ITEM 126-302-R0305

Program Description

Clinical coding is the transformation of descriptions of diseases, injuries and procedures into alphanumeric designations. Originally, coding was performed to classify mortality (cause of death) data on death certificates. However, in the United States, coding has also been used to classify morbidity (disease) and procedural data. The coding of health-related data permits access to medical records by diagnoses and procedures for use in clinical care, research, and education.

Since the implementation of the federal government's prospective payment system in 1983, there has been a great deal of emphasis placed on coding. Currently reimbursement of hospital and physician claims for Medicare patients depends entirely on the assignment of codes to describe diagnoses, services and procedures provided. Additionally, other third party payers have followed Medicare's lead and are using coded data for claims processing. In the 1990's, the federal government attacked the problem of health care fraud and abuse. As the basis for reimbursement, appropriate coding has become crucial as health care providers seek to assure compliance with official coding guidelines.

Today, there are many demands for accurately coded data from the medical record in all types of health care institutions. In addition to being used on claims for reimbursement, codes are included on data sets used to evaluate the processes and outcomes of health care. Coded data are also used internally by institutions for quality management activities, case-mix management, planning, marketing and other administrative and research activities.

FVCC's Medical Coding Program spans three semesters. Students average 40 hours per week in classroom and lab activities while completing 37 credits required in this certificate program. After graduation, students are eligible to take the Certified Coding Associate Exam (CCA).

Need for the Program

A national shortage of medical coding professionals exists as the HealthCare system continues to base reimbursement on coding. Medical coders are vital to the financial well being of medical providers. The U.S. Bureau of Labor Statistics projects that Medical Records and Health Information Technicians are among the fastest growing occupations for years 2000-2010. Montana Occupational Job Projections Report predicts an increase of approximately 38.4% in jobs for the years 1998-2008. If proposed legislation passes, medical coders will be required in all physicians' offices creating a great demand for certified professionals in this field.

Curriculum

Fall Semester Year One

3 credits	BIOL 110	Basic Anatomy and Physiology
1 credit	BIOL 111	Basic Anatomy & Physiology Lab
3 credits	BIOL 133	Medical Terminology
1 credit	CMPA 100	Introduction to Microcomputers
3 credits	MED 101	Healthcare Delivery Systems
3 credits	MED 120	Records Information Management

14 Total semester credits

Spring Semester Year One

3 credits	BIOL	170	Disease Processes/Pharmacology
3 credits	BUS	130	Business Communications
3 credits	MED	130	Medical Law and Ethics
3 credits	MED	221	Basic Medical Coding
2 credits	MED	222	Computerized Medical Billing

14 Total semester credits

Summer Semester Year One

3 credits	MED	252	Intermediate ICD-9-CM Coding
3 credits	MED	262	Intermediate CPT Coding
3 credits	MED	277	Medical Coding Internship

9 Total Semester credits

37 Total Credits

Program Approval

Flathead Valley Community College is in the process of applying for program approval from the American Health Information Management Association (AHIMA). A letter of intent to apply for approval has been sent, and FVCC's report to AHIMA is due on April 1, 2005.

Facilities

Students have access to the FVCC library, a medical library provided for them in the classroom and online resources for medical terminology and medical coding.

Students have access to computers and the Internet in the many labs located on the FVCC campus. Computer access is adequate.

All students attending Flathead Valley Community College pay a fee to support the purchase and replacement of equipment used for instruction.

The program added four new courses that require approximately 12 hours per week in a classroom.

Faculty

Currently the following instructors teach classes in the Medical Coding Program. Full-time Instructors: Sue Justis, Ph.D.; Brenda Rudolph, MBA; Adjunct Instructors include: Stacey Bradley, RHIA; Vicki Wilcutt, RHIA; Deb Wolfshorndahl, Certified Coding Specialist with 25 years of coding experience; Chris Woods, Master of Public Health; Carol Conklin, BS and Yvonne Peck, BS, Coding Certificate.

