

Terminology Bingo  
Non-Long Term Care Learning Activity

Item	Description
Objectives:	<p>The surveyor will identify the basic terminology used in the certification and survey process, as identified in the Introduction to Surveying for Non-Long Term Care Course Terminology lesson.</p> <p>The surveyor will match common definitions with the terms used in the certification and survey process, as identified in the Introduction to Surveying for Non-Long Term Care Course Terminology lesson.</p>
Materials Needed:	26 CMS Terminology BINGO cards, poker chips, or object to mark terms, CMS Terminology BINGO—Terms list
Total Time for Activity:	60 minutes* (*Activity times are highly dependent on class size and dynamics. The time given is approximate.)
Prior to Class:	Print the 26 CMS Terminology BINGO cards on card stock if available.

Steps:	Preceptor Instructions:	Activity Time:
1.	Distribute one BINGO card to each new surveyor. Explain the activity. Rules: A BINGO can only be a letter X across the card to make the activity last. This will make the activity last longer, in order to review all the terms. (If there are time constraints, allow BINGO across a row or down a column.)	10 min.
2.	Use the CMS Terminology BINGO—Terms List. Begin with any term, read the definition, but do not tell players the term you are defining.	N/A
3.	Place a check mark beside each term as you read it.	N/A
4.	Players identify the correct term that matches the definition and place a poker chip or other marker over the term. The game is played until a player calls “BINGO.”	40 min.
5.	When a new surveyor calls “BINGO,” verify that the new surveyor marked only the terms you defined by reading back the definitions checked on the CMS Terminology BINGO—Terms List and asking the new surveyors to call out the term.	5 min.
6.	Debrief by reading any definitions you may not have read and asking the new surveyors to respond with the terms.	5 min.

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CMS Terminology BINGO Terms

<input checked="" type="checkbox"/>	Term	Description
<input type="checkbox"/>	Title 18 and 19 of the Social Security Act	Enacted in 1965 and provides through the Federal government health insurance for the aged and disabled (Medicare) and, together with the states, health insurance for low income individuals (Medicaid)
<input type="checkbox"/>	Clinical Laboratory Improvement Act (CLIA)	Set of standards for all laboratory testing to ensure accuracy, reliability, and timeliness of patient test results
<input type="checkbox"/>	Medicare	Health insurance program for people age 65 and older, people under the age of 65 with certain disabilities, and people of all ages with End Stage Renal Disease (ESRD)
<input type="checkbox"/>	Medicaid	Joint Federal and state program to provide health insurance for individuals meeting eligibility criteria specified under Federal and state law
<input type="checkbox"/>	Department of Health and Human Services (DHHS)	Cabinet-level department of the US Government responsible for the functions of various Federal social welfare and health delivery agencies
<input type="checkbox"/>	Centers for Medicare and Medicaid Services (CMS)	Initially known as the Health Care Financing Administration (HFCA), a Federal agency within the DHHS that administers the Federal Medicare program along with many elements of the Affordable Care Act and works in partnership with state governments to administer the Medicaid program
<input type="checkbox"/>	Regional Office (RO)	CMS has ten located throughout the United States that are responsible for assuring that health-care providers and suppliers participating in the Medicare, Medicaid, and Clinical Laboratory Improvement Act (CLIA) programs meet applicable Federal requirements
<input type="checkbox"/>	State Survey Agency (SA)	Entity responsible for carrying out the Federal surveys under Section 1864 of the Social Security Act to assess compliance with Federal regulations

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<input checked="" type="checkbox"/>	Term	Description
<input type="checkbox"/>	Consortia	CMS field offices were reorganized in February 2007, moving from a geography-based structure to this type of structure based on the agency's key lines of business.
<input type="checkbox"/>	Certification	Approval of a provider or institutional supplier for which demonstration of compliance with Medicare health and safety standards is required as a condition of Medicare or Medicaid participation. Participation in Medicare or Medicaid is voluntary on the part of a provider or supplier, but if they seek to participate, they must agree to comply with all applicable requirements, including certification requirements.
<input type="checkbox"/>	Deemed Status	Certification of a provider or supplier on the basis of its accreditation by a CMS-approved Medicare accreditation program
<input type="checkbox"/>	Code of Federal Regulations (CFR)	The official collection of all Federal regulations. Medicare and Medicaid regulations are found in Title 42 of the Code of Federal Regulations. Title 42 is further broken down into Parts and Subparts. For example, the hospital Conditions of Participation are found in Title 42, Part 482.
<input type="checkbox"/>	Conditions for Coverage (CfC)	Minimum set of health and safety standards an institutional supplier subject to certification must meet in order to participate in the Medicare (and often also the Medicaid) program and receive reimbursement for services to Medicare and Medicaid beneficiaries
<input type="checkbox"/>	Conditions of Participation (CoP)	Minimum set of health and safety standards a provider must meet in order to participate in the Medicare (and often also the Medicaid) program and receive reimbursement for services to Medicare and Medicaid beneficiaries
<input type="checkbox"/>	Prospective Payment System (PPS)	A method by which CMS reimburses health-care facilities for Medicare services based on the patient's diagnosis as well as local cost and other factors. CMS employs separate PPS systems for different types of hospitals, skilled nursing facilities, etc., as well as inpatient and outpatient services.
<input type="checkbox"/>	Providers	Any Medicare provider (hospital, skilled nursing facility, home

