

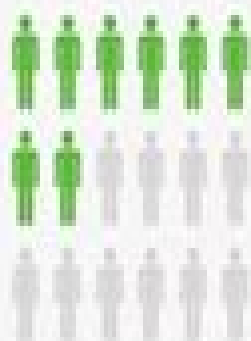
## Blue Precision HMO<sup>SM</sup>

### Health Maintenance Organization

- May have lower premium costs than PPO plans
- Your selected primary care physician (PCP) coordinates your care within the network
- Referral required to see a specialist



Premium



Choice of Doctors

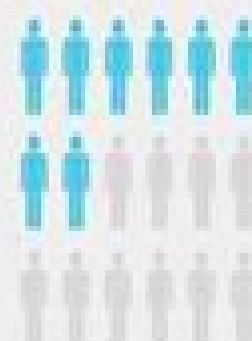
## Blue Choice PPO<sup>SM</sup>

### Blue Choice PPO Network

- May have lower premium costs than other PPO plans
- Has a choice of doctors and hospitals similar to an HMO plan
- Doesn't require you to pick a primary care physician (PCP)



Premium



Choice of Doctors

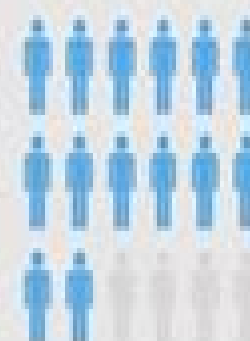
## PPO

### Participating Provider Option

- Greater freedom to choose doctors and hospitals
- May have higher premium costs than HMO plans
- Doesn't require you to pick a primary care physician (PCP)



Premium



Choice of Doctors

# Blue Choice Ppo Provider Manual Quality Improvement Program

**Lingsheng Yao**



## **Blue Choice Ppo Provider Manual Quality Improvement Program:**

**Strengthening and Improving the Medicare Program** United States. Congress. Senate. Committee on Finance, 2004

*Foundations of Health Information Management - E-Book* Nadinia A. Davis, Melissa LaCour, 2016-01-20 *Foundations of Health Information Management* 4th Edition is an absolute must for any student beginning a career in HIM. Balancing comprehensive coverage with an engaging, easy-to-understand tone, this text focuses on healthcare delivery systems, electronic health records, and the processing, maintenance, and analysis of health information to present a realistic and practical view of technology and trends in healthcare. It prepares you for the role of a Registered Health Information Technician who not only files and keeps accurate records but serves as a healthcare analyst who translates data into useful, quality information that can control costs and further research. With new SimChart and SimChart for the Medical Office samples, the new 2014 AHIMA outcome-based competencies, and more exercises, this fourth edition puts you in a position to succeed on the RHIT certification exam. Clear writing style and easy reading level makes reading and studying more time-efficient and is ideal for two-year associate degree HIM programs and career schools. Chapter learning objectives are tied to the American Health Information Management Association's AHIMA HIM domains and subdomains to allow instructors to teach to the credentialing exam and prepare you for the exam. Separate legal chapter covers HIPAA privacy regulations and emphasizes the importance of HIPAA compliance in today's healthcare system. Statistics chapter gives new students a foundation for learning. Four-color design and illustrations make content more appealing and easier to learn. Exercises at the end of every main section in each chapter encourage you to review and apply key concepts. Career Tip and Professional Profile boxes give you a broader view of the field and show you the many career options you have upon graduation and certification. Chapter summaries and reviews allow for easy review of each chapter's main concepts. Robust appendices including sample paper records, electronic documentation, and demonstration of Microsoft Excel equip you with all the extras you need to enter the HIM world. NEW Content mapped to 2014 AHIMA CEE competencies and domains so you can prepare for the current health information environment and the RHIT exam. NEW SimChart and SimChart for the Medical Office samples feature screenshots from EHRs to demonstrate electronic medical records in use. NEW More exercises give you additional opportunities to practice your knowledge of material. NEW AHIMA competency mapping included in the front of book to provide instructors and students with instant access to the AHIMA domains and competencies needed to prepare for the RHIT exam. NEW Classroom handouts can be used in the classroom or as homework and include a variety of exercises.

