

New Course Request

TO CAMPUS

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Allied Health Sciences 2. Academic Subject Code AHLT-M

3. Course Number 192 (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title INTRODUCTION TO HIM + Reimbursement Methodologies

Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): 4062 Spelling

7. Credit Hours: Fixed at _____ or Variable from 2 to 3

8. Is this course to be graded S-F (only)? Yes _____ No X

9. Is variable title approval being requested? Yes _____ No X

10. Course description (not to exceed 50 words) for Bulletin publication: INTRODUCTION to health INFORMATION MANAGEMENT health records, STANDARDS, regulations + content. Overview of 'release of information' principles, privacy + security, Reimbursement Methodologies including Medicare, Third Party Payers, Ambulatory Settings, and physician PRACTICES

11. Lecture Contact Hours: Fixed at _____ or Variable from 2 to 3

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____

13. Estimated enrollment: 10 of which -0- percent are expected to be graduate students.

14. Frequency of scheduling: Yearly Will this course be required for majors? yes

15. Justification for new course: To Add Additional Content to Keep curriculum current.

16. Are the necessary reading materials currently available in the appropriate library? yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:  Date 6/17/05
Department Chairman/Division Director

Approved by:  Date 6/17/05
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.