



# Experiential Learning Portfolio for 10160142 Patient Billing and Reimbursement

## Student Contact Information:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Before attempting to complete this portfolio, the following prerequisites and/or corequisites must be met: PREREQUISITE: 10160134 Medical Insurance Claims*

## Directions

Consider your prior work, military, volunteer, education, training and/or other life experiences as they relate to each competency and its learning objectives. Courses with competencies that include speeches, oral presentations, or skill demonstrations may require scheduling face-to-face sessions. You can complete all of your work within this document using the same font, following the template format.

1. Complete the Student Contact Information at the top of this page.
2. Write an Introduction to the portfolio. Briefly introduce yourself to the reviewer summarizing your experiences related to this course and your future goals.
3. Complete each "Describe your learning and experience with this competency" section in the space below each competency and its criteria and learning objectives. Focus on the following:
  - What did you learn?
  - How did you learn through your experience?
  - How has that learning impacted your work and/or life?
4. Compile all required and any suggested artifacts (documents and other products that demonstrate learning).
  - Label artifacts as noted in the competency
  - Scan paper artifacts
  - Provide links to video artifacts
  - Attach all artifacts to the end of the portfolio
5. Write a conclusion for your portfolio. Briefly summarize how you have met the competencies.
6. Proofread. Overall appearance, organization, spelling, and grammar will be considered in the review of the portfolio.
7. Complete the Learning Source Table. Provide additional information on the business and industry, military, and/or volunteer experiences, training, and/or education or other prior learning you mentioned in your narrative for each competency on the Learning Source Table at the end of the portfolio. Complete this table as completely and accurately as possible.

The portfolio review process will begin when your completed portfolio and Credit for Prior Learning Form are submitted and nonrefundable processing fees are paid to your local Credit for Prior Learning contact. Contact Student Services for additional information.

Your portfolio will usually be evaluated within two weeks during the academic year; summer months may be an exception. You will receive an e-mail notification regarding the outcome of the portfolio review from the Credit for Prior Learning contact. NOTE: Submission of a portfolio does not guarantee that credit will be awarded.

You have 6 weeks to appeal any academic decision. See your student handbook for the complete process to appeal.

**To receive credit for this course, you must receive “Met” on 8 of the 10 competencies.**

**10160142 Patient Billing and Reimbursement, 3 Associate Degree Credits**

**Course Description:** The course examines state and county correction systems, theories of corrections, historical development, alternatives to incarceration, probation and parole, and how law enforcement and corrections work together in the criminal justice system.

**Introduction:** Briefly introduce yourself to the reviewer summarizing your experiences related to this course and your future goals.

**Competency 1: Model professional behavior in billing and reimbursement within a healthcare setting**

Criteria: Performance will be satisfactory when:

- response demonstrates a positive attitude
- response demonstrates ethics, morals, and confidentiality
- response demonstrates characteristics of dependability and responsibility within a team
- response demonstrates a professional image
- response demonstrates time management techniques

Learning Objectives:

- a. Project a positive attitude
- b. Perform within ethical boundaries
- c. Maintain confidentiality
- d. Work as a team member
- e. Demonstrate problem solving abilities
- f. Demonstrate time management techniques

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 2: Describe the use of electronic means to complete and process insurance claims**

Criteria: Performance will be satisfactory when:

- learner describes the way claims can be submitted electronically
- learner describes the advantages of electronic claims submission

Learning Objectives:

- a. Identify software available to complete claims electronically
- b. List advantages of electronics claims submission
- c. Describe equipment needs for electronically submitting claims
- d. Identify guidelines and formatting for proper electronic claims submission

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 3: Compare and contrast how workers compensation and disability claims are handled in a medical facility**

Criteria: Performance will be satisfactory when:

- learner gathers resources to appropriately handle workers' compensation and/or disability claims in the states of Wisconsin or Minnesota

Learning Objectives:

- a. Describe eligibility requirements for workers' compensation and disability
- b. List appropriate forms for workers' compensation and disability claims
- c. Explain the differences between processing workers' compensation and disability versus regular insurance claims
- d. List sources of information at the state level for workers' compensation and disability claim processes and questions

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 4: Use the diagnostic coding system to accurately document for insurance claims purposes**

Criteria: Performance will be satisfactory when:

- learner uses the appropriate materials
- learner follows the appropriate steps to complete the diagnostic coding process

Learning Objectives:

- a. Identify the principles and steps of diagnostic coding
- b. Gather information from patient records to identify appropriate diagnostic descriptions
- c. Apply all steps of the coding process to accurately code a diagnosis using ICD-10-CM reference books
- d. Apply the rules of outpatient coding

**Required Artifacts: None**

**Suggested Artifacts: Coding certification and/or coding classes**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 5: Use procedural coding system(s) to accurately document for insurance claims purposes**

Criteria: Performance will be satisfactory when:

- learner identifies appropriate procedural codes and descriptions to accurately code common medical procedures
- learner uses appropriate procedural codes and descriptions to accurately code common medical procedures

