



WISCONSIN  
INDIANHEAD  
TECHNICAL  
COLLEGE

# Experiential Learning Portfolio for 10106134 Medical Insurance Claims

## 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.*

## 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.**

### **10106134 Medical Insurance Claims, 3 Associate Degree Credits**

**Course Description:** This course presents common health insurance terminology and selected private and government insurance coverages. Students are introduced to basic principles of disease coding and procedural coding from the physician/provider perspective and follow the life cycle of the medical insurance claim with the aim of accurate and efficient reimbursement for services provided. This is not for experienced coders. PREREQUISITE: 10106130 Medical Terminology 1 or 10501101 Medical Terminology.

**Introduction:** [Briefly introduce yourself to the reviewer summarizing your experiences related to this course and your future goals.](#)

<p><b>Competency 1: Perform the claims process based on the type of insurance the patient has</b></p>
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<p>Criteria: Performance will be satisfactory when:</p>
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| <ul style="list-style-type: none"><li>• learner applies insurance knowledge to assess insurance information</li><li>• learner accurately completes and submits appropriate claim forms based on patient's insurance coverage</li></ul> |
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<p>Learning Objectives:</p>
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- |   |
|---|
| <ol style="list-style-type: none"><li>a. Define basic insurance terminology</li><li>b. Identify different types of insurance plans</li><li>c. Match patient qualifications with type of insurance</li><li>d. Determine guidelines for processing through different kinds of insurance</li><li>e. Describe sources of information for insurance plan guidelines</li><li>f. Compare and contrast managed care systems with other private and government insurance plans</li></ol> |
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<p><b>Required Artifacts: None</b></p>
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<p><b>Suggested Artifacts: Health Insurance License</b></p>
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**Describe your learning and experience with this competency:**

**Met/ Not Met    Evaluator Feedback:**

**Competency 2: Identify the duties that would be the responsibility of the insurance specialist within a medical facility**

Criteria: Performance will be satisfactory when:

- learner lists and describes all the functions that would be the responsibility of a person or department doing medical insurance processing

Learning Objectives:

- a. Identify the various types and sources of information needed to fulfill the insurance responsibility in a medical facility
- b. Identify all the responsibilities in the submission of each insurance claim form
- c. Describe the process of reviewing insurance payments and documents received from all types of insurance plans
- d. Identify the facility's responsibility to provide information and assistance to patients with insurance questions or problems
- e. Describe the primary goal of an efficient medical billing department

**Required Artifacts: None**

**Suggested Artifacts: None**

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

**Met/ Not Met    Evaluator Feedback:**

**Competency 3: 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. Describe the different types of diagnoses and when and where they're used
- c. Gather information from patient records to identify appropriate diagnostic descriptions
- d. Use knowledge of anatomy and medical terminology to correctly identify diagnoses
- e. Apply all steps of the coding process to accurately code a diagnosis using ICD-9-CM reference books

**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: Use the diagnostic and procedural coding systems 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 and procedural coding
- b. Describe the different types of diagnoses as well as when and where they are used
- c. Describe the two commonly accepted procedural systems and when they apply
- d. Use knowledge of medical terminology and anatomy to help in locating procedures within the procedural index

**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: Comply with billing guidelines**

Criteria: Performance will be satisfactory when:

- learner summarizes the importance of code linkage of healthcare claims
- learner identifies types of coding and billing errors
- learner identifies major strategies that help ensure compliant billing
- learner describe use of audit tools
- learner compares and contrasts various payer fee schedules
- learner applies calculations for payments for participating and nonparticipating providers

Learning Objectives:

- a. Explain the importance of code linkage on healthcare claims
- b. Discuss types of coding and billing errors
- c. Identify major strategies that help ensure compliant billing
- d. Discuss the use of audit tools
- e. Identify various payer fee schedules
- f. Calculate payments for participating and nonparticipating providers

**Required Artifacts: None**

**Suggested Artifacts: None**

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

**Met/ Not Met    Evaluator Feedback:**

**Competency 6: 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. Use knowledge of medical terminology and anatomy to help in locating procedures within the procedural index
- e. Appropriately apply all steps of the coding process to accurately code procedures using CPT or HCPCS coding systems
- f. Show an appropriate link between a patient's diagnosis and the procedures that have been provided

**Required Artifacts: None**

**Suggested Artifacts: None**

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

**Met/ Not Met    Evaluator Feedback:**



**Competency 7: Demonstrate the proper completion of a universal health claim form**

Criteria: Performance will be satisfactory when:

- learner chooses and accesses appropriate references to aid process
- learner provides necessary data in a realistic format
- learner efficiently completes a health claim form with 100 percent accuracy

Learning Objectives:

- a. Identify a universally accepted health claim form
- b. Describe the two types of information found on the form
- c. Identify the sources of information to be included on the form
- d. Describe acceptable guidelines for filling in a claim form
- e. Identify when and where signatures are needed on a claim form
- f. Describe why accuracy and proofreading are important in completing a claim form

**Required Artifacts: None**

**Suggested Artifacts: None**

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

**Met/ Not Met    Evaluator Feedback:**

**Competency 8: 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 9: 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 10: Generate patient billing using practice management software**

Criteria: Performance will be satisfactory when:

- learner generates patient insurance claims using practice management software

Learning Objectives:

- a. Compare individual patient billing and guarantor billing
- b. Complete correct primary claims
- c. Post charges, payments and adjustments in the patient billing process
- d. Produce walk out receipts, patient bills, workers' compensation claims, and claim verification report
- e. Calculate patient balances

**Required Artifacts: None**

**Suggested Artifacts: None**

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

**Met/ Not Met    Evaluator Feedback:**