Assessment

The success of the program will be measured in several ways. The program will receive review on a regular basis from its advisory committee members. This advisory committee meets twice per year.

Students completing the program will take certification exams, and the results of these exams will provide a quantitative measure of the success of the program. Furthermore,

employers during the Internship will complete surveys asking how well students' education at FVCC prepared them for their careers.

In addition, FVCC has implemented an internal process to review all occupational and academic programs. Programs are reviewed on a rotational basis and occur at a minimum of once every five years. Program reviews are submitted to the Curriculum Committee which includes: the Vice-President of Instruction; Director of Enrollment Planning and Research; Director of Admissions and Records; Division Chairs; and staff from Student Services. The process provides an opportunity to showcase exemplary programs and student successes as well as to identify strengths and weaknesses of the program. Action plans are designed to address any identified weaknesses.

Finally, all programs at the College are reviewed by the Northwest Commission on Colleges and Universities every 10 years. An institutional self-study is conducted as part of the re-accreditation process, whereby all areas of the institution undergo a comprehensive examination to identify areas of strengths and weaknesses. Action plans are designed to address any identified weaknesses.

Relationship to Programs in Other Institutions

Flathead Valley Community College was the first college in Montana to introduce the Medical Coding Certificate program. The MSU College of Technology in Great Falls has a Health Information Coding Specialist Certificate program and is also using the curriculum guidelines from the American Health Management Information Association.

Budget Analysis/Enrollment Estimates[1]

Proposed Program:											**Campus:**	
		Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**		
Estimated Enrollment Information												
	FTE Enrollment	**20**		**20**		**20**						
Estimated Incremental Revenue												
	Use of Current General Operating Funds[2]	**19,450.45**		**19,450.45**		**19,450.45**						
	State Funds[3]											
	State Funding for Enrollment Growth[4]											
	Net Applied Tuition Revenue (A-B)[5]											
	A. Incremental Tuition Revenue[6]											
	B. Reductions to Incremental Tuition[7]											
	Program Fees											
	External Funds[8]											
	Other Funds											
	TOTAL Estimated Revenue	**19,450.45**		**19,450.45**		**19,450.45**						
Estimated Incremental Expenditures[9]												
		FTE	**Cost**	**FTE**	**Cost**	**FTE**	**Cost**	**FTE**	**Cost**	**FTE**	**Cost**	
	Personal Services[10]	**1**	**19,150.45**	**1**	**19,150.45**	**1**	**19,150.45**					
	Operating Expenses[11]	**300**		**300**		**300**						
	Equipment[12]											
	Start-up Expenditures[13]											
	TOTAL Estimated Expenditures	**19,450.45**		**19,450.45**		**19,450.45**						
	Estimated Revenues over/(under) Expenditures											

[1]Provide estimates for each year until the proposed program is fully implemented and expenditures/revenues/enrollment reflect a mature program. For example, a two-year program would probably include estimated enrollment for only 2-3 years.
[2]Existing general operating funds allocated to support the proposed program.
[3]State funds specifically dedicated through Board or Legislative action in support of the proposed program.
[4]Include $1,914/FTE for each year of the biennium following the next consideration of enrollment growth by the Legislature. For example, a program proposed in November 2003 could not receive enrollment growth funding until FY06.
[5]Net applied tuition revenue is gross incremental tuition revenue minus tuition reductions. This should reflect the tuition revenue available to be applied directly to the program.
[6]Total gross incremental tuition revenue generated by the increased enrollment in the proposed program (enrollment times tuition rate).
[7]Reductions to the gross incremental tuition revenue including fee waivers, academic support, institutional support, etc. Provide detail in narrative.
[8]Include federal funds, grant funds, private funds, and other external funds.
[9]Include only incremental expenditures for the proposed program.
[10]Include salary, benefit, and insurance costs.
[11]Examples include library resources, professional services, travel, materials, supplies, equipment <$5, 000, etc.
[12]Include only capitalized equipment (>$5,000).
[13]Include start-up expenditures including one-time only expenditures, marketing expenditures, accreditation expenditures, etc.