Learning Objectives:

- a. Identify the principles and steps of procedural coding
- b. Describe the two commonly accepted procedural systems and when they apply
- c. Gather information from patient records to identify appropriate procedural descriptions
- d. Appropriately apply all steps of the coding process to accurately code procedures using CPT or HCPCS coding systems
- e. Show an appropriate link between a patient's diagnosis and the procedures that have been provided

**Required Artifacts: None**

**Suggested Artifacts: Coding certification and/or coding classes**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 6: Analyze claim follow-up procedures**

Criteria: Performance will be satisfactory when:

- learner summarizes adjudication process
- learner summarizes claim follow up procedures
- learner identifies key points and analyzes remittance advice
- learner analyzes the process for posting payments and managing denials
- learner summarizes the purpose and general steps for the appeal process
- learner analyzes how appeals, postpayment audits, and overpayments may affect claim payments
- learner summarizes procedures for filing secondary claims, and complying with Medicare Secondary Pay (MSP) program
- learner responds to a variety of case studies regarding the insurance claim follow-up process

Learning Objectives:

- a. Explain the claim adjudication process
- b. Describe the procedures for following up on claims after they are sent to payers
- c. Interpret a remittance advice (RA)
- d. Identify the points that are reviewed on an RA
- e. Explain the process for posting payments and managing denials
- f. Describe the purpose and general steps for the appeal process
- g. Discuss how appeals, postpayment audits, and overpayments may affect claim payments
- h. Describe the procedures for filing secondary claims
- i. Discuss procedures for complying with the Medicare Secondary Pay (MSP) program

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**



**Competency 7: Analyze patient billing and reimbursement procedures**

Criteria: Performance will be satisfactory when:

- learner explains the billing cycle process
- learner summarizes the structure of a typical financial policy
- learner analyzes the procedures for working with patient statements
- learner interprets the responsibilities for the positions in billing and reimbursement
- learner responds effectively to case study that pertains to the revenue cycle

Learning Objectives:

- a. Discuss the billing cycle
- b. Explain the structure of a typical financial policy
- c. Explain the procedures for working with patient statements
- d. Classify the responsibilities for each position that are typically part of billing and reimbursement

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 8: Analyze patient collection procedures**

Criteria: Performance will be satisfactory when:

- learner classifies the responsibilities for each position that are typically part of collections
- learner explores the process and methods to collect outstanding balances, including tools to locate unresponsive or missing patients
- learner analyzes the procedures for clearing uncollectible balances from the practice's accounts receivable
- learner explores the purpose of a retention schedule and the requirements for retaining patient information
- learner responds effectively to collection process using case studies

Learning Objectives:

- a. Classify the responsibilities for each position that is typically part of collections
- b. Describe the processes and methods to collect outstanding balances
- c. Describe the two federal laws that govern credit arrangements
- d. Discuss the tools that can be used to locate unresponsive or missing patients
- e. Describe the procedures for clearing uncollectible balances from the practice's accounts receivable
- f. Analyze the purpose of a retention schedule and the requirements for retaining patient information

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 9: Analyze hospital billing and reimbursement procedures**

Criteria: Performance will be satisfactory when:

- learner classifies the difference between inpatient and outpatient hospital services
- learner summarizes the major steps relating to hospital billing and reimbursement
- learner analyzes coding diagnoses for hospital inpatient cases and for physician office services
- learner examines the coding system used for hospital procedures
- learner analyzes factors that affect the rate that Medicare pays for inpatient services
- learner interprets hospital claim forms
- learner responds effectively to case studies regarding hospital billing and reimbursement

Learning Objectives:

- a. Distinguish between inpatient and outpatient hospital services
- b. List the major steps relating to hospital billing and reimbursement
- c. Contrast coding diagnoses for hospital inpatient cases and for physician office services
- d. Explain the coding system used for hospital procedures
- e. Discuss the factors that affect the rate that Medicare pays for inpatient services
- f. Interpret hospital claim forms

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Competency 10: Generate patient billing using practice management software**

Criteria: Performance will be satisfactory when:

- learner prepares correct primary and secondary claims
- learner posts charges, payments and adjustments in the patient billing process
- learner prepares walkout receipts, patient bills, workers' compensation claims, and claim verification reports
- learner produces accurate end-of-month and follow-up reports
- learner analyzes all reports for accuracy

Learning Objectives:

- a. Complete correct primary and secondary claims
- b. Post charges, payments and adjustments in the patient billing process
- c. Produce walkout receipts, patient bills, workers' compensation claims, and claim verification reports
- d. Capture end-of-month and follow-up reports
- e. Analyze all reports for accuracy

**Required Artifacts: None**

**Suggested Artifacts: None**

**Describe your learning and experience with this competency:**

**Met/ Not Met Evaluator Feedback:**

**Conclusion:** Summarize how you have met the competencies of the course.

## Learning Source Table

[illegible]