Experiential Learning Portfolio for 10160142 Patient Billing and Reimbursement

Student Contact Information:

Name: _____Student ID#_____

Email: _____Phone:_____

It is highly recommended that you speak with the Academic Dean or instructor who teaches this course prior to completing a portfolio

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 6 of the 8 competencies.

10160142 Patient Billing and Reimbursement, 3 Associate Degree Credits

Course Description: Emphasizes insurance preparation and reimbursement of claims to Commercial, Medicare, Medicaid and Worker's Compensation. Applies ICD, CPT and HCPCS coding resources to complete CMS 1500 and CMS 1450 insurance claims. Computerized billing software will be utilized throughout the course. PREREQUISITE: 10160134 Medical Insurance Claims.

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: 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 3: 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 4: 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 5: 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 6: 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 7: 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 8: 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

Learning Source (name of employer, training, military, volunteer organization, etc.)	Supervisor	Start-End Date	Total Hours	Related Competencies
Ex: XYZ Corporation	Bucky Badger	8/2012-9/2014	2000	#1, 2, 3, and 7