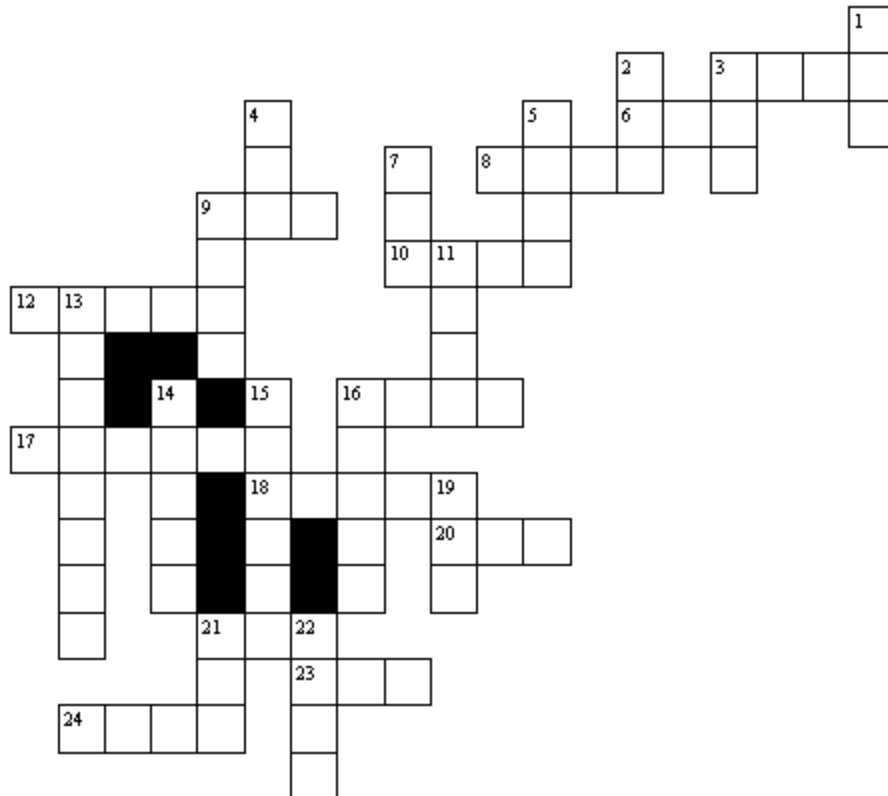


## Catalyst Center Alphabet Soup

Medicaid and CHIP are chockfull of acronyms! Test your knowledge of them with this fun puzzle and then learn more from our new Tutorial on the Basics of Medicaid and CHIP. ([catalystctr.org](http://catalystctr.org))



### Across:

3. The federal agency that works to improve the physical and mental health, safety, and well-being of children and families, including children with special health care needs.
6. A system that manages health care delivery in order to control costs and/or coordinate health services.
8. A type of Medicaid waiver that permits a state to offer a wide array of services that a person may need to avoid more costly institutionalization.
9. The annual income standard, determined by the federal government, that states use to determine eligibility for public programs, such as Medicaid and CHIP.
10. The amount a managed care organization gets paid; by the individual, 12 times a year.
12. A state plan option that offers Medicaid coverage of certain children under age 19 with complex disabilities, enabling them to be cared for at home instead of in an institution even if their family income exceeds state Medicaid eligibility limits. The abbreviation is short for the federal legislation that established it.
16. A public health insurance program for children who are not eligible for Medicaid, but whose families need help affording health insurance; or a round, plastic, or wooden disc used when playing poker.
17. Federal legislation reauthorized on February 4, 2009; or a cheer for 16 across.

18. Surveys that ask consumers and patients to report on and evaluate their experiences with health care; run by 22 Down; or headgear worn by baseball players.
20. Abbreviation for a quality assessment activity in managed care. It involves a structured process to identify an issue, collect data about the topic, and then make improvements to it.
21. National health reform enacted on March 23, 2010. A big deal!
23. Federal agency – don't get this one wrong; it funds most of us!
24. Abbreviation for the independent evaluator of the quality, timeliness, and access to care furnished by a Medicaid or CHIP MCO that gets paid on a PMPM basis.

***Down:***

1. The 1997 legislation that lets states mandate its Medicaid-eligible individuals enroll in a managed care organization, rather than seeking a 1915b freedom of choice waiver.
2. The federal agency that administers the Medicare program and works with states to run their Medicaid and CHIP programs.
3. The provision of the Affordable Care Act that requires each state to “freeze” Medicaid and CHIP eligibility and services that were in place on March 23, 2010; or one of the Three Stooges.
4. Abbreviation for the call for ideas that Medicaid programs issue when procuring MCO services. A good place for Title V programs to offer their expertise in making sure the needs of CSHCN and their families are included in what the MCO is thinking about providing.
5. An arrangement in which a primary care provider contracts with Medicaid to provide primary care and care coordination or case management.
7. The physician or other clinician whom you go to first for well- and sick visits. The head of your health care team.
9. The state-specific multiplier that the federal government uses to determine the rate at which a given state's Medicaid dollars are matched by federal dollars.
11. In 2014, the formula states will use to calculate an individual's eligibility for Medicaid or CHIP; or the name of a pro basketball team in Florida, with a missing letter.
13. A central gateway where consumers, not eligible for Medicaid or CHIP, can compare and shop for health insurance in 2014; or what you do with something you ordered on-line that looked better in the catalog.
14. What Medicaid has that CHIP and private insurance doesn't. Guarantees medically necessary services to children and youth under 21; designed to assure preventive treatment and to promote early diagnosis and treatment of identified health needs.
15. The organization tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the Secretary of Health and Human Services (HHS), and the states on a wide range of issues affecting Medicaid and CHIP populations, including health care reform.
16. The population of people under the age of 21 who have chronic physical, developmental, behavioral, or emotional conditions and who need health and related services of a type or amount beyond that which is generally required by people of the same age.
19. A change to a state's blueprint for how they administer and pay for services under their Medicaid program; or a restful place to get a massage or manicure.
21. A group of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated, high quality care to their patients. Hint: Count them in!
22. One of 12 agencies within the US Department of Health and Human Services whose mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.