openIMIS

openIMIS installation and user manual

openIMIS team

Dec 21, 2022

Contents

1 Web Application **2**
1.1 Users and logins . . . 2
1.2 Claims . . . 5
1.3 Administration of Registers . . . 28
1.4 Group/family, Insurees and Policies . . . 96
1.5 Tools . . . 148
1.6 Offline mode . . . 222
1.7 Group insurance . . . 232

2 Mobile Applications **233**
2.1 The mobile application IMIS Claims . . . 234
2.2 The mobile application IMIS Policies . . . 280

<October 2022 Release>

Welcome to the openIMIS technical documentation repository.

openIMIS is a versatile open source software which supports the administration of health financing and social protection schemes. It is specially designed to manage the complex, high-volume data flows which are required to operate such schemes by seamlessly integrating beneficiary, provider and payer data in a single platform.

This manual is a guide on the use and functionality of the software rather than in-depth technical reference. The Contents section, provide a reference to the page of each major chapter and the sub chapters within. By clicking on the content title (online version), the reader is re-directed to the position of the content title.

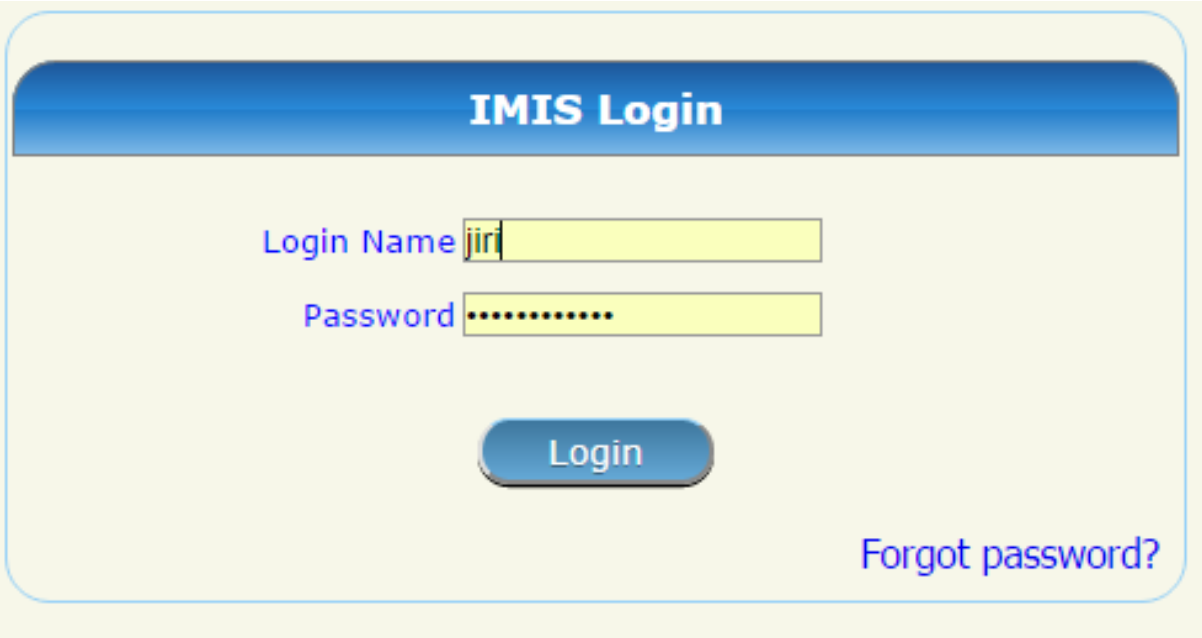
CHAPTER 1

Web Application

1.1 Users and logins

1.1.1 Login

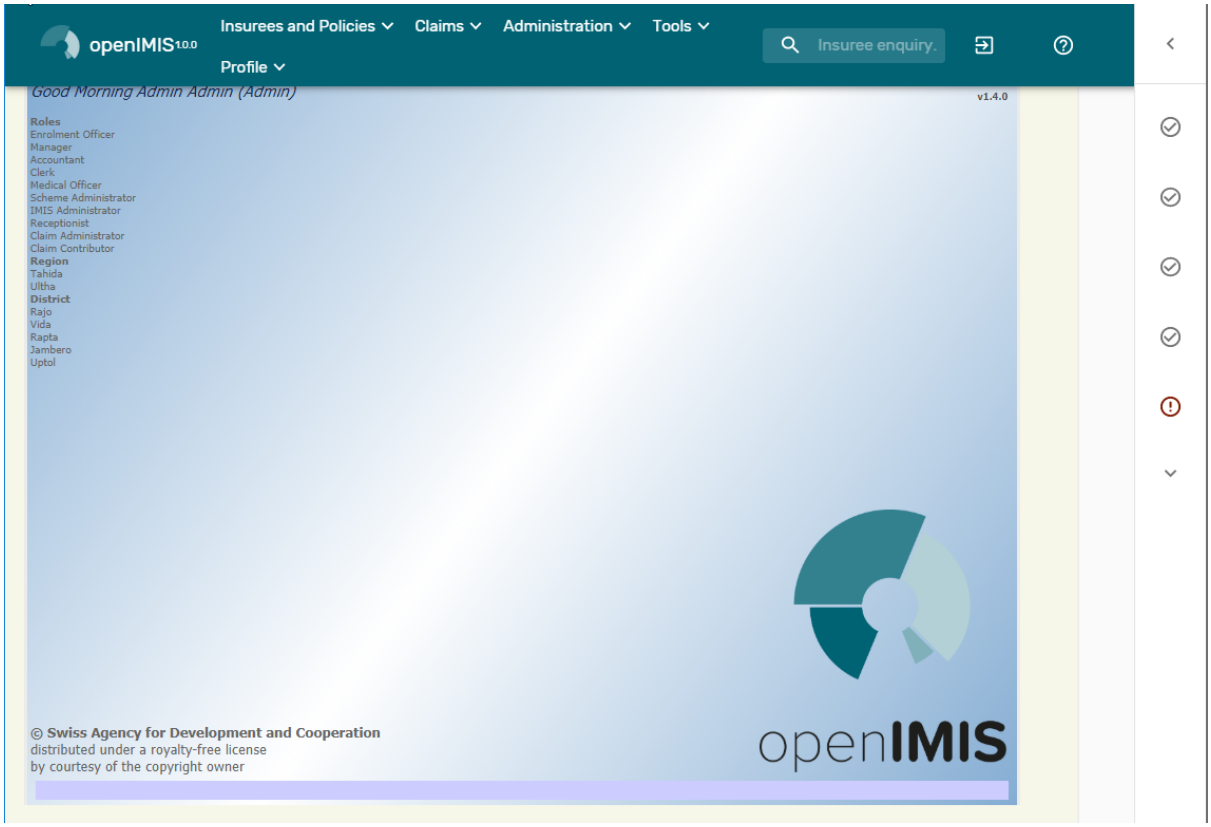
To access the software, Users must have a valid User Name and Password, provided by the "IMIS Administrator". In the browser address bar type the URL of the openIMIS instance to request the start page. Login page will appear (Img. 1.1.1).



Img. 1.1.1: *User Login*

Use the provided Login Name and Password, and click on the button Login. If successful, the system will re-direct to the Home Page (Img. 1.1.2).

The full menu is displayed. Clicking on the menu headers will display a sub-menu providing further navigation options. Only menu accessible to the user are displayed. Below the main menu at the top

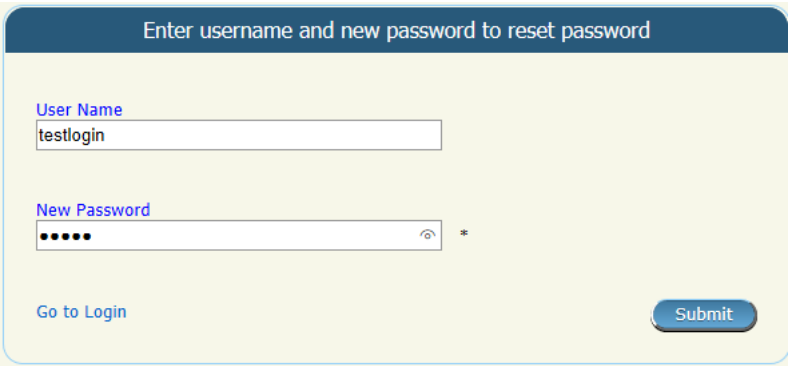


Img. 1.1.2: *Home Page*

left-hand corner there is information about the current login user: Login Name, a list of roles acquired by the user and and the region the districts to which the user has access. Logins and roles assignment can be created in the *Users Administration page*, custom roles can be created and modified in the *User roles Administration Page*.

1.1.2 Reset Forgotten Password

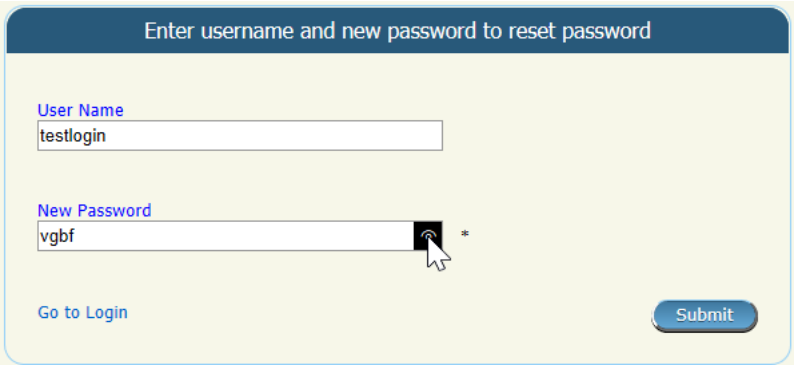
When a password is forgotten, clicking `Forgot Password?` on the login screen (*Login*) results in the opening of the `Forgot Password` page (*Forgotten password image*).



Img. 1.1.3: *Image - Forgot Password Page*

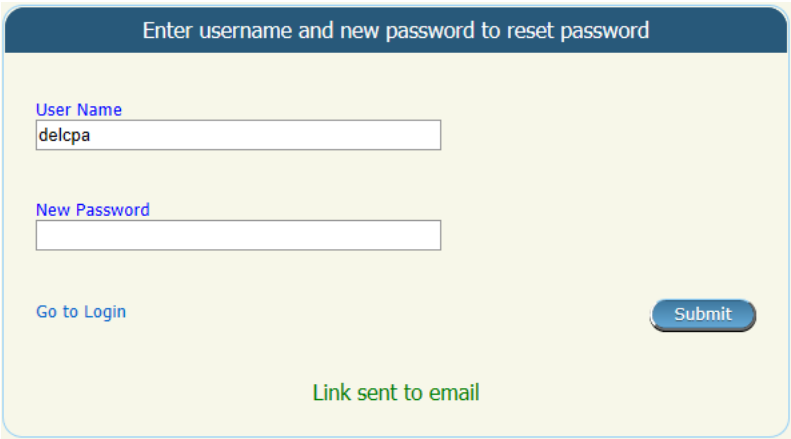
1. Enter the `User Name` linked to the account
2. Enter the `New Password`. In some browsers (i.e. Internet Explorer) it is possible to display the password entered by clicking on the eye in the right part of the password text box (*New password*

displayed image).



Img. 1.1.4: *Image - new password displayed*

1. Click on the `Submit` button. In case the `User Name` coincides with an user in the register of users, an e-mail will be sent to confirm the password change.(*New password confirmation sent image*).



Img. 1.1.5: *Image - New password confirmation sent*

1. Check the user's inbox and click on `Confirm password` link inside the received email with the subject `IMIS Password Request` then re-enter the data of the steps 1 & 2 (*New password confirmation image*).

1. Once the confirmation is submitted, the new credentials can be used in the *Login* page.

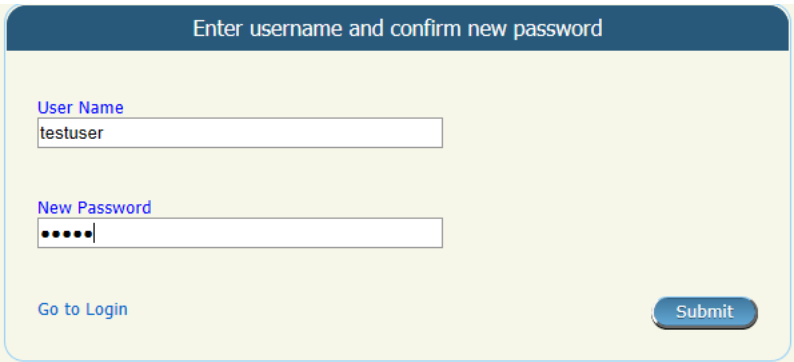
1.1.3 Password change

Any user can change his/her password by adjustment of his/her profile.

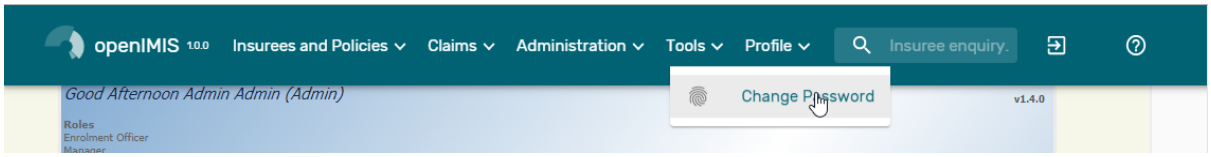
Navigation

Functionality for changing of a password can be done in the menu `Profile`, sub menu `Change Password`.

Clicking on the sub menu `Change Password` re-directs the current user to the *Change Password Page*.

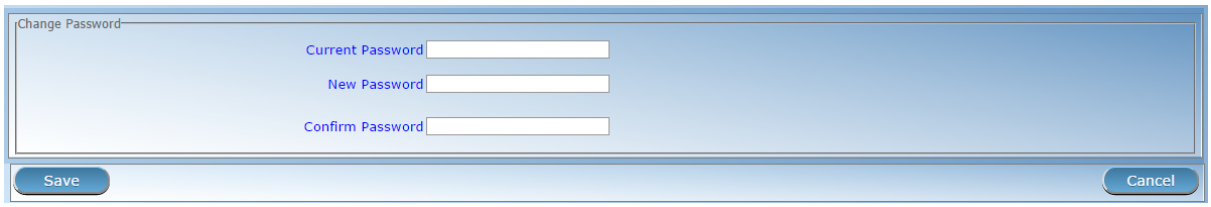


Img. 1.1.6: *Image - New password confirmation*



Img. 1.1.7: *Navigation Change Password*

Change Password Page



Img. 1.1.8: *Change Password Page*

Current Password Enter the current password of the logged in user.

New Password Enter a new password of the logged in user. The password should have at least 8 alphanumeric characters with at least one digit.

Confirm Password Repeat the new password of the logged in user.

Saving

Once all mandatory data are entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Home Page*. A message confirming that the new password has been saved will appear at the bottom.

Mandatory data If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right side of the corresponding field).

Cancel By clicking on the Cancel button, the user will be re-directed to the *Home Page*

1.2 Claims

The functionality under the menu `Claims` allows complete processing of claims from their entering into IMIS, modification, submission to processing, automatic checking of their correctness, reviewing of them by medical officers, their evaluating and preparation of report to an accounting system for their

remuneration to contractual health facilities. Each claim can be consequently in several states. Once it is entered to openIMIS (either by the mobile phone application **Claim Management** or typed in and saved in IMIS) it goes to the status **Entered**.

1. **claim entry and submission**

   When it is submitted and it successfully passes at least some automatic checks, the claim goes to the status **Checked**. If the claim doesn't pass automatic checking it goes to the status **Rejected** and its processing ends. The claim in the status **Checked** may be reviewed from medical point of view and/or a feedback on it can be collected from the patient.

2. **claim review: scrutinisation and feedback**

   Medical reviewing and feedback acquiring can be by-passed. Ones such (manual) scrutiny of the claim is at the end, the claim may be pushed to the status **Processed**.

