CHAPTER 2 SELF-ASSESSMENT

Your Managed Care Vocabulary

Fill in the blanks with the correct terms from the word bank below.

- capitation
- copayment
- point of service (POS)
- high-deductible health plan (HDHP)
- health maintenance organization (HMO)
- fee-for-service
- preferred provider organization (PPO)
- diagnosis-related group (DRG)
- gag rule
- catastrophic cap

1. A ___________ establishes in advance what a funding agency will pay for specified procedures.
2. A patient with a managed care plan typically pays a ________ when he or she visits the doctor.
3. A ___________ plan qualifies members to establish tax-exempt health savings accounts.
4. In a ________________ system, patients and insurers pay the fees doctors or hospitals have established for the care they provide.
5. A _______ typically hires health professionals, pays them a salary, and provides them with office and administrative support.
6. By contrast, a ________________ usually offers a discounted fee to health care professionals who treat patients in their own offices.
7. Imagine you have agreed to pay 80% of your medical expenses out of pocket, but your medical bills are excessive. Based on your insurance policy a ________________ establishes the upper limit you will have to pay.
8. ________________ is a hybrid between an HMO and a PPO. Subscribers pay an established amount to see preferred providers, but they are also covered (at a higher rate) if they see providers not on the list.
9. If a health organization receives a set fee to care for a patient over a particular amount of time, regardless of how much care the patient requires, this is called ___ ________.
10. A policy that punishes managed care physicians for mentioning expensive treatments to patients is called a ________________.