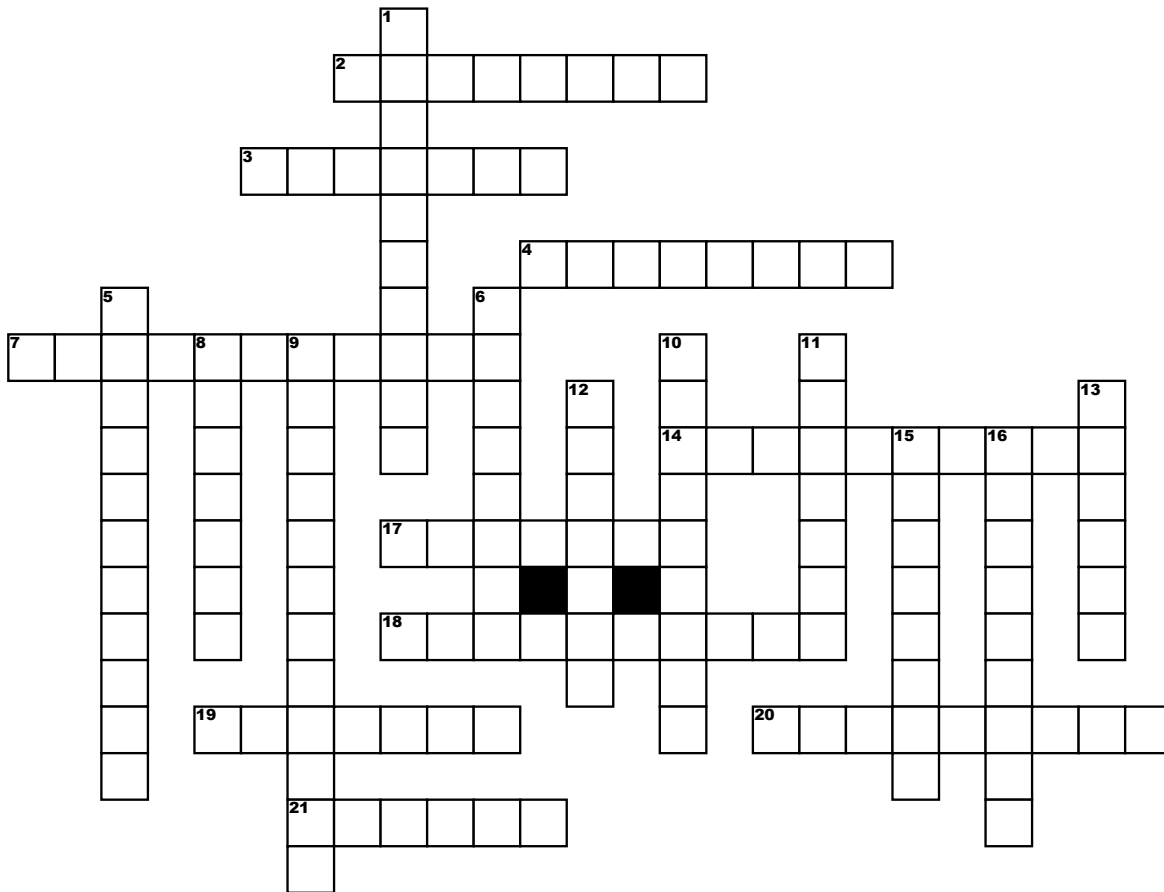


Name: \_\_\_\_\_

# Reimbursement Methodologies



## 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 prospect payment system rate is based on what type of diagnosis?

21. What data set is used for patient assessments 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 R) & 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?