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<input checked="" type="checkbox"/>	Term	Description
		health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing medical services covered under Medicare Part B. Any organization, institution, or individual that provides health care services to Medicare beneficiaries. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of services covered under Medicare Part B.
<input type="checkbox"/>	Supplier	Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories, clinics, and Ambulatory Surgery Centers (ASC).
<input type="checkbox"/>	State Operations Manual (SOM)	CMS Publication 100-07, which constitutes CMS' official policy interpreting and implementing the regulations governing all survey and certification and related enforcement activities
<input type="checkbox"/>	Statement of Deficiencies (SOD)	Citations of facility noncompliance issued on Form CMS-2567
<input type="checkbox"/>	Plan of Correction (PoC)	Provider's or supplier's written plan stating how corrective actions will be made and the completion date for those corrections
<input type="checkbox"/>	Evidence	Documents/records that are used to form a conclusion or judgment
<input type="checkbox"/>	Witness	Someone who can provide a firsthand account of something seen, heard, or experienced
<input type="checkbox"/>	Facts	Knowledge or information based on real occurrences
<input type="checkbox"/>	Inference	A conclusion or opinion formed because of known facts or evidence
<input type="checkbox"/>	Judgments	Using professional opinion or evaluation in order to make an informed decision

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Example of Winning Card

	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
1	<b>X</b>	Facts	Witness	CFR	<b>X</b>
2	SOD	<b>X</b>	CfC	<b>X</b>	Consortia
3	Medicaid	PoC	<b>X</b>	Medicare	RO
4	Supplier	<b>X</b>	Evidence	<b>X</b>	DHHS
5	<b>X</b>	Providers	Inference	Judgments	<b>X</b>

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BINGO Cards

	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Certification	Facts	Witness	CFR	CoP
<b>2</b>	SOD	CLIA	CfC	SSA	Consortia
<b>3</b>	Medicaid	PoC	Free	Medicare	RO
<b>4</b>	Supplier	SA	Evidence	PPS	DHHS
<b>5</b>	Deemed Status	Providers	Inference	Judgments	SOM

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Evidence	SOM	RO	Consortia	Facts
<b>2</b>	CfC	SOD	CFR	Supplier	DHHS
<b>3</b>	SSA	CoP	Free	Providers	CMS
<b>4</b>	Medicaid	PPS	CLIA	Witness	Deemed Status
<b>5</b>	Judgments	PoC	SA	Medicare	Inference

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	DHHS	CFR	Deemed Status	CfC	Medicaid
<b>2</b>	CMS	Witness	Certification	Evidence	Judgments
<b>3</b>	RO	PoC	Free	Consortia	SA
<b>4</b>	SOM	PPS	Inference	Facts	Providers
<b>5</b>	CLIA	Medicare	SSA	Supplier	SOD

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Medicaid	SOD	Supplier	Certification	CFR
<b>2</b>	Deemed Status	CfC	SOM	CMS	DHHS
<b>3</b>	SSA	SA	Free	Witness	POC
<b>4</b>	RO	PPS	Inference	CoP	Judgments
<b>5</b>	Medicare	CLIA	Consortia	Facts	Providers

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	SOM	DHHS	Evidence	CMS	CfC
<b>2</b>	Certification	Medicare	SOD	Providers	SA
<b>3</b>	PPS	Consortia	Free	Inference	CFR
<b>4</b>	SSA	Supplier	Judgments	Deemed Status	Facts
<b>5</b>	RO	CLIA	Witness	Medicaid	CoP

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Facts	CMS	CFR	SSA	CfC
<b>2</b>	Medicaid	Deemed Status	Inference	SOD	Providers
<b>3</b>	Evidence	Supplier	Free	PPS	Facts
<b>4</b>	Judgments	DHHS	SA	CoP	PoC
<b>5</b>	Certification	RO	SOM	Witness	CLIA

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	SSA	PoC	CFR	Consortia	Suppliers
<b>2</b>	Facts	Providers	SOD	Medicare	Medicaid
<b>3</b>	Evidence	PPS	Free	CfC	Certification
<b>4</b>	DHHS	Inference	Deemed Status	SA	SOM
<b>5</b>	CMS	CoP	CLIA	RO	Providers

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	SSA	PoC	CFR	Consortia	Suppliers
<b>2</b>	Facts	Supplier	SOD	Medicare	Medicaid
<b>3</b>	Evidence	PPS	Free	CfC	Certification
<b>4</b>	DHHS	Inference	Deemed Status	SA	SOM
<b>5</b>	CMS	CoP	CLIA	RO	Providers

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Medicare	PPSs	Deemed Status	SSA	Consortia
<b>2</b>	SA	CMS	DHHS	Judgments	Suppliers
<b>3</b>	CfC	Witness	Free	Providers	CoP
<b>4</b>	Certification	Evidence	SOM	CLIA	Inference
<b>5</b>	Medicaid	RO	CFR	SOD	PoC

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Judgments	SSA	SOD	Certification	Suppliers
<b>2</b>	Inference	Deemed Status	Providers	RO	Consortia
<b>3</b>	Medicaid	CFR	Free	CfC	Facts
<b>4</b>	Evidence	SOM	Supplier	Medicare	CoP
<b>5</b>	PPS	PoC	CMS	SA	Witness

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	<b>B</b>	<b>I</b>	<b>N</b>	<b>G</b>	<b>O</b>
<b>1</b>	Deemed Status	Judgments	PoC	RO	CFR
<b>2</b>	CMS	SOM	SOM	CoP	Consortia
<b>3</b>	Inference	SOD	Free	SA	Supplier
<b>4</b>	DHHS	PPS	CfC	Witness	Providers
<b>5</b>	CLIA	Certification	Evidence	Facts	SSA