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coding procedural coding office and insurance collection strategies Medicare and more In addition this trusted resource of choice for medical insurance specialists is now printed in full color and contains a CD ROM that features Altapoint software that simulates the billing process and provides real world experience All content has been reviewed by industry experts and meticulously updated to reflect recent changes in insurance claim filing Procedural coding CPT and HCPCS and diagnostic coding ICD 9 CM and required documentation are emphasized as keystones to obtaining maximum reimbursement Unique color coded payer icons clarify information specific to different payers and help you understand CMS claim form completion Special HIPAA Alerts throughout the book help you comply with important governmental privacy regulations Emphasizes procedural CPT and HCPCS and diagnostic ICD 9 CM coding and documentation since they are the keystones to obtaining maximum reimbursement Block by block explanations and examples clearly demonstrate the correct way to complete the CMS 1500 claim form A wealth of completed sample insurance forms show how concepts are applied in real life Completely revised and updated to provide the most up to date information available Special HIPAA Alerts throughout the book help you comply with important governmental privacy regulations Accompanying CD ROM features AltaPoint software that simulates the billing process and provides realistic practice with patient scenarios An entire new chapter is dedicated to compliance and the e health initiative New Form icons and Computer icons throughout the text indicate the industry s current state of transition

**Medicare and Medicaid Guide** ,1969      **Managed Care Strategies** ,1997      **Government Reports Annual Index** ,1991      *Trustees Handbook* Marc Gertner,2006 Marc Gertner editor and contributor Written by over 30 experts skilled in various facets of multiemployer benefit plans this updated volume provides a basic comprehensive reference for both new and experienced trustees and professionals who serve multiemployer funds This compilation of collective wisdom offers the chance to learn from each other on a wide range of topics in 50 chapters New topics in this edition include pension plan mergers internal controls reading and understanding employee benefit plan financial statements managed prescription drug benefit programs trends in multiemployer health plan design and recent regulations in compliance regarding HIPAA and COBRA International Foundation 536 pages 2006      *Medical Group Management Journal* ,1992

**Glencoe Medical Insurance** Nenna L. Bayes,Cindy Keller,Joanne Valerius,2002 Glencoe Medical Insurance provides focused coverage of the knowledge and skills necessary for successful medical insurance processing including in depth coverage of medical insurance the claims process HCFA 1500 and UB 92 It covers all types of medical insurance including Blue Cross Blue Shield HMOs PPOs Medicare Medicaid and other plans Managed care is integrated throughout the text including discussion of contract law as it relates to managed care There is an emphasis on practice management and patient finance Optional exploratory computer activities use MediSoft for Windows Advanced The focus in the text is on electronic claims filing but paper claims are covered as well Unique to this text is an entire chapter emphasizing how crucial correct coding is to reimbursement and compliance with federal regulations

**The Medicare Value-Based Purchasing**

**for Physicians Act** United States. Congress. House. Committee on Ways and Means. Subcommittee on Health,2006  
**Hoover's Handbook of Private Companies 2010** Hoover's Business Press,2010 Hoover's Handbook of Private Companies covers 900 nonpublic U S enterprises including large industrial and service corporations **The Medicare ValueBased Purchasing for Physicians Act : hearing before the Subcommittee on Health of the Committee on Ways and Means, U.S. House of Representatives, One Hundred Ninth Congress, first session, September 29, 2005.** , *Examining Pay-for-performance Measures and Other Trends in Employer-sponsored Healthcare* United States. Congress. House. Committee on Education and the Workforce. Subcommittee on Employer-Employee Relations,2005  
**BNA's Health Care Policy Report** ,1996 *Tyler's Guide* J. Larry Tyler,2002 *Human Resource Executive* ,1994-12  
**The Medicare and Choice Program After One Year** United States. Congress. House. Committee on Commerce. Subcommittee on Health and the Environment,2000-07 Hearing on the first year of the Medicare Judith Feder Prof of Public Policy Georgetown Univ Bill Gradison Pres Health Insurance Assoc of Amer Michael Hash Deputy Administrator Health Care Financing Admin Karen Ignagni Pres Patricia A Riley V P Government Relations Allina Health System Donald P Sacco CEO Blue Cross Blue Shield of Oregon accompanied by Mary Nell Lehnhard Sr V P of Blue Cross Blue Shield Assoc  
**Government Reports Announcements & Index** ,1991 **The Medicare+Choice Program After One Year** United States. Congress. House. Committee on Commerce. Subcommittee on Health and the Environment,1999 Hospital Literature Index ,1986

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