3. **claim valuation**

   In this status the claim is evaluated in nominal prices, taking into account all ceilings, deductibles and other cost sharing rules associated with insurance product or products covering claimed health care. If there is no medical service or medical item price of which a relative one according to the corresponding insurance product, the claim goes automatically to the status **Valuated**.

   If there is at least one medical service or medical item with relative pricing, the claim goes to the status **Valuated** only after a batch for corresponding period is run. The batch for a period (month, quarter, year) finishes evaluation of relative prices on claims on one hand and summarizes all claims in the period for accounting system that is external to openIMIS (it is not a part of it).

4. **claims values based on stage**

   Different values (prices) of a claim are associated with each stage of processing of claims. When a claim is entered the value of the claim based on nominal prices of claimed medical services/items is designated as **Claimed Value**. **Claimed Value** is associated with the state **Entered**. The value of the claim after automatic checking of claims during submission of the claim and after manual interventions of medical officers is designated as **Approved Value**. **Approved Value** is associated with the state **Checked**. The value of the claim after corrections based on all cost sharing rules of covering insurance products is designated as **Adjusted Value**. **Adjusted Value** is associated with the state **Processed**. The final value of the claim taking into account actual value of relative prices is designated as **Paid Value**. **Paid Value** is associated with the state **Valuated**.

1.2.1 Heath Facility Claims

Table of Contents

- *Heath Facility Claims*
  - *Pre-conditions*
  - *Navigation*
  - *Claims Control Page*
    - *Search Panel*
    - *Result Panel*
      - *Actions*
      - *Information Panel*
    - *Claim Page*
      - *Main Form*

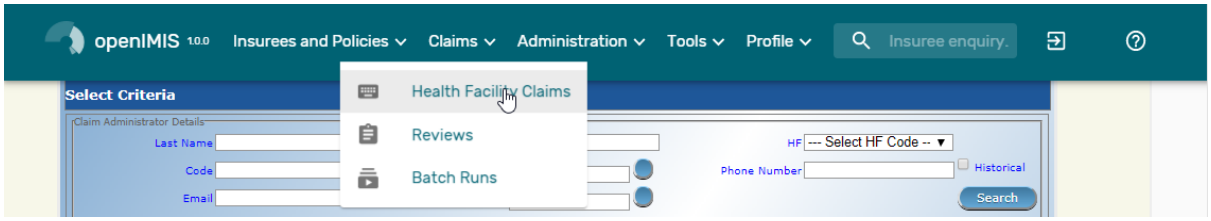
- *Services*
- *Items*
- *Saving*

Pre-conditions

Access to the `Health Facility Claims Page` is restricted to users with the role of Claim Administrator.

Navigation

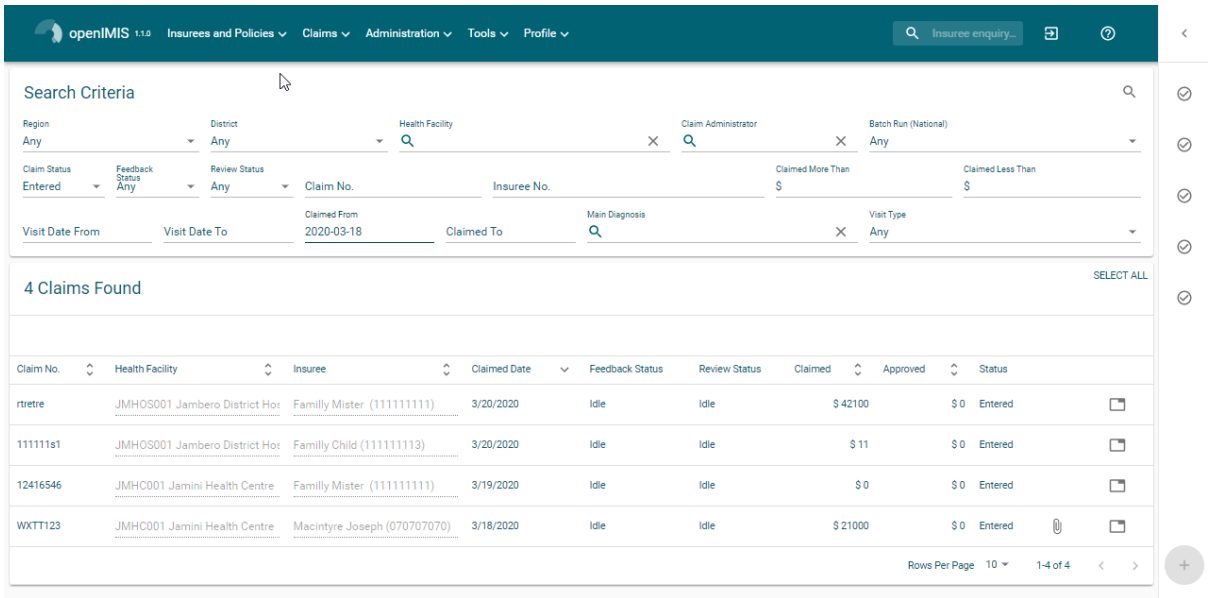
All functionality for use with the administration of health facility claims can be found under the main menu `Claims`, sub menu `Health Facility Claims`.



Img. 1.2.1: *Image - Navigation Health Facility Claims*

Clicking on the sub menu `Health Facility Claims` re-directs the current user to the *Claims Control Page*.

Claims Control Page



Img. 1.2.2: *Image - Claims Control Page*

The Claims Control Page is the central point for all health facility claim administration. By having access to this panel, it is possible to add, edit and search claims. Claims can be edited only in the state **Entered**. The panel is divided into four panels (Img. 1.2.2).

Search Panel

The search panel allows a user to select specific criteria to minimise the search results. In the case of claims the following search options are available which can be used alone or in combination with each other.

Region Select the `Region` where claiming or searched for health facility is located from the list of regions by clicking on the arrow on the right of the selector to select claims from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected*

District Select the `district` where claiming or searched for health facility is located from the list of districts by clicking on the arrow on the right of the selector to select claims from a specific district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.*

HF Code Select the `HF Code` (Health Facility Code) from the list of codes of health facilities by clicking on the arrow on the right of the selector, to select claims from a specific health facility. *Note: The list will only be filled with the health facilities belonging to the selected district and assigned to the current logged in user.*

HF Name Type in the beginning of; or the full `HF Name` (Health Facility Name) to search for claims belonging to the health facility whose name start with or match completely the typed text.

Claim Administrator Select the `Claim Administrator` from the list of claim administrators by clicking on the arrow on the right of the selector, to select claims submitted by a specific claim administrator. *Note: The list will only be filled with the claim administrators belonging to the health facility selected.*

Visit Type Select the `Visit Type` from the list of visit types (or hospital stays) by clicking on the arrow on the right of the selector, to select claims with specified visit type.

Insurance Number Type in the beginning of; or the full `Insurance Number`, to search for claims, on behalf of insurees with the insurance number which starts with or match completely the typed text.

Claim No. Type in the beginning of; or the full `Claim No.`, to search for claims with the specific claim identification which starts with or match completely the typed text.

Review Status Select the `Review Status` from the list of options for review status by clicking on the arrow on the right of the selector, to select claims with specific review status.

Feedback Status Select the `Feedback Status` from the list of options for feedback status by clicking on the arrow on the right of the selector, to select claims with specific feedback status.

Claim Status Select the `Claim Status` from the list of options for claim status by clicking on the arrow on the right of the selector, to select claims with specific claim status.

Main Dg. Select the Main diagnosis from the list of diagnoses status by typing text, all diagnoses containing the typed text will appear and be selectable underneath the box, to select claims with main diagnosis.

Batch Run Select the `batch run` from the list of batch runs by clicking on the arrow on the right of the selector, to select claims from specific batch run

Visit Date From Type in a date; or use the Date Selector (*Date Picker*), to search for claims with a `Visit Date From` date which is on or is greater than the date typed/selected. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.* `Visit Date From` should be the day of admission for in-patient care or the visit date in case of out-patient care.

Visit Date To Type in a date; or use the Date Selector (*Date Picker*), to search for claims with a `Visit Date From` date which is on or is less than the date typed/selected. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.* `Visit Date To` should be the day of discharge for in-patient care or the visit date in case of out-patient care.

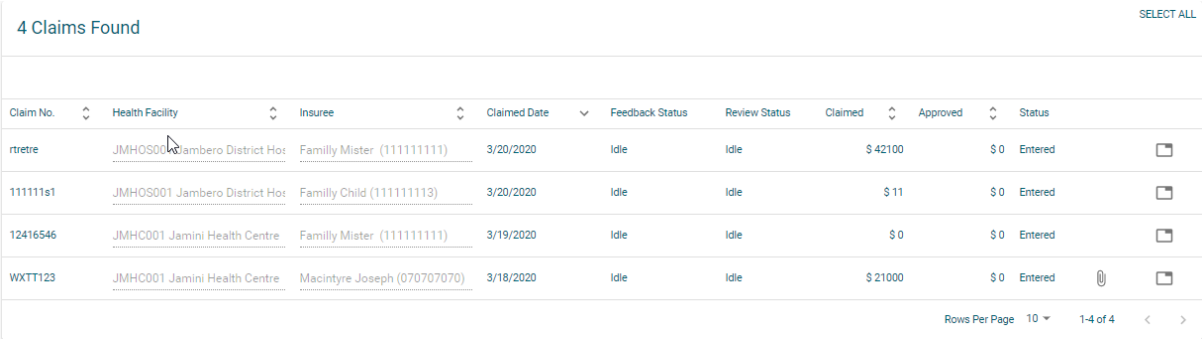
Claim Date From Type in a date; or use the Date Selector (*Date Picker*), to search for claims with a `Claim Date` date which is on or is greater than the date typed/selected. *Note. To clear the date entry box; use the ‘‘Clear‘‘ button on the date picker popup**

Claim Date To Type in a date; or use the Date Selector (*Date Picker*), to search for claims with a `Claim Date` date which is on or is less than the date typed/selected. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

Search Button Once the criteria have been entered, use the search button to filter the records, the results will appear in the Result Panel.

Result Panel

The Result Panel displays a list of all claims found, matching the selected criteria in the search panel. The currently selected record is highlighted with light grey. (Img. 1.2.3). Double click on the line redirects the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.



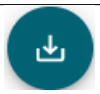
Img. 1.2.3: *Selected record (grey) - Result Panel*

A maximum of 10 records can be displayed per default but it can be changed by configuration (gitHub), in a scroll panel. Further records can be viewed by either changing the page or deleting/submitting the current loaded claims and search claims again.

Actions

Modular openIMIS comes with Material UI this means that there is a single button (Tab. 1.2.1) which fonction will change depending on the context (Icon change), for less used functions a tree dots menu is available (Tab. 1.2.2) only when claim(s) are selected. By double-clicking on the claim line, the user is directed to the *Claim Page*, where the current selected claim can be edited (provided it in the state **Entered**), this page will open with the current information loaded into the data entry fields. See the *Claim Page* for information on the data entry and mandatory fields.

Tab. 1.2.1: Materal icons

Img. 1.2.4: *Add*	 Img. 1.2.5: *Save*	Img. 1.2.6: *Back*	Img. 1.2.7: *Print*

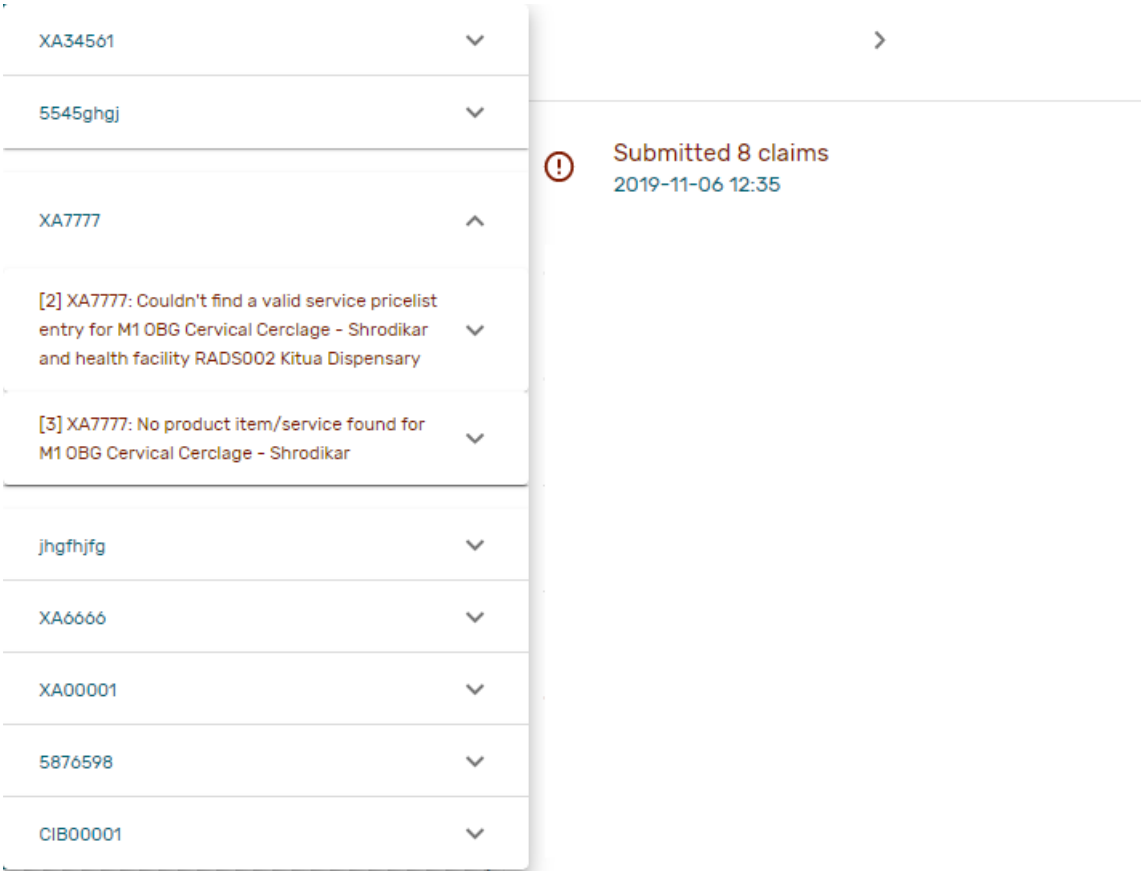
Tab. 1.2.2: Claims Actions

SELECT ALL Img. 1.2.8: *Select all*	Img. 1.2.9: *Tree dots*	Clear Selection Submit Selected Delete Selected Img. 1.2.10: *Tree dots menu*

Add By clicking on the add button (Img. 1.2.4), the user is directed to the *Claim Page,* where new entries for new claim can be added. When the page opens all entry fields are empty. See the *Claim Page* for information on the data entry and mandatory fields.

Submit selected By clicking on the submit selected manu (Img. 1.2.10), claim status of all selected claims with the status **Entered** will be submitted.

Once the process is done, a popup window (Img. 1.2.11) with the result of the process will be shown.



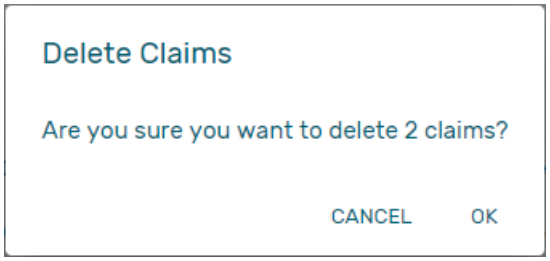
Img. 1.2.11: *Submitted Claims details – Claims Control Page*

Delete selected By clicking on the delete selected menu, the current selected claim will be deleted.

Before deleting a confirmation popup (Img. 1.2.12) is displayed, which requires the user to confirm if the action should really be carried out?

Information Panel

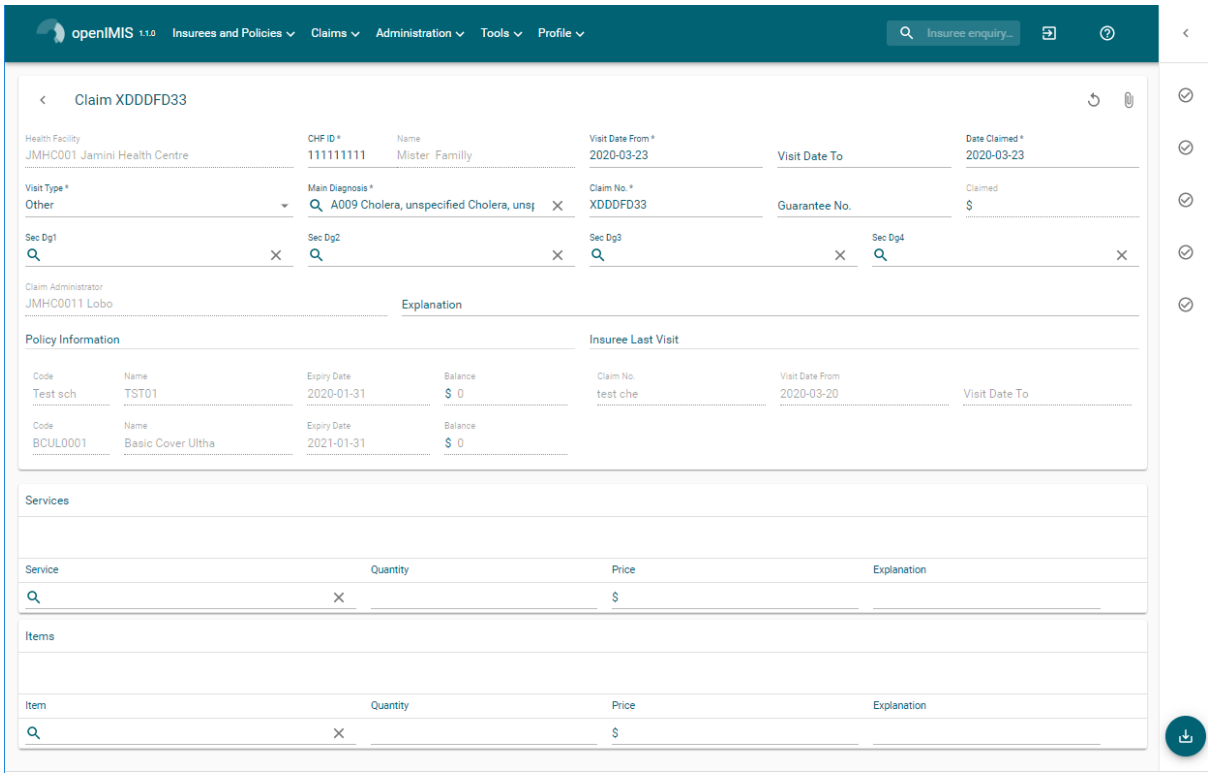
The Information Panel is used to display messages back to the user. Messages will occur once a claim has been added, updated or deleted or if there was an error at any time during the process of these actions.



Img. 1.2.12: *Delete confirmation – Claims Control Page*

Claim Page

Main Form



Img. 1.2.13: *Claim Page*

HF Code Displays the code of the health facility. The field is read only (taken over from the *Claims Control Page*) and cannot be edited.

HF Name Displays the name of the health facility. The field is read only (taken over from the *Claims Control Page*) and cannot be edited.

Insurance Number Enter the insurance number of the patient. When the field is filled the insuree name will be updated (:refnum:'insuree_picker'). Mandatory.

Img. 1.2.14: *Search insuree popup*

Claim No. Enter the identification of the claim. Mandatory, up to 8 characters. It should be unique within the claiming health facility.

Main Dg. Select the code of the main diagnosis by typing text, all diagnoses containing the typed text will appear and be selectable underneath the box. Mandatory.

Sec Dg 1 Select the code of the first secondary diagnosis by typing text, all diagnoses containing the typed text will appear and be selectable underneath the box.

Sec Dg 2 Select the code of the second secondary diagnosis by typing text, all diagnoses containing the typed text will appear and be selectable underneath the box

Sec Dg 3 Select the code of the third secondary diagnosis by typing text, all diagnoses containing the typed text will appear and be selectable underneath the box

Sec Dg 4 Select the code of the fourth secondary diagnosis by typing text, all diagnoses containing the typed text will appear and be selectable underneath the box

Claim Administrator Displays code of the claim administrator. The field is read only (taken over from *the Claim Control Page*) and cannot be edited.

Visit Date From Enter the visit date for out-patient care or the admission date for in-patient care. Mandatory.

Visit Date To Enter the discharge date for in-patient care.

Date Claimed Enter the date when the claim was prepared by the health facility.

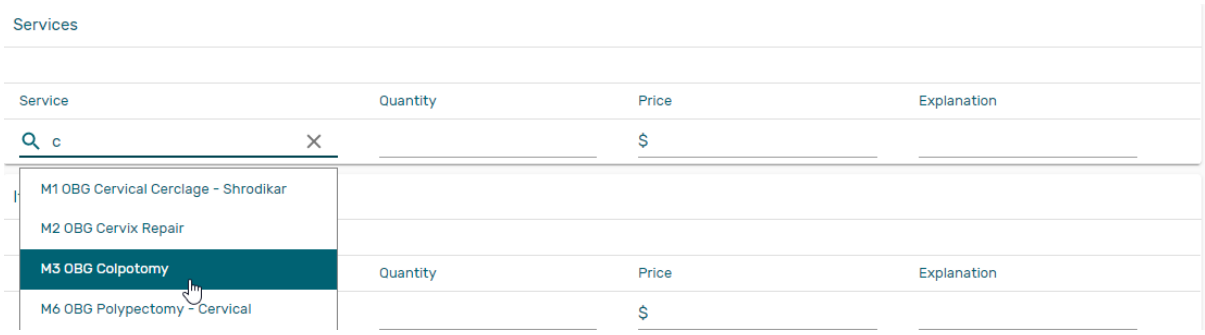
Guarantee No. Enter identification of a guarantee letter for prior approval of provision of claimed health care.

Visit Type Select the type of visit/hospital admission from the drop down list (**Emergency, Referral, Other**)

Services

Service code When entering the service code, a dropdown suggestion box for the available services with the service code or service name matching your typed text will be shown. Available medical services in the dropdown suggestion box are taken over from the pricelist of medical services associated with the claiming health facility. The desired service can then be selected from the dropdown suggestion box by clicking on it using mouse or selecting it using up and down arrows, then pressing Enter key fill the service code text field, together with quantity and value field in the same row.

Once the selected service has been written on the service data grid row, a new service line will be added and the dropdown suggestion box will close itself. When needed, the dropdown suggestion box can be closed by clicking any place on the page but outside the dropdown suggestion box.



Img. 1.2.15: *Services dropdown suggestion box – Claim Page*

Quantity This field can be filled manually by entering a number in it or automatically is filled by 1 when the service code above is filled, through dropdown suggestion box. It is this field that receives focus after service code is filled above from the dropdown suggestion box.

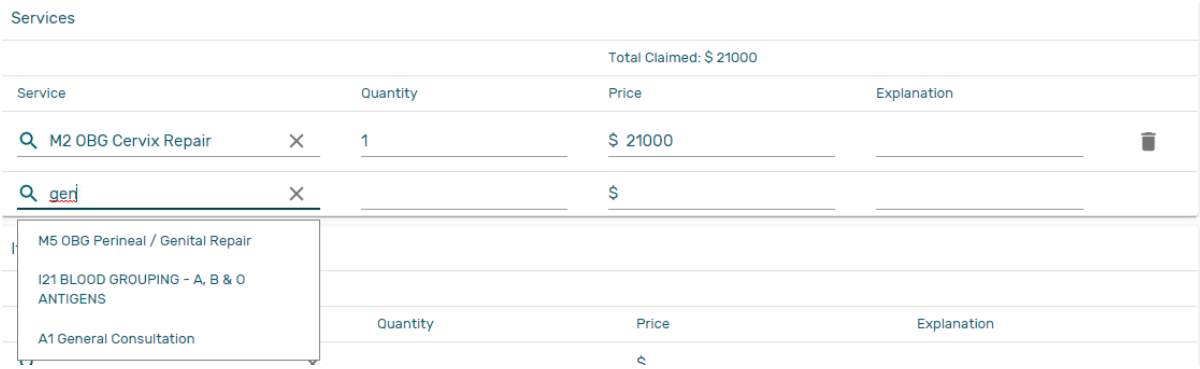
Price This field can be filled manually by entering a number in it or automatically is filled when the service code above is filled, through dropdown suggestion box. Automatically filled prices are taken over from the pricelist of medical services associated with the claiming health facility.

Explanation Enter extra information about the service for the scheme administration (a medical officer of the scheme administrator).

Items

Item code When entering the item code, a dropdown suggestion box for the available items with the item code or item name matching your typed text will be shown. Available medical items in the dropdown suggestion box are taken over from the pricelist of medical items associated with the claiming health facility. The desired item can then be selected from the dropdown suggestion box by clicking on it using mouse or selecting it using up and down arrows, then pressing Enter key to fill the item code text field, together with quantity and value field in the same row.

Once the selected item has been written on the item data grid row, a new service line will be added and the dropdown suggestion box will close itself. When needed, the dropdown suggestion box can be closed by clicking any place on the page but outside the dropdown suggestion box.



Img. 1.2.16: *Items dropdown suggestion box – Claim Page*

Quantity This field can be filled manually by entering a number in it or automatically is filled by 1 when the item code above is filled, through dropdown suggestion box. It is this filled that receives focus after item code is filled above from the dropdown suggestion box.

Price This field can be filled manually by entering a number in it or automatically is filled when the item code above is filled, through dropdown suggestion box. Automatically filled prices are taken over from the pricelist of medical items associated with the claiming health facility.

Explanation Enter extra information about the medical item for the scheme administration (a medical officer of the scheme administrator).

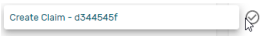
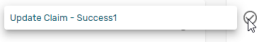
Claimed This field is filled automatically with a new total of quantities multiplied to their corresponding values in both data input grids at any time when there is a change in values in the either quantity fields or value fields anywhere in both data input grids.

Explanation Enter extra information about the whole claim for the scheme administration (a medical officer of the scheme administrator).

Saving

Once all mandatory data is entered, clicking on the `Save` button (Img. 1.2.5) will save the claim. The user stay in the *Claim Page*; a message confirming that the claim has been saved will appear on the right of the *Claim Page* (Tab. 1.2.3).

Tab. 1.2.3: Claim Save Confirmation

 Img. 1.2.17: *Create confirmation*	 Img. 1.2.18: *Update confirmation*	Img. 1.2.19: *Back*	Img. 1.2.20: *Print*

If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk).

Printing of a claim

By clicking on the `Print` button (Img. 1.2.7), the user will be shown a printable version of the claim details page. The printable version of the claim is available in the pdf formats.

Restoring/Duplicating a claim

By clicking on the `Restore` button, the *Claim Page* is cleared filled with a new calim having the same details, at the exeption of the claimID that get a leading "@"

Creating of a new claim

By clicking on the `Add` button (Img. 1.2.4), the *Claim Page* is cleared (with exception of HF Code, HF Name and Claim Administrator) and it ready for entering of a new claim for the same health facility and of the same claim administrator as before.

Back

By clicking on the `back` (Img. 1.2.6) button, the user will be re-directed to the *Claims Control Page*

1.2.2 Review Claims

The functionality allows reviewing and adjustments of claims from medical point of view. Reviewing of claims is restricted to users with the system role of Medical Officer or with a role including an access to Claims/Claim/Review.

Table of Contents

- *Review Claims*
  - *Pre-conditions*
  - *Navigation*
  - *Claims Overview Page*
    - *Search Panel*
    - *Claim Selection Update Panel*
    - *Result Panel*
    - *Actions Menu*
  - *Claim Review Page*
    - *Data Entry*
    - *Saving / Reviewing*
    - *data entry validation*
    - *Back*
  - *Claim Feedback Page*

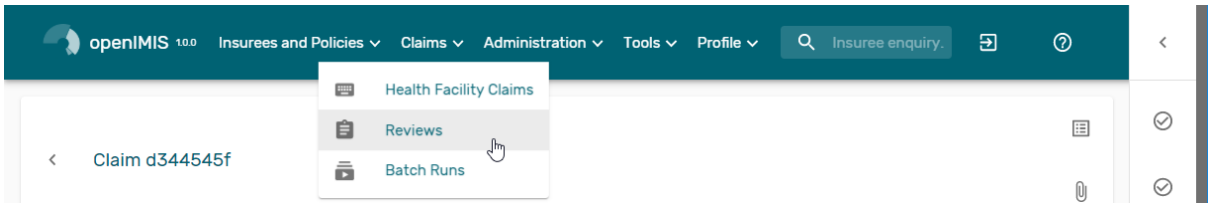
* *Data Entry*
* *Saving*
* *Back*

Pre-conditions

A claim has been already submitted.

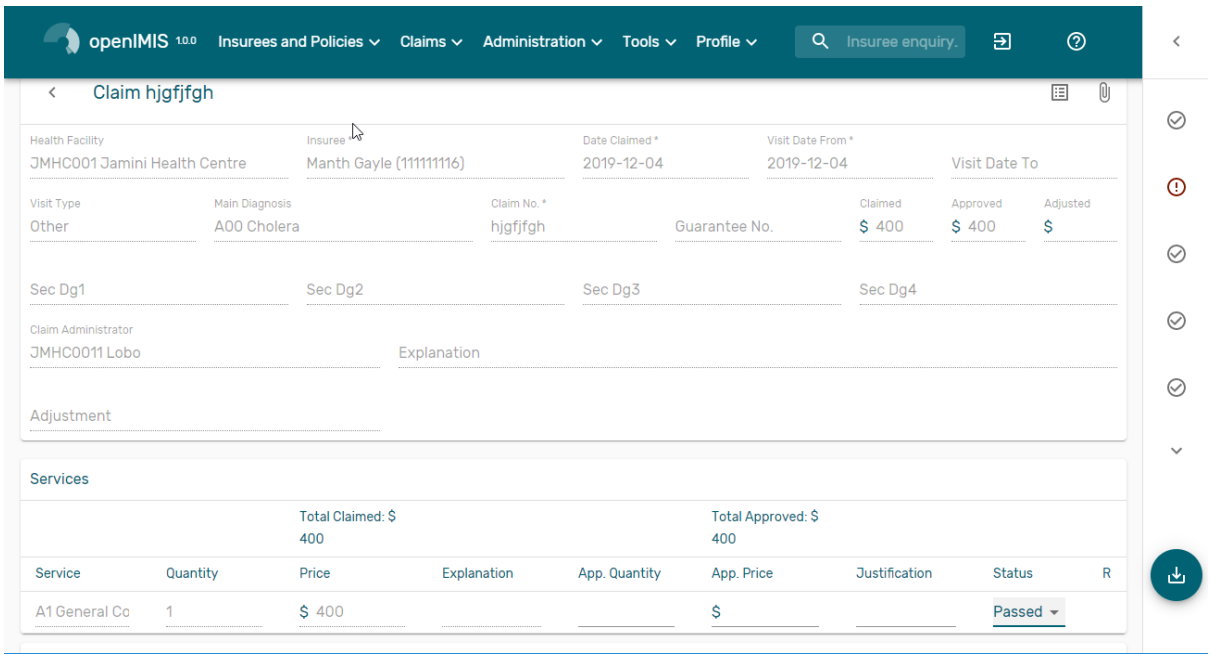
Navigation

All functionality for use with the administration of claim overview can be found under the main menu `Claims`, sub menu `Reviews`.



Img. 1.2.21: *Navigation Review*

Clicking on the sub menu `Review` re-directs the current user to the *Claims Overview Page*



Img. 1.2.22: *Image - Claims Overview Page*

Claims Overview Page

The Claims Overview Page is the central point for all claim review administration. By having access to this panel, it is possible to review, feedback, amend and process claims. The panel is divided into five sections (Img. 1.2.22).

Search Panel

The search panel allows a user to select specific criteria to minimise the search results. In the case of claims the following search options are available, which can be used alone, or in combination with each other.

Region Select the `Region`; from the list that appear after typing characters, all region containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected*

District Select the `District`; from the list that appear after typing characters , all district containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected*

HF Code Select the `HF Code`; from the list that appear after typing characters, all HF code containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the health facilities belonging to the selected district and assigned to the current logged in user.*

HF Name Type in the beginning of; or the full `HF Name`, to search for claims belonging to the health facility whose name start with or match completely the typed text

Claim Administrator Select the `claim administrator` from the list that appear after typing characters , all claim administrator containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the claim administrators belonging to the health facility selected.*

Insurance Number Enter the insurance number of the patient. When the field is selected, the search insuree popup(:refnum:'insuree_picker') will be display and will allow the claim administrator to search the insuree based on its insurance number, or/and last name, or/and other(first) name

Claim No Type in the beginning of; or the full `Claim No`, to search for claims with claim identification which start with or match completely the typed text.

Review Status Select the `Review Status` from the list of the options for review status by clicking on the arrow on the right of the selector to select claims with a specific review status

Feedback Status Select the `Feedback Status` from the list of the options for feedback status by clicking on the arrow on the right of the selector to select claims with a specific feedback status

Claim Status Select the `Claim Status` from the list of the options for claim status by clicking on the arrow on the right of the selector to select claims with a specific claim status.

Main Dg Select the `Main Dg.` from the list of diagnoses by typing characters, all diagnoses containing the typed text will appear and be selectable underneath the box, to select claims with main diagnosis.

Batch Run Select the `Batch Run` from the list of batch runs by clicking on the arrow on the right of the selector to select claims included in a specific batch run.

Visit Date From Type in a date; or use the Date Selector (Tab. 1.5.4), to search for claims with a `Visit Date From` which is on or is greater than the date typed/selected. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.*

Visit Date To Type in a date; or use the Date Selector (Tab. 1.5.4), to search for claims with a `Visit Date To` which is on or is less than the date typed/selected. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.*

Claim Date From Type in a date; or use the Date Selector (Tab. 1.5.4), to search for claims with a `Claim Date From` which is on or is greater than the date typed/selected. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.*

Claim Date To Type in a date; or use the Date Selector (Tab. 1.5.4), to search for claims with a `Claim Date To` which is on or is less than the date typed/selected. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.*

Visit Type Select type of out-patient visit or in-patient admission from the list of types of visit to search for claims made on specific visit/admission type.

Claim Selection Update Panel

This panel is basically for functionality of updating multiple claims which are currently loaded in the Result Panel at once basing on the claim filter criteria available on this panel. The update on the claims is basically changing **Feedback Status** and **Review Status** of a claim from **Idle** to **Selected for Feedback** or **Selected for Review** respectively. The filters in this panel work on the claims which are currently loaded on the result panel. The combination of filters is either `Select` and either `Random` or `Value` combination of `Value` and `Variance`.

Select A selection dropdown box to select between **Review Select** and **Feedback Select** to filter only claims whose review status is **Idle** or feedback status is **Idle** respectively from among claims currently in the Result Panel.

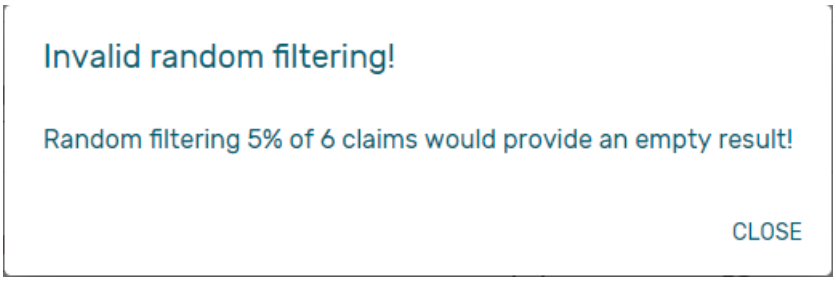
Random Accept a number which is considered to be a percentage of the claims in the Result Panel. Check the random checkbox and enter a number on the text field next to checkbox. The default is 5%.

Value Accept a number which is considered to be claimed value. This will filter claims from the Result Panel by taking claims whose claimed value is equal or greater than the entered number in the Value text field. Check the value checkbox and enter a number on the text field next to checkbox.

variance Enable to set a variance arround the `Value` specified **Percentage Variance = [(Claim Value Filter Value) − 1] * 100**

filter button Once desired criteria have been set and after clicking this button(Img. 1.2.28), then the claims currently displayed in the result panel which satisfy the criteria, a reduced number of claim will be dispalyed in the result panel

bulk updates One can select them all (Img. 1.2.27) then by clicking on the 3 dots(Img. 1.2.29) more advanced actions (Img. 1.2.30) will be displayed



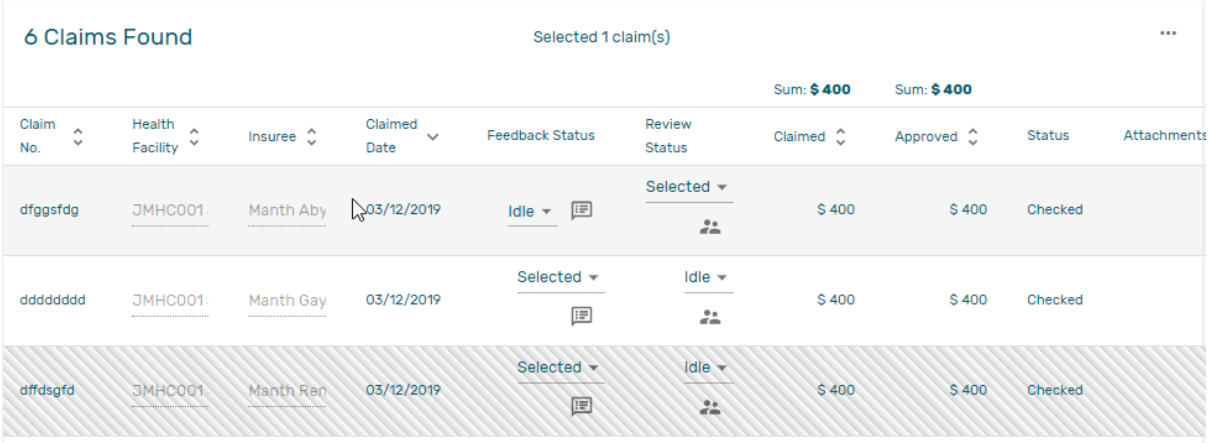
Img. 1.2.23: *Error message when the filter have no result*

A notification will be displayed to confirm display the action result(Img. 1.2.24)

Img. 1.2.24: *Claim Review Action Notification*

Result Panel

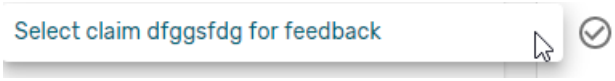
The Result Panel displays a list of all claims found, matching the selected criteria in the search panel. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow (Img. 1.2.25).



Img. 1.2.25: *Claim Review Search Result: Selected (light grey), record updated (zebras)*

Per default 10 records can be displayed at one time in a scroll panel but this number can be changed (Img. 1.2.34, the default value can also be changed in front end configuration), Further records can be viewed by changing pages (Img. 1.2.33).

The Feedback and Review Status Columns in each row contain a drop down list with options for claim feedback status and claim review status. A user can change the claim feedback and review status to **Idle** to **Not Selected** or **Selected** or **Bypass**. the change will take effect directly in an asynchronous mode, a notification will indicate the result of the update (Img. 1.2.26)



Img. 1.2.26: *Selection of claim for feedback/review notification*

Deliver Review Clicking on this button (Img. 1.2.32) re-directs a user to the *Claim Review Page*, where a claim with review status **Selected for Review** can be reviewed and its current review status changed to **Reviewed.** If the claim is not in the status **Selected for Review** then the claim can be only loaded and shown to the user without any subsequent action.

Deliver feedback Clicking on this button (Img. 1.2.31) re-directs a user to the *Claim Feedback Page*, where a claim with feedback status **Selected for Feedback** can be feed backed and its current feedback status changed to **Delivered**.

Actions Menu

The Action menu is used in conjunction with the current selected record (highlighted with light grey). The user should first select a record by clicking on any position of the record or by clicking on `Select All` (Img. 1.2.27)

Tab. 1.2.4: claims review actions

SELECT ALL Img. 1.2.27: *Select all*	Img. 1.2.28: *Filter button*	Img. 1.2.29: *tree dots*	Clear Selection Select For Feedback Skip Feedback Select For Review Skip Review Process Selected Img. 1.2.30: *review actions menu*
Deliver Feedback Img. 1.2.31: *Deliver Feedback Button*	Deliver Review Img. 1.2.32: *Deliver Review Button*	1-10 of 15 Img. 1.2.33: *Page browser*	Rows Per Page 10 20 50 100 Img. 1.2.34: *Change the number of record per page*

Clear Selection Unselect the selected claims

Select For Feedback set the feedback status of the selected claims to **Selected**

Skip feedback set the feedback status of the selected claims to **Not Selected**

Select For Review set the review status of the selected claims to **Selected**

Skip Review set the review status of the selected claims to **Not Selected**

Process selected Process the selected claim with the status **Checked**, once processed the claims will have the status

Processed

this means that the valutation will be done against the cieling and deductible configure on the product page

1. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur once a claim has been reviewed, updated, feedback added on claim or if there was an error at any time during the process of these actions.

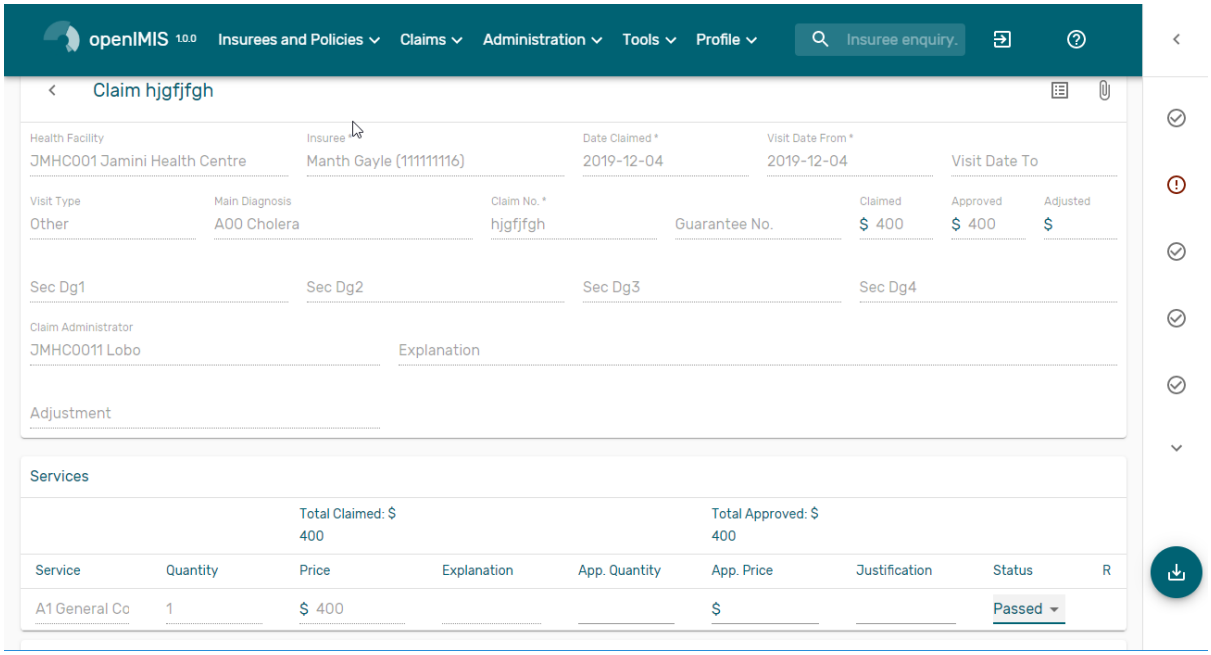
Claim Review Page

Data Entry

`Claim Review Page` will show read-only information of the current claim selected for review, on the top section of the page, on some of the grid columns of the claim services grid and claim items grid and on the bottom of all the grids. As well, the page has input boxes where a user with the system role Medical Officer or with a role including an access to Claims/Claim/Review can enter new relevant values for review of the current claim.

Read-only information of the current claim:

HF The health facility code and name which the claim belongs to.



Img. 1.2.35: *Claim Review Page*

Main Dg. The code of the main diagnosis.

Sec Dg1 The code of the first secondary diagnosis.

Sec Dg2 The code of the second secondary diagnosis.

Sec Dg3 The code of the third secondary diagnosis.

Sec Dg4 The code of the fourth secondary diagnosis.

Visit type The type of the visit or of the hospital stay (**Emergency, Referral, Other**)

Date Processed The date on which the claim was processed (sent to the state **Processed**).

Claim Administrator The administrator's code, who was responsible for submission of the current claim.

Insurance Number The insurance number of the patient

Claim No. The unique identification of the claim within the claiming health facility.

Patient Name The full name of the patient on whom the claim is made

Date Claimed The date on which the claim was prepared by the claiming health facility

Visits Date From The date on which the patient visited (or was admitted by) the health facility for treatment on which the claim is basing on

Visit Date To The date on which the patient was discharged from the health facility for treatment on which the claim is basing on

Guarantee No. Identification of a guarantee letter.

Claimed The sum of prices of all claimed services and items at the moment of submission of the claim.

approved The value of the claim after automatic checking during its submission and after the corrections of the claim done by a medical officer.

Adjusted The value of the claim after automatic adjustments done according to the conditions of coverage by the patient's policy.

Explanation Explanation to the claim provided by the claiming health facility.

claim status Claim status is shown on the very bottom right end side after the two grids. This is status which claim gets after submission.

Editable information of the current claim:

Adjustment Enter a text summarizing adjustments in claim done by a medical officer.

Services and Items data entry grids.

1. **Approved Quantity (app.qty)** Enter a number of approved provisions of the corresponding medical service or item.
2. **Approved Price (app. price)** Enter an approved price of the corresponding medical service or item.
3. **Justification** Enter justification for the entered corrections of the price and quantity of the medical service or item.
4. **Status** Select either the status in the claim **Passed** or **Rejected** for the corresponding medical service or item respectively.
5. **Rejection reason** The last column of each of the two grids, headed with character '**R**', gives rejection reason number for each of the claimed services or claimed items in the claim services grid or the claim items grid respectively. Rejection reasons are as follows:

   The rejection description is displayed on the screen when the mouse pointer is above the given line (Img. 1.2.36)

Img. 1.2.36: *Image Rejection Description*

Reason Code	Reason Description
-1	Rejected by a medical office
10	Accepted
1	Item/Service not in the registers of medical items/services
2	Item/Service not in the pricelists associated with the health facility
3	Item/Service is not covered by an active policy of the patient
4	Item/Service doesn't comply with limitations on patients (men/women, adults/children)
5	Item/Service doesn't comply with frequency constraint
6	N/A
7	Not valid insurance number
8	Diagnosis code not in the current list of diagnoses
9	Target date of provision of health care invalid
10	Item/Service doesn't comply with type of care constraint
11	Maximum number of in-patient admissions exceeded
12	Maximum number of out-patient visits exceeded
13	Maximum number of consultations exceeded
14	Maximum number of surgeries exceeded
15	Maximum number of deliveries exceeded
16	Maximum number of provisions of item/service exceeded
17	Item/service cannot be covered within waiting period
18	N/A
19	Maximum number of antenatal contacts exceeded

Saving / Reviewing

Once appropriate data is entered, clicking on the `Save` button (Img. 1.2.5) will save the claim review and set the reivew status to `deliver`; a message confirming that the claim has been saved will appear on the Information Panel.

data entry validation

If inappropriate data is entered at the time the user clicks the `Save` button, an error message will appear in the Information Panel, and the data field will take the focus

Back

By clicking on the `back` button (Img. 1.2.6), the user will be re-directed to the *Claims Overview Page*.

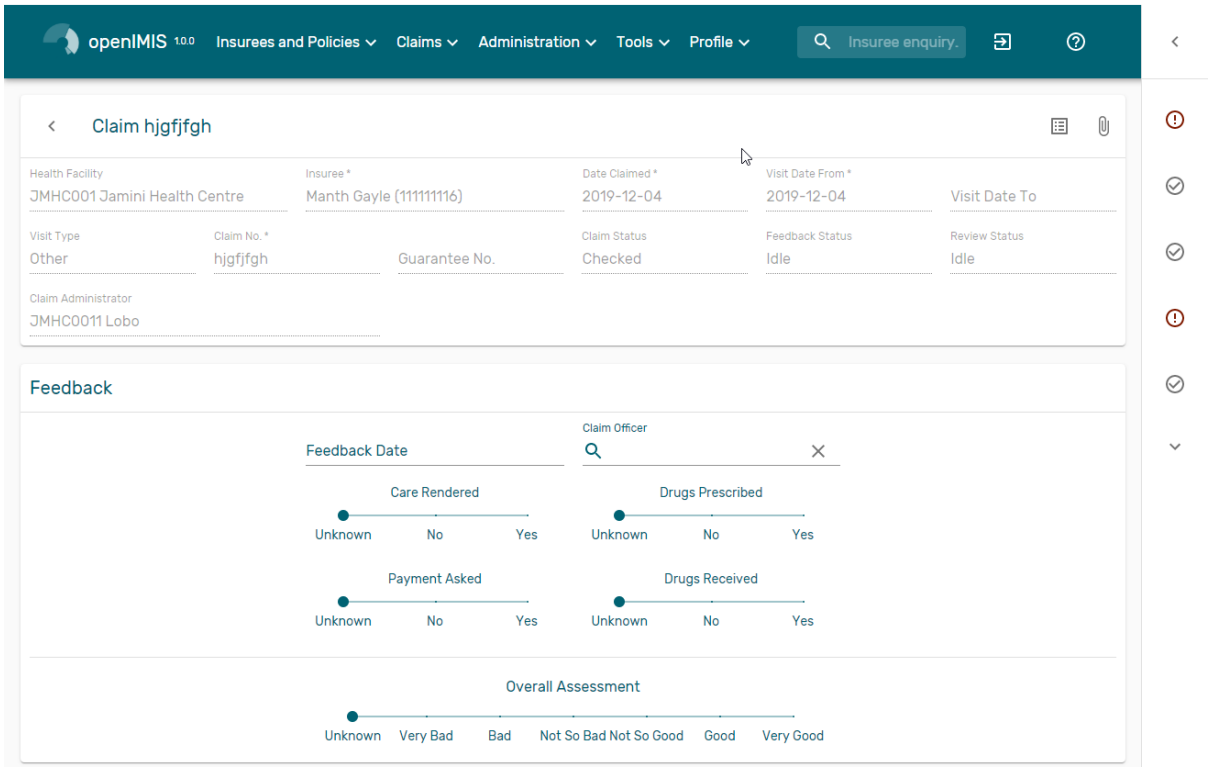
Claim Feedback Page

The Claim Feedback page will show -only information of the current claim selected for feedback, on the top section of the page it has input boxes where a user with the system role Medical Officer or with a role including an access to Claims/Claim/Feedback can enter feedback on the current claim or where the user can read a feedback delivered by enrolment officers.

Data Entry

Read-only data of the feedback includes in the section **Claim the following:**

Health Facility The health facility code and name which the claim belongs to.



Img. 1.2.37: *Claim Feedback Page*

Insuree Patient/beneficiary names and insurance number

Date Claimed The date on which the claim was prepared by the claiming health facility

Visits Date From The date on which the patient visited (or was admitted by) the health facility for treatment on which the claim is basing on

Visit Date To The date on which the patient was discharged from the health facility for treatment on which the claim is basing on

Visit Type Type of visit covered by the claim (emergency, referal, other)

Claim No. The unique identification of the claim within the claiming health facility.

Guarantee No. Identification of a guarantee letter for prior approval of provision of claimed health care.

Claim Status The status of the claim.

Review Status The status of the claim with respect to reviewing.

Feedback Status The status of the claim with respect to feed backing.

Claim Administrator The administrator's code and name, who was responsible for submission of the current claim.

- Modifiable data of the feedback included in the section **Feedback** the following

Feedback Date Type in a date of collection of the feedback; Clicking on the field will pop-up an easy to use, calendar selector (Tab. 1.5.4); by default the calendar will show the current month, or the month of the currently selected date, with the current day highlighted.

Enrolment Officer Select an enrolment officer from the list of enrolment officers, by clicking the arrow on the right side of selection field. The enrolment officer collects feedback from the patient.

Care Rendered Select 'Yes' or 'No' from the slider

Payment Asked Select 'Yes' or 'No' from the slider

Drugs Prescribed Select 'Yes' or 'No' from the slider

Drugs Received Select 'Yes' or 'No' from the slider

Overall Assessment Choose one level among the six levels available from the slider

Saving

Once all mandatory data is entered, clicking on the `Save` button (Img. 1.2.5) will save the feedback on current claim. The user will be re-directed back to the *Claims Overview Page*; a message confirming that the feedback has been saved will appear on the Information Panel. If inappropriate data is entered or mandatory data is not entered at the time the user clicks the Save button, an error message will appear in the Information Panel, and the data field will take the focus.

Back

By clicking on the `back` button (Img. 1.2.6), the user will be re-directed to the *Claims Overview Page*

1.2.3 Batch Run

Administration of batches of claims is restricted to users with the system role of Accountant or with a role including an access to Claims/Claim/Batch.

Table of Contents

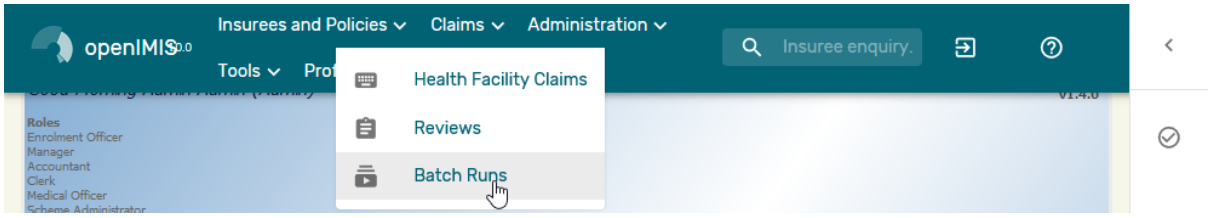
- *Batch Run*
  - *Pre-conditions*
  - *Navigation*
  - *Batch Run Control Page*

Pre-conditions

A claim has been already processed (*review actions menu*).

Navigation

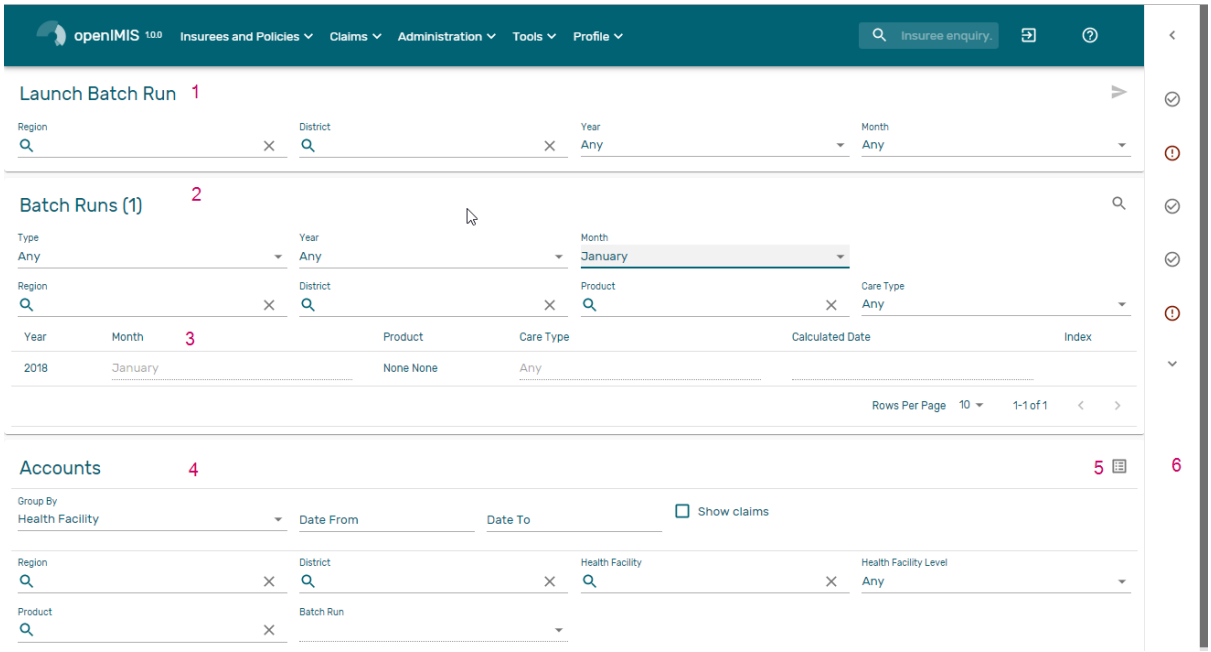
All functionality for use with the administration of processing of batches can be found under the main menu `Claims`, sub menu `Batch Run` (Img. 1.2.38).



Img. 1.2.38: *Navigation Batch Run*

Clicking on the sub menu `Batch Run` re-directs the current user to the *Batch Run Control Page*.

Batch Run Control Page



Img. 1.2.39: *Batch Run Control Page*

The Batch Run Control Page is the central point for batch processing administration. Access to the page is restricted to users with the system role of Accountant or with a role including an access to Claims/Claim/Batch. By having access to this page, it is possible to process batches, filter, and filter for accounts. The panel is divided into six sections (Img. 1.2.39)

1. **Batch Processing Panel**

   The batch processing panel allows a user to process batches based on the following criteria:

   Region Select the `Region` from the list of regions by clicking on the arrow on the right of the selector to select a region. *Note: The list will only be filled with the regions assigned to the current logged in user and the option National.* The option `National` will process all the claim for the period specified in `Month` and `Year`

   District Select the `district` from the list of districts by clicking on the arrow on the right of the selector to select a district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is the only one then the district will be automatically selected. If no district is selected then the processing is done only for insurance product defined for the selected region.*

   Year Select the `Year` from the list of available years by clicking on the arrow on the right of the selector. Only periods for which a batch hasn't been run yet are offered in both lists.

   Month Select the `Month` from the list of months by clicking on the arrow on the right of the selector.

   The Month at the end of the quarter process the claim for insuree having a product with Quaterly distribution (Product Page):

   - March –> Process the claim for first quatrer
   - June –> Process the claim for second quatrer
   - September –> Process the claim for Third quatrer
   - December –> Process the claim for Fourth quatrer

December process the claim for insuree having a product with Yearly distribution (Product Page)

Process Once criteria are chosen, clicking on this button (Img. 1.2.40), the claims will be processed based on the selected criteria. If the option `National` was used in the field `Region`, the batch will run only for nationwide insurance products. If a region is selected in the field `Region` and no district is selected, the batch will run only for regional insurance products for the selected region. If a district is selected in the field `District` the batch is run only for district insurance products for the selected district.

Img. 1.2.40: *Batch Run Process Button*

2. **Filter Panel for the relative price index per product and period**

   The filter panel allows a user to filter the of indexes for relative pricing per period, product and zone (results of running of batches). In case the product doesn't have any distribution configured then no relative price index are calculated by running the batch meaning no record will be added to the below list.

   the Relative price indexes can be filtered based on the following criteria:

   Type Select the `Type`; from the list of time group types (**Monthly, Quarterly, Yearly**) by clicking on the arrow on the right of the selector.

   Year Select the `Year`; from the list of available years by clicking on the arrow on the right of the selector.

   Period Select the `Period`; from the list of months/quarters by clicking on the arrow on the right of the selector.

   Region Select the `Region`; from the list that appear after typing characters, all region containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected*

   District Select the `District`; from the list that appear after typing characters , all district containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected*

   Product Select the `Product`; from the list that appear after typing characters , all product containing the typed text will appear and be selectable underneath the box.

   Category Select category of health care (**In-patient/hospital, Out-patient/Non-hospital, All**) from the list of categories of health care by clicking on the arrow on the right of the selector.

   Filter Once criteria are chosen, clicking on this filter button (Img. 1.2.41) will filter based on the selection criteria.

Img. 1.2.41: *Batch Run filter Button*

3. **Display Panel for the relative price index per product and period**

   The Display Panel is used to display results of running of batches after the filter or processing.

4. **Filter for Accounts Panel**

The Filter for Accounts Panel is used in filtering of batch protocols for an accounting system based on the following criteria:

Group By Select either grouping of the report by health facility (`health facility`) or by product (`Product`).

Start Date Type in a date; or use the Date Selector (Tab. 1.5.4) to enter date which is equal or less than claim date. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.*

End Date Type in a date; or use the Date Selector (Tab. 1.5.4) to enter date which is equal or greater than claim date. *Note. To clear the date entry box; use the ''Clear'' button on the date picker popup.*

Show Claims Check this checkbox, if you need to show all claims in detailed way in the protocol.

Region Select the `Region`; from the list that appear after typing characters, all region containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected*

District Select the `District`; from the list that appear after typing characters , all district containing the typed text will appear and be selectable underneath the box. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected*

Health facility Select the `Health facility`; from the list that appear after typing characters, all Health facility containing the typed text will appear and be selectable underneath the box.*Note: The list will only be filled with the Health facility belonging to the selected region and assigned to the current logged in user. If this is only one then the Health facility will be automatically selected*

Product Select the `Product`; from the list that appear after typing characters , all product containing the typed text will appear and be selectable underneath the box.

Health facility Level Select a level from the list of levels of health facilities by clicking on the arrow on the right of the selector.

Show All Check this checkbox, if you need to show all health facilities in the report although they have no claim included.

Preview Once criteria are chosen, clicking on this preview button (Img. 1.2.42) will create a protocol of the selected batch.

Img. 1.2.42: *Accountant report preview Button*

5. **Button Panel**

   This panel contains control button.

   Back By clicking on the back button (Img. 1.2.6), the user will be re-directed to the *Home Page*.

6. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur once a batch has been processed, filtered or if there was an error at any time during the process of these actions.

1.3 Administration of Registers

Registers of openIMIS serve as a principal tool by which openIMIS is adjusted to needs of health insurance schemes. With exception of the register of Users that can be managed only by users with the system role openIMIS Administrator or with a role including an access to Administration/Users or Locations, all other registers can be managed by users with the role Scheme Administrator.or with a role including an access to Administration/Products or Health Facilities or Pricelists or Medical Services or Medical Items or Enrolment Officers or Claim Administrators or Payer. There is no system role that includes an access to the register of user profiles. Only users having a role including an access to Administration/User Profiles can access the register of User Profiles.

The register of Users defines who can login to openIMIS and under what constraints. The register of Locations defines administrative division of the territory, on which a health insurance scheme is operated. The register of Payers allows specification of institutional payers that can pay contributions on behalf of policyholders (households, groups of persons). The register of Enrolment Agents specifies all persons (either employed or contracted) by the scheme administration that are entitled to distribute/sell policies to population. The register of Claim Administrators specifies all employees of health facilities that are entitled to submit claims to the scheme administration. The register of Health Facilities contains all contractual health facilities that can submit claims to the scheme administration. The register of Medical Items specifies all possible medical items (drugs, prostheses, medical devices etc.) that can be used in definitions of packages of insurance products and in pricelists associated with contractual health facilities. The register of Pricelists that splits into two divisions for Medical Services and for Medical Items contains pricelists valid for individual health facilities or their groups reflecting results of price negotiations between contractual health facilities and the scheme administration. Finally, the register of Products includes definitions of all insurance products that can be distributed/sold within the health insurance scheme.

1.3.1 Insurance Products

The register of insurance products contains all insurance products in the health insurance scheme. There may be several insurance products available for distribution/selling in a territory, e.g. one basic product and one or several supplemental insurance products. The insurance products may at the different levels. For example that basic insurance product may be at the national level whereas the supplemental insurance products may be at the regional level. Administration of the register of insurance products is restricted to users with the system role of Scheme Administrator or with a role including an access to Administratiom/Products.

Table of Contents

- *Insurance Products*
  - *Pre-conditions*
  - *Navigation*
  - *Product Control Page*
    - *Search Panel*
    - *Result Panel*
    - *Information Panel*
  - *Product Page*
    - *Data Entry*
      - *General*
      - *Contribution Plan*

- Covered Medical Items
- Covered Medical Services
- Deductibles and Ceilings
- Pooling Management

* Saving

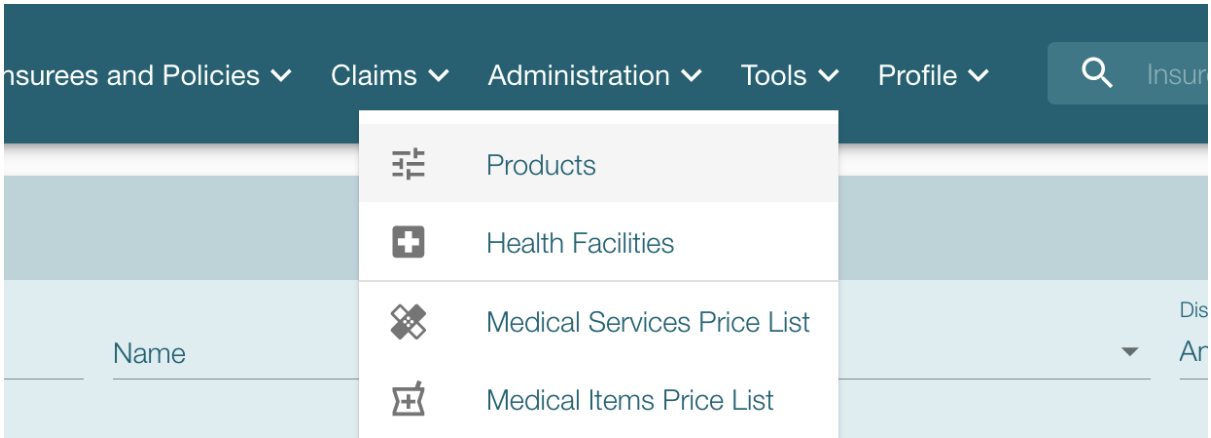
– Adding a Product
– Editing a Product
– Deleting a Product

Pre-conditions

An insurance product may only be added or thereafter edited, after the approval of the management of the scheme administration.

Navigation

All functionality for use with the administration of insurance products can be found under the main menu `Administration`, sub menu `Products`.



Img. 1.3.1: *Navigation Products*

Product Control Page

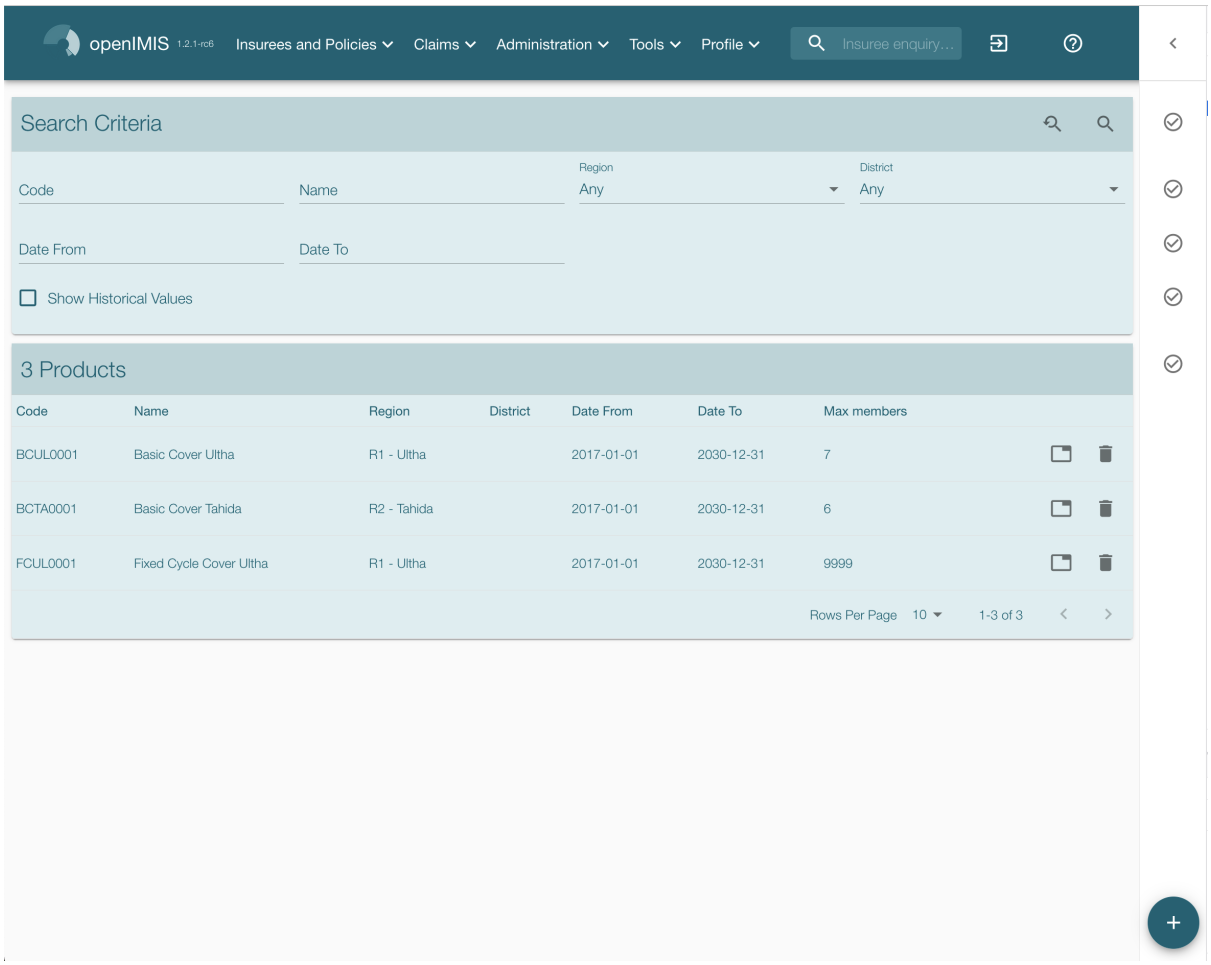
Clicking on the sub menu `Products` redirects the current user to the `Product Control Page`.

The `Product Control Page` is the central point for administration of insurance products. By having access to this page, it is possible to add, edit, duplicate and search. The panel is divided into four panels. (Img. 1.3.2)

Search Panel

The search panel allows a user to select specific criteria to minimise the search results. In the case of Products the following search options are available, which can be used alone, or in combination with each other.

Product Code Type in the beginning of; or the full `Product Code`; to search for products with a `Product Code`, which starts with or matches completely, the typed text.



Img. 1.3.2: *Product Control Page*

Product Name Type in the beginning of; or the full `Product Name` to search for products with a `Product Name`, which starts with or matches completely, the typed text.

Date From Type in a date; or use the Date Selector Button, to search for products with a `Date From`, which is on or is greater than the date typed/selected. *Note: To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

Date To Type in a date; or use the Date Selector Button, to search for products with a `Date To`, which is on or is greater than the date typed/selected. *Note: To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

Region Select the `Region` from the list of regions by clicking on the arrow on the right of the selector to select products from a specific region.

Note: The list will only be filled with the regions assigned to the current logged in user and with the option National. All nationwide products and all regional products relating to the selected region will be found. If no district is selected then also all district products for districts belonging to the selected region will be found.

District Select the `District` from the list of districts by clicking on the arrow on the right of the selector to select products from a specific district.

Note: The list will be only filled with the districts belonging to the selected region. All nationwide products, all regional products relating to the selected region and all district products for the selected district will be found.

Show Historical Values Click on `Show Historical Values` to see historical records matching the selected criteria. Historical records are displayed in the result in grey to clearly define them from current records (Img. 1.3.3).

71 Products

Code	Name	Region	District	Date From	Date To	Max members
BCUL0001	Basic Cover Ultha	R1 - Ultha		2017-01-01	2030-12-31	7
NBC001	National Basic Cover	R1 - Ultha		2018-01-01	2030-12-31	6
BCTA0001	Basic Cover Tahida	R2 - Tahida		2017-01-01	2030-12-31	6
BCUL001	Basic Cover Ultha	R1 - Ultha		2018-01-01	2030-12-31	6
BCUL0001	Basic Cover Ultha	R1 - Ultha		2018-01-01	2030-12-31	6
BCTA0001	Basic Cover Tahida	R2 - Tahida		2018-01-01	2030-12-31	6
FCUL0001	Fixed Cycle Cover Ultha	R1 - Ultha		2017-01-01	2030-12-31	9999

Img. 1.3.3: *Historical records - Result Panel*

Search Button Once the criteria have been entered, use the search button to filter the records, the results will appear in the result panel.

Result Panel

The result panel displays a list of all products found, matching the selected criteria in the search panel. The currently hovered record is highlighted in grey (Img. 1.3.4). The leftmost record contains a hyperlink which if clicked, redirects the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.

Code	Name	Region	District	Date From	Date To	Max members
BCUL0001	Basic Cover Ultha	R1 - Ultha		2017-01-01	2030-12-31	7
NBC001	National Basic Cover	R1 - Ultha		2018-01-01	2030-12-31	6
BCTA0001	Basic Cover Tahida	R2 - Tahida		2017-01-01	2030-12-31	6
BCUL001	Basic Cover Ultha	R1 - Ultha		2018-01-01	2030-12-31	6
BCUL0001	Basic Cover Ultha	R1 - Ultha		2018-01-01	2030-12-31	6

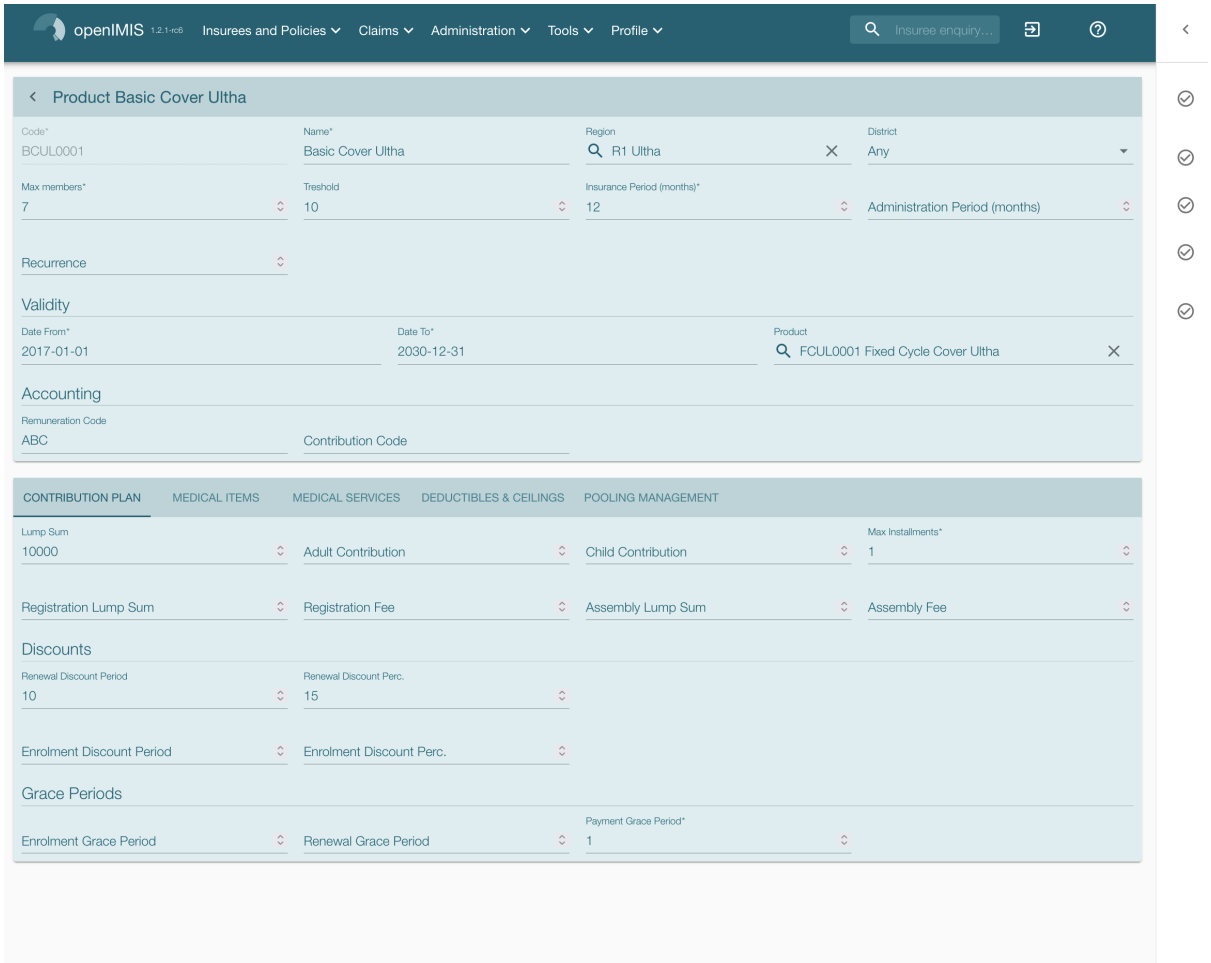
Img. 1.3.4: *Result Panel*

Information Panel

The Information Panel is used to display messages back to the user. Messages will occur once a product has been added, updated or deleted or if there was an error at any time during the process of these actions.

Product Page

Data Entry



General

Product Code Enter the product code for the product. Mandatory, 8 characters.

Product Name Enter product name for the product. Mandatory, 100 characters maximum.

Region Select the region in which the product will be used, from the list by clicking on the arrow on the right hand side of the lookup. The option National means that the insurance product is nationwide and it is not constraint to a specific region.

Note: The list will only be filled with the regions assigned to the current logged in user.‘ Mandatory.

District Select the district in which the product will be used, from the list by clicking on the arrow on the right hand side of the lookup.

Note: The list will only be filled with the districts assigned to the selected region and assigned to the current logged in user.

Maximum of Members Enter the maximal number of members of a household/group for the product.

Threshold Members Enter the threshold number of members in product for which the lump sum is valid.

Insurance Period Enter duration of the period in months, in which a policy with the product will be valid. Mandatory.

Administration Period Enter duration of the administration period in months. The administration period is added to the enrolment date/renewal date for determination of the policy start date.

Recurrence Enter duration of the period in months after which registration fee/lump sum is applied again for a renewal. The period starts with the expiry date of the policy to be renewed.

Date From Type in the date to provide the date for which underwriting for the insurance product can be done from. `Date From` determines the earliest date from which underwriting can be done. Mandatory.

Date To Type in the date or use the Date Selector Button to provide the date until which underwriting can be done to. Mandatory.

Conversion Select from the list of products, a reference to the product which replaces the current product in case of renewal after the `Date to`.

Note: Selecting the current product will prevent the record from saving, and cause a message to be displayed in the Information Panel.

Account Code Remuneration Enter the account code of the insurance product used in the accounting software for remuneration of the product. 25 characters maximum.

Account Code Contribution Enter the account code of the insurance product used in the accounting software for paid contributions. 25 characters maximum.

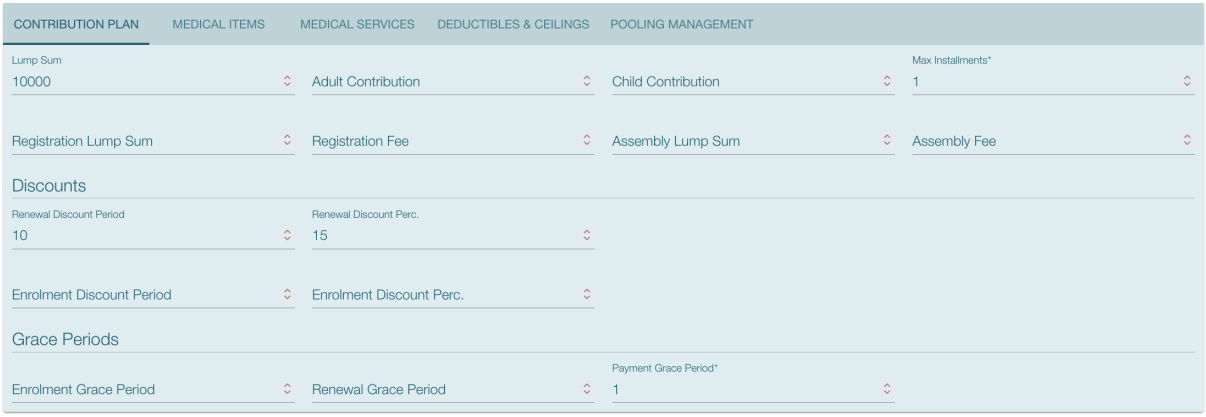
Contribution Plan

Lump Sum Enter the lump sum contribution (an amount paid irrespective of the number of members up to a threshold) to be paid by a household/group for the product. If the lump sum is zero no lump sum is applied irrespective of the threshold members. Decimal up to two digits.

Contribution Adult Enter the contribution to be paid for each adult (on top of the threshold number of members). Decimal up to two digits.

Contribution Child Enter the contribution to be paid for each child (on top of the threshold number of members). Decimal up to two digits.

Max Instalments Enter maximal number of instalments in which contributions for a policy may be paid. Mandatory.



Img. 1.3.5: *Contribution Plan Tab*

Registration Lump Sum Enter the lump sum (for a household/group) for registration fee to be paid at the first enrolment of the household/group. Registration fee is not paid for renewals of policies.

Assembly Lump Sum Enter the lump sum (for a household/group) for additional assembly fee to be paid both at the first enrolment and renewals of policies.

Registration Fee Enter the registration fee per member of a household/group. If registration lump sum is non zero, registration fee is not considered. Registration fee is not paid for renewals of policies.

Assembly Fee Enter the assembly fee per member of a household/group. If assembly lump sum is non zero, assembly fee is not considered. Assembly fee is paid both at the first enrolment and renewals of policies.

Enrolment Discount percentage Enter the enrolment discount percentage for the insurance product. The discount percentage is applied on the total contributions calculated for a policy underwritten earlier than `Enrolment disc. period` months before the start date of the corresponding cycle.

Enrolment Discount Period Enter the enrolment discount period of the insurance product in months.

Renewal Discount Percentage Enter the renewal discount percentage for the insurance product. The discount percentage is applied on the total contributions calculated for a policy renewed earlier than `renewal disc. period` months before the start date of the corresponding cycle.

Renewal Discount Period Enter the renewal discount period of the insurance product in months.

Grace Period Payment Enter duration of the period in months, in which a policy has a grace period (not fully paid up) before it is suspended. Mandatory, although it is by default and can be left at zero.

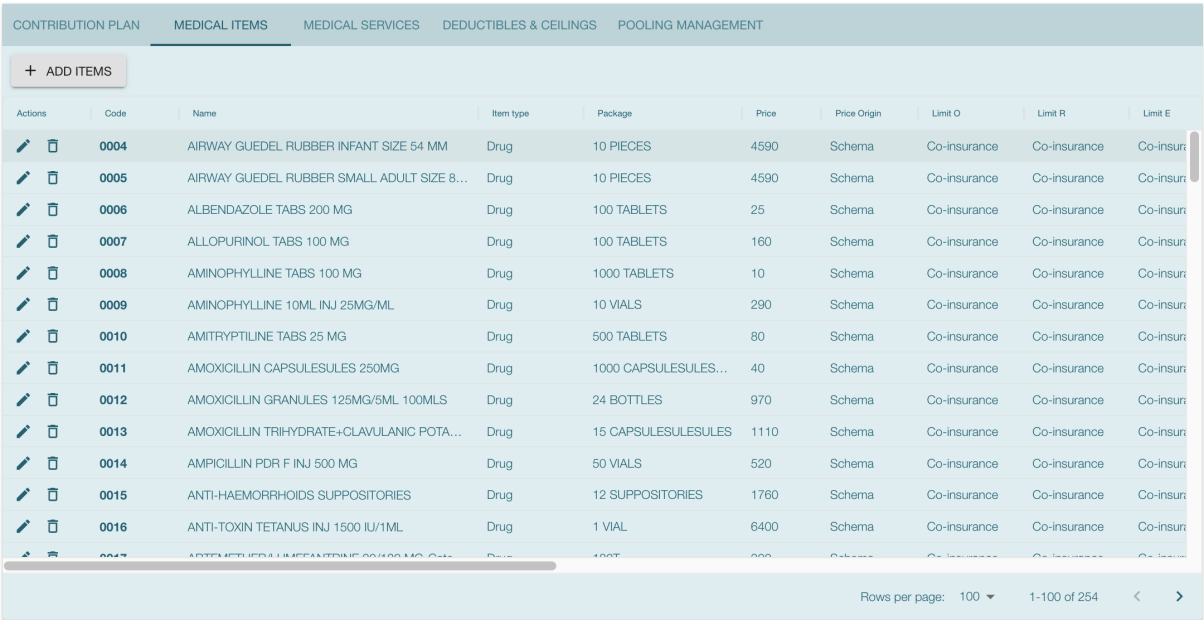
Grace Period Enrolment Enter duration of the period in months after the starting date of a cycle (including this starting date), in which underwriting of a policy will still be associated with this cycle.

Grace Period Renewal Enter duration of the period in months after the starting date of a cycle (including this starting date), in which renewing of a policy will still be associated with this cycle.

Covered Medical Items

List all items covered in this product. You can add new items by clicking on `+ Add Items`. To edit items, simply click on the pen icon at the start of each row, change the values and click on the floppy disk icon at the start of the row. Changes are only effective once the product is saved using the `Save` button at the bottom right of the screen.

Actions Using the pen you can edit the row to edit its values, the bin will remove this item from the product and the floppy disk will finish the edition of the row (But the product still need to be



Img. 1.3.6: *Medical Items Tab*

saved to apply changes).

Code Displays the code for the medical item

Name Displays the name of the medical item

Type Displays the type of the medical item

Package Displays the packaging of the medical item

Price Displays the default price of the medical item

Limit Indicates the type of limitation of coverage for the medical item. This may be adjusted per medical item, select between Co-Insurance and Fixed amount. Co-insurance means coverage of a specific percentage of the price of the medical item by policies of the insurance product. Fixed amount means coverage up the specified limit. Co-insurance is the default value. Limit O is used for claims having the type of visit Other, Limit R is used for claims having the type of visit Referral and Limit E is used for claims having the type of visit Emergency.

Origin Indicates where the price for remuneration of the item comes from. This may be adjusted per item, the options are:

- **Schema Price**: It takes the price from price list of a claiming health facility
- **Provider Price**: It takes the price from the claim
- **Relative Price** taken from a claim and relative price, the nominal value of which is taken from the price list and the actual value of which is determined backwards according to available funds and volume of claimed items and medical items in a period. [R] is the default value.

Adult Indicates the limitation for adults. If the type of limitation is a co-insurance then the value is the percentage of the price covered by policies of the insurance product for adults. If the type of limitation is a fixed limit the value is an amount up to which price of the item is covered for adults by policies of the insurance product. Default is 100%. Adult O is for Other, Adult R is for Referral and Adult E is for Emergency claims according to the type of visit (Visit Type).

Child Indicates the limitation for children. If the type of limitation is a co-insurance then the value is the percentage of the price covered for children by policies of the insurance product. If the type of limitation is a fixed limit the value is an amount up to which price of the item is covered for children by policies of the insurance product. Default is 100%. Child O is for Other, Child R is for Referral and Child E is for Emergency claims according to the type of visit (Visit Type).

No Adult It indicates the maximal number of provisions of the medical item during the insurance period for an adult.

No Child It indicates the maximal number of provisions of the medical item during the insurance period for an child.

Waiting Period Adult Indicates waiting period in months (after the effective date of a policy) for an adult.

Waiting Period Child Indicates waiting period in months (after the effective date of a policy) for a child.

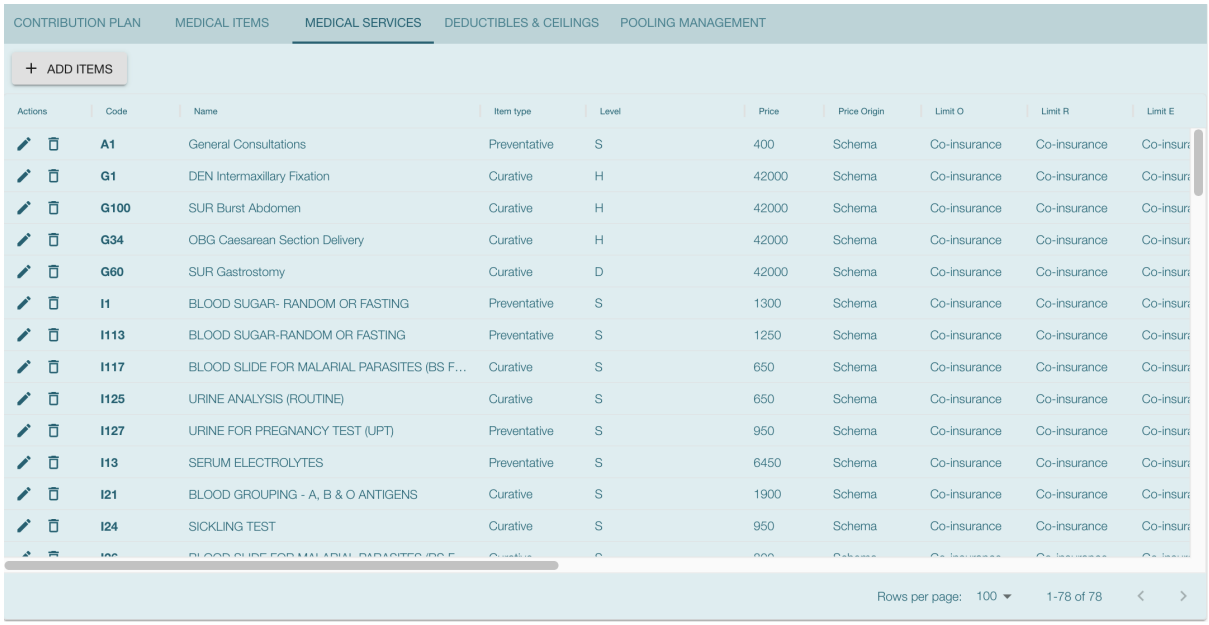
Ceiling Adult It indicates whether the medical item is excluded from comparison against ceilings defined in the insurance product for adults. Default is that the medical item is not excluded from comparisons with ceilings.

- **Hospital** means exclusion only for provision of in-patient care
- **Non-hospital** means exclusion only for out-patient care
- **Both** means exclusion both for in-patient and out-patient care

Ceiling Child It indicates whether the medical item is excluded from comparison against ceilings defined in the insurance product for children. Default is that the medical item is not excluded from comparisons with ceilings.

- **Hospital** means exclusion only for provision of in-patient care
- **Non-hospital** means exclusion only for out-patient care
- **Both** means exclusion both for in-patient and out-patient care

Covered Medical Services



Img. 1.3.7: *Medical Services Tab*

List all services covered in this product. You can add new services by clicking on `+ Add Items`. To edit services, simply click on the pen icon at the start of each row, change the values and click on the floppy disk icon at the start of the row. Changes are only effective once the product is saved using the `Save` button at the bottom right of the screen.

Code Displays the code of the medical item

Name Displays the name of the medical item

Type Displays the type of the medical item (Curative or Preventive)

Package Displays the packaging of the medical Item

Price Displays the default price of the medical item

Limit Indicates the type of limitation of coverage for the medical service. This may be adjusted per medical service, select between Co-Insurance and Fixed amount. Co-insurance means coverage of a specific percentage of the price of the medical service by policies of the insurance product. Fixed amount means coverage up the specified limit. Co-insurance is the default value. Limit O is used for claims having the type of visit Other, Limit R is used for claims having the type of visit Referral and Limit E is used for claims having the type of visit Emergency.

Origin It indicates where the price for remuneration of the item, comes from: This may be adjusted per medical item, the options are: [P] Price taken from the price list of a claiming health facility, [O] Price taken from a claim and [R] Relative price, the nominal value of which is taken from the price list and the actual value of which is determined backwards according to available funds and the volume of claimed services and medical items in a period. [R] is the default value.

Adult It indicates the limitation for adults. If the type of limitation is a co-insurance then the value is the percentage of the price covered for adults by policies of the insurance product. If the type of limitation is a fixed limit the value is an amount up to which price of the item is covered for adults by policies of the insurance product. Default is 100%. Adult O is for Other, Adult R is for Referral and Adult E is for Emergency claims according to the type of visit (Visit Type).

Child It indicates the limitation for children. If the type of limitation is a co-insurance then the value is the percentage of the price covered for children by policies of the insurance product. If the type of limitation is a fixed limit the value is an amount up to which price of the service is covered for children by policies of the insurance product. Default is 100%. Child O is for Other, Child R is for Referral and Child E is for Emergency claims according to the type of visit (Visit Type).

No Adult It indicates the maximal number of provisions of the medical item during the insurance period for an adult.

No Child It indicates the maximal number of provisions of the medical item during the insurance period for a child.

Waiting Period Adult It indicates waiting period in months (after the effective date of a policy) for an adult.

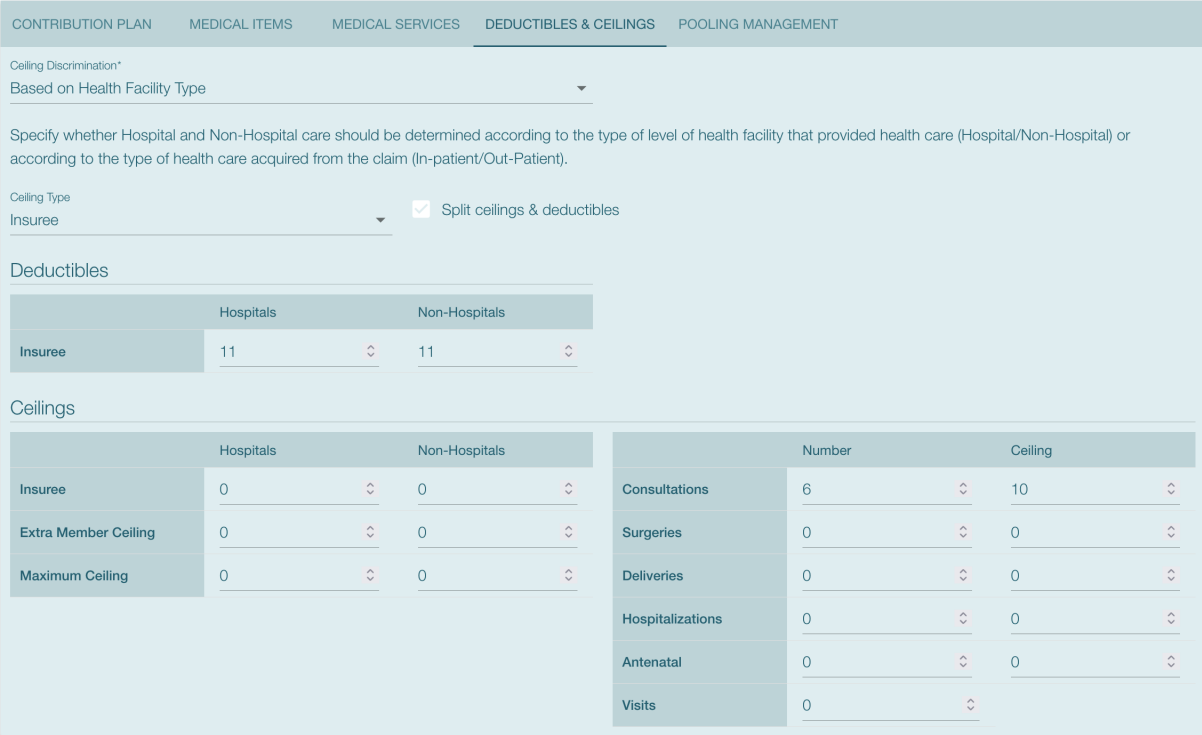
Waiting Period Child It indicates waiting period in months (after effective date of a policy) for a child.

Ceiling Adult It indicates whether the medical service is excluded from comparison against ceilings defined in the insurance product for adults. Default is that the medical service is not excluded from comparisons with ceilings.

- **Hospital** means exclusion only for provision of in-patient care
- **Non-hospital** means exclusion only for out-patient care
- **Both** means exclusion both for in-patient and out-patient care

Ceiling Child It indicates whether the medical service is excluded from comparison against ceilings defined in the insurance product for children. Default is that the medical service is not excluded from comparisons with ceilings.

- **Hospital** means exclusion only for provision of in-patient care
- **Non-hospital** means exclusion only for out-patient care
- **Both** means exclusion both for in-patient and out-patient care



Img. 1.3.8: *Deductibles & Ceilings Tab*

Deductibles and Ceilings

Note: It is possible to specify only one of the following ceilings –per Treatment, per Insuree or per Policy. If ceilings per category of claims are specified together with ceilings per Treatment, per Insuree or per Policy than evaluation of claims may be dependent under special circumstances on the order of claimed medical services/items in a claim.‘

Ceiling Discrimination Specify whether Hospital and Non-Hospital care should be determined according to the type of health facility (select `Based on Health Facility Type`) that provided health care or according to the type of health care (select `Based on Claim Type`) acquired from a claim. In the first case all health care provided in hospitals (defined in the field `HF Level` in the register of Health Facilities) is accounted for `Hospital Ceilings/Deductibles` and for calculation of relative prices for the `Hospital` part. It means that if claimed health care was provided out-patient in a hospital, it is considered for calculation of ceilings/deductibles and for calculation of relative prices as hospital care. In the second case only in-patient care (determined from a claim when a patient spent at least one night in a health facility) is accounted for `Hospital Ceilings/Deductibles` and for calculation of relative prices for hospital part. Other health care including out-patient care provided in hospitals is accounted for `Non hospital Ceilings/Deductibles` and also such health care is used for calculation of relative prices for non-hospital part. Mandatory

Split Ceilings & Deductibles Wether you would like to split ceilings & deductibles for Hospitals/Non-Hospitals or not.

Ceiling Type Specify wether the deductibles and ceilings are per insuree, treatment or policy.

- **Treatment** Deductibles and Ceilings for treatments may be entered for general care (`Hospitals and Non-hospitals`) or for hospital care (`Hospitals`) only and/or for non-hospital care (`Non-Hospitals`) only. An amount may be set, indicating the value that a patient should cover within his/her own means, before a policy of the insurance product comes into effect (`Deductibles`) or the ceiling (maximum amount covered) within a policy of the insurance product (`Ceilings`) for a treatment (the treatment is identified health care claimed in one

claim)

Insuree Deductibles and Ceilings for an insuree may be entered for general care (`Hospitals and Non-hospitals`) or for hospital care (Hospitals) only and/or for non-hospital care (`Non-Hospitals`) only. An amount may be set, indicating the value that an insuree should cover within his/her own means, before a policy of the insurance product comes into effect (`Deductibles`) or the ceiling (maximum amount covered) within a policy of the insurance product (`Ceilings`) for an insuree for the whole insurance period.

Policy Deductibles and Ceilings for a policy may be entered for general care (`Hospitals and Non-hospitals`) or for hospital care (`Hospitals`) only and/or for non-hospital care (Non-Hospitals) only. An amount may be set, indicating the value that policyholders should cover within their own means, before a policy of the insurance product comes into effect (`Deductibles`) or the ceiling (maximum amount covered) for the policy (all members of a family/group) of the insurance product (`Ceilings`) for the whole insurance period.

Extra Member Ceiling Additional (extra) ceiling for a policy may be entered for general care (`Hospitals` and `Non-hospitals`) or for hospital care (`Hospitals`) only and/or for non-hospital care (`Non-Hospital` s) only per a member of a family/group above `Threshold Members`.

Maximum Ceiling Maximal ceiling for a policy may be entered for general care (`Hospitals` and `Non-hospitals`) or for hospital care (`Hospitals`) only and/or for non-hospital care (`Non-Hospitals`) only if extra ceilings are applied for members of a family/group above `Threshold Members`.

Ceilings Table Maximal amount of coverage can be specified for claims according to the category of a claim. The options are claims of the category `Consultations`, `Surgery`, `Delivery`, `Antenatal care`, `Hospitalizations`, and `Visits`. The category of claim is determined according to the procedure described with `Number`.

Number Maximal number of covered claims per an insuree during the whole insurance period according to the category of a claim. The options are claims of the category `Consultations`, `Surgery`, `Delivery` and `Antenatal care`. Maximal numbers may be also specified for Hospitalizations (in-patient stays) and (out-patient visits) `Visits`. The claim category is determined as follows:

Note:

If at least one service of the category *Surgery* is given in the claim it is of category *Surgery*
otherwise
if at least one service of the category *Delivery* is given in the claim it is of category *Delivery*
otherwise
if at least one service of the category *Antenatal care* is given in the claim it is of category *Antenatal care*
otherwise
if the claim is a hospital one the claim it is of category *Hospitalization*
otherwise
if at least one service of the category *Consultation* is given in the claim it is of category *Consultation*
otherwise
the claim is of the category *Visit*

Pooling Management

Start Cycles (1 to 4) If one or more starting dates (a day and a month) of a cycle are specified then the insurance product is considered as the insurance product with fixed enrolment dates. In this case, activation of underwritten and renewed policies is accomplished always on fixed dates during a year. Maximum four cycle dates can be specified.

Distribution Type Wether the system has to calculate relative prices for general health care (**Enabled**) or for (non-)hospital care (**Split**). This system is disabled if the user selects **Disabled**.

Distribution Periods Select from the list of distribution periods (**NONE, Monthly, Quarterly, Yearly**), the period that is to be used for calculation of the actual value of relative prices for the insurance product.

Relative Pricing Table Distribution periods may be entered for general care (`Hospitals` and `Non-hospitals`), or for hospital care (`Hospitals`) only and/or for non-hospital care (`Non-Hospitals`) only. Percentages should be entered to indicate the distribution over the periods as per the product description. Enter to each field an appropriate percentage of paid contributions for policies of the insurance product allocated proportionally to corresponding calendar period. It means, for example, that in case of the distribution **Monthly** we put in each slot percentage of paid contributions of the insurance product that are allocated to the corresponding month and that is to be used for calculation of relative prices.

It is not required to enter a value in each period, zero values are accepted. Once all the percentage values have been entered, click on the button OK to submit the values to the respective grid. Clicking on the button `Cancel` will cancel the action closing the popup and cancelling the change in the distribution.

Saving

Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Product Control Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the product has been saved will appear on the Information Panel.

Mandatory data

If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right of the corresponding data field).

Cancel

By clicking on the `Cancel` button, the user will be re-directed to the *Product Control Page*.

Adding a Product

Click on the `Add` button to re-direct to the *Product Page*.

When the page opens all entry fields are empty. See the *Product Page* information on the data entry and mandatory fields.

Editing a Product

Click on the `Edit` button to re-direct to the *ProductPage*.

The page will open with the current information loaded into the data entry fields. See the *Product Page* for information on the data entry and mandatory fields

Deleting a Product

Because of potential problems with synchronization of data between off-line and on-line version, it is not possible delete insurance products currently.

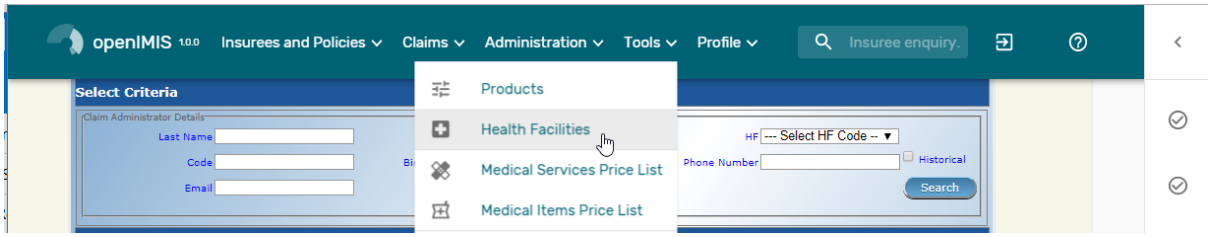
1.3.2 Health Facilities

The register of health facilities contains all health facilities contracted and/or eligible for submitting of claims by/to the health insurance scheme. Health Facility administration is restricted to users with the system role of Scheme Administrator or with a role including an access to Administration/Health Facilities.

Pre-conditions

A health facility may only be added if the management of the scheme administration contracts it or if eligibility of submitting of claims can be derived from the legislation. It may thereafter be edited; however, approval of the management of the scheme administration is required for a change of the pricelists associated with the health facility. Deletion of a health facility normally will occur when a Health Facility stops its activity or the contract with the health facility with the scheme administration is cancelled.

Navigation



Img. 1.3.9: *Navigation Health Facilities*

All functionality for use with the administration of health facilities can be found under the main menu `Administration`, sub menu `Health Facilities`.

Clicking on the sub menu `Health Facilities` re-directs the current user to the *Health Facilities Control Page*.

Health Facilities Control Page

The `Health Facilities Control Page` is the central point for all health facilities administration. By having access to this page, it is possible to add, edit, delete and search. The page is divided into four panels (Img. 1.3.13)

1. **Search Panel**

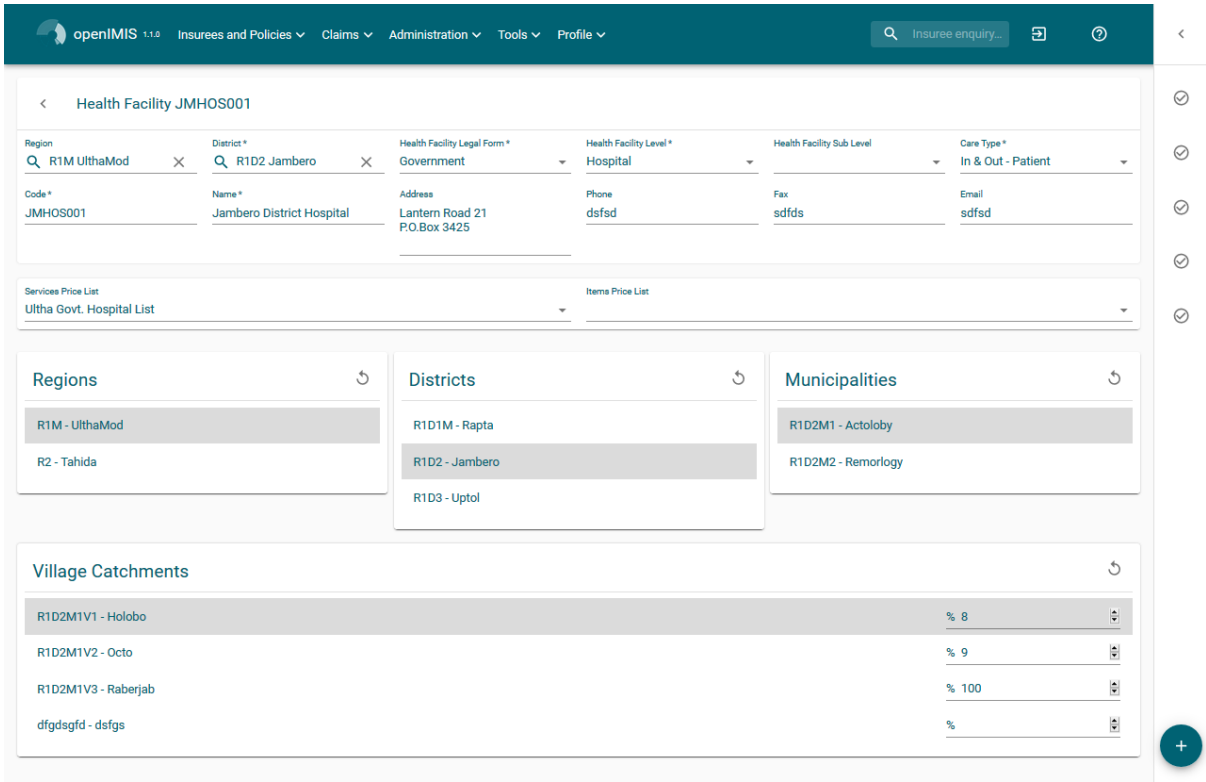
   The Search Panel allows a user to select specific criteria to minimise the search results. In the case of health facilities the following search options are available which can be used alone or in combination with each other.

   Code Type in the beginning of; or the full `Code`; to search for health facilities with a `Code`, which starts with or matches completely, the typed text.

   Name Type in the beginning of; or the full `Name`; to search for health facilities with a `Name`, which starts with or matches completely, the typed text.

   Fax Type in the beginning of; or the full `Fax` to search for health facilities with a `Fax`, which starts with or matches completely, the typed number.

   Level Select the `Level`; from the list of levels of health facilities (Dispensary, Health Centre, Hospital) by clicking on the arrow on the right of the selector, to select health facilities of a specific level of service.



Img. 1.3.10: *Health Facilities Control Page*

Phone Number Type in the beginning of; or the full `Phone Number` to search for health facilities with a `Phone Number`, which starts with or matches completely, the typed number.

Email Type in the beginning of; or the full `Email` to search for health facilities with an `Email` which starts with or matches completely, the typed text.

Legal Form Select the `Legal Form`; from the list of legal forms (Government, District organization, Private Organisation, Charity) by clicking on the arrow on the right of the selector, to select health facilities of a specific legal form.

Region Select the `Region`; from the list of districts by clicking on the arrow on the right of the selector to select health facilities from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then this region will be automatically selected.*

District Select the `District`; from the list of districts by clicking on the arrow on the right of the selector to select health facilities from a specific district. *Note: The list will only be filled with the districts that belong to the selected region and that are assigned to the current logged in user. If this is only one then the district will be automatically selected.*

Care Type Select the `Care Type` from the list of types (In-patient, Out-patient, Both) of provided health care by clicking on the arrow on the right of the selector, to select health facilities with a specific type.

Historical Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in the result with a line through the middle of the text (strikethrough) to clearly define them from current records (Img. 1.3.11)

Search button Once the criteria have been entered, use the search button to filter the records, the results will appear in the Result Panel.

2. **Result Panel**

2 Health Facilities Found

Code	Name	Legal Form	Level	Care Type	Phone	Fax	Email	Region	District	Id	Validity From	Validity To
RAