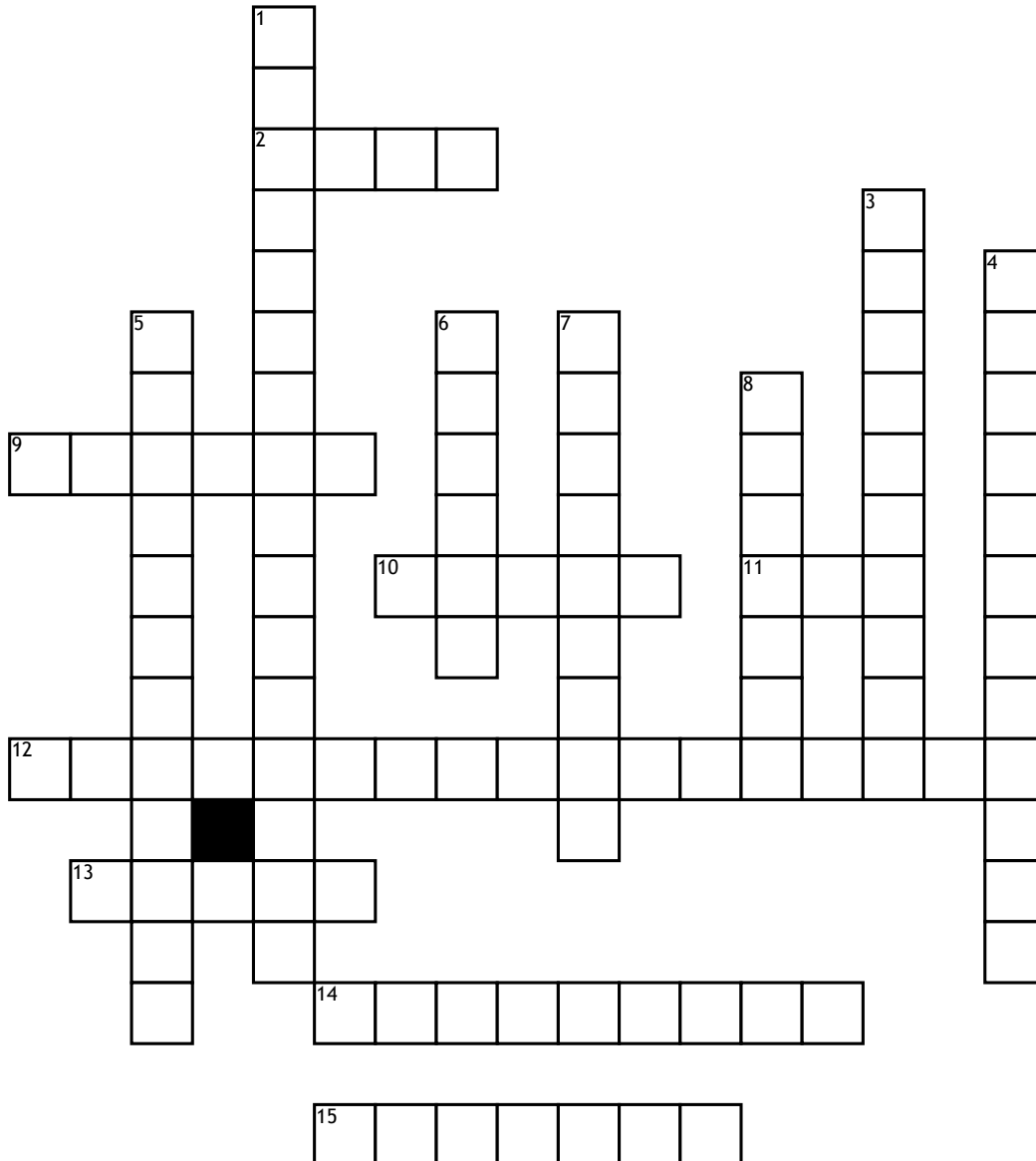


# Chapter 6



**Across**

- 2. This is the abbreviation that stands for the exchange used by small businesses
- 9. \_\_\_\_\_ Services acts as the interface between members and a payer
- 10. Refers to the processes of actually selling the products and services that the health plan offers
- 11. Is creating new standards and requiring more standardization of implementation
- 12. This committee is charged with overall oversight of the quality management program of the plan through regular reports on findings and activities
- 13. Requires covered entities that conduct certain electronic transactions to use only ANSI X12N 5010 defined standards

- 14. \_\_\_\_\_ Services estimate current medical claim liabilities and future medical expenses by building on past and current experiences
- 15. \_\_\_\_\_ Committee is charged with direct oversight of issues relating to financial statements and relationships with the outside auditing firm

**Down**

- 1. How much the statutory net worth is affected by self-funded business and provider risk sharing and it is determined by specific accounting rules and definitions
- 3. Corporate \_\_\_\_\_ Committee is charged with oversight of the corporate compliance requirements under the Health Insurance Portability and Accountability Act (HIPAA), the ACA, Medicare and/or Medicaid requirements for payers with those plans, and the Sarbanes-Oxley Act

- 4. Management, processing, and final disposition of claims by a payer or health insurance company
- 5. \_\_\_\_\_ Committee is charged with determining the appropriate compensation and incentives to key executives
- 6. A grievance is a \_\_\_\_\_ complaint, demanding resolution or a formal response
- 7. Generally refers to the various activities that support the sales effort and promote the plan in the marketplace, but it usually does not include actual sales
- 8. \_\_\_\_\_ Director is generally responsible for all financial and accounting operations, including fiscal reporting, and budget preparation