

TO: Program Planning & Development

DATE: 9/22/04

FROM: WIB Staff

For Action

For Information

For Discussion

SUBJECT: Eligible Training Provider List (ETPL) Addition

PROPOSED MOTION(S): Approve the Merced Adult School's Boston Reed College Medical Billing course for addition to the state ETPL.

DISCUSSION: The Workforce Investment Board approved an ETPL policy on June 20, 2000. The Workforce Investment Act requires that training providers who wish to access WIA funds must submit applications to be placed on the state training list. Providers must meet all local and state criteria; agree to provide approved training to WIA-enrolled participants; supply required client data for long-term follow-up and they must agree to abide by all WIA-required regulations and/or laws.

The application from Merced Adult School for its Boston Reed College Medical Billing course is complete, and meets the requirements for inclusion in the ETPL. The program is registered by the Bureau for Private Post-Secondary and Vocational Educational (BPPVE), and approved by the California Department of Education. Cost of the program is \$995.

**ATTACHMENT(S):
Application**



State of California

WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

01. Provider Code (FEIN) 68-0444480	For Internal Office Use Only
02. CIP Code	
03. Subgrantee Code	
04. Agency Code	
05. Date Received By LWIB	
06. Local Program Code	

Provider Name
Boston Reed College

07. Program Name Medical Billing	08. Program Description This course combines 112 hours of classroom instruction with a 120 hour off-site externship. AS a medical biller you will process medical claims for a variety of insurance carriers.
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09. Training Site Address Merced Adult School 50 East 20th Street	City, State Merced	10. ZIP 95344	11. County Merced
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12. Listed On Other State's ETPL <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	13. ADA Compliant <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	14. Total Hours Of Instruction 112	15. Credits NA	16. Non-Credit <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	17. Credit Time <input type="checkbox"/> 1-Semester <input type="checkbox"/> 2-Quarter
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Total Program Cost 18. Tuition \$ _____ 19. Fees \$995 20. Expenses \$ _____ Total \$995.00	21. Mode Of Delivery <input checked="" type="checkbox"/> 1-Classroom <input type="checkbox"/> 2-Internet <input type="checkbox"/> 3-Correspondence <input type="checkbox"/> 4-Broadcast <input type="checkbox"/> 5-Computer Based Instruction	When Program Is Offered		25. Frequency of Offering <input type="checkbox"/> 1-Weekly <input type="checkbox"/> 2-Monthly <input type="checkbox"/> 3-Quarter <input checked="" type="checkbox"/> 4-Semester <input type="checkbox"/> 5-Other	26. BPPVE Approval Status <input type="checkbox"/> 1-Approved <input type="checkbox"/> 2-Temporary Approval <input checked="" type="checkbox"/> 3-Registered <input type="checkbox"/> 4-Exempt <input type="checkbox"/> 9-Not Applicable
		22. Days <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	23. Evenings <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		

28. Other BPPVE Approved Programs <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	29. Registered Apprenticeship <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	30. Registered Date NA	Other List Criteria: 31. CDE Approved <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 32. COCCC Approved <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 33. Proven Effectiveness <i>No longer used</i> 34. Employer Support <i>No longer used</i> 35. Industry Authorized <i>No longer used</i>
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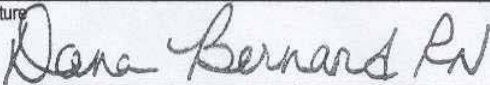
36. Continuing Education Units (CEU) Certified Nursing Assistants earn 48 CEUs	37. CEU Granting Institution Nursing board
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38. Resources Required <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No	39. Program Goal <input checked="" type="checkbox"/> 1-Skill Attainment <input type="checkbox"/> 2-Certificate <input type="checkbox"/> 3-Registration <input type="checkbox"/> 4-License	<input type="checkbox"/> 5-Associate Degree	40. Credentialing Body NA
		<input type="checkbox"/> 6-Baccalaureate Degree <input type="checkbox"/> 7-Other	

42. Prerequisites
Recommended that student be at least 18 years of age and hold a high school diploma or equivalent. Have basic computer skills and a medical background. Enrollment requires students must pass English and Math assessment exams with 80% or better.

43. Skills Sets
Will know how to process Workers' Compensation claims, Personal injury, Medi-care, and Medi-cal claims. This program is designed to prepare students with the knowledge, competencies, and technical skills for entry level positions as a Medical Biller.

WIA Training Program Application (continued)

44. Curriculum		45. Relevant Occupations (Soc/O*Net Code)	
Course Code	Course Title	Code	Title
06.214.362	Medical Billing	43-6013.00	Medical Secretary
		43-9041.01	Insurance Claims clerk
		46. Relevant Occupation Recommendation	
		Soc/O*Net Category	Description
Accessibility 47. On-Site Parking <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 48. Public Transportation <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 49. Disabled Student Access <input checked="" type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 50. Sign Language <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 51. Other Languages <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No 52. Other <input type="checkbox"/> 1-Yes <input checked="" type="checkbox"/> 2-No		53. Target Audience Persons wishing to enter or advance in the healthcare industry 54. Average Class Size 20 55. Equipment to be Used Computer software, reference books, Medi-Soft software	
INITIAL PERFORMANCE INFORMATION			
56. Period Begin Date	57. Period End Date	58. Participant Universe	59. Average Hourly Wage at Placement
60. Program Completion Rate	61. Entered Employment Rate	62. Skill/Credential Attainment Rate	63. Retention Rate
I certify that the information submitted on this application is true and correct. I also agree to supply the required performance information and seed data on all students in order to calculate performance measures for subsequent eligibility determination. In addition, all performance outcome data shall be made available upon request for audit purposes.			
64. Printed Name of Provider Representative Dana Bernard		65. Title President	66. Date June 7, 2004
Signature 			

ETPL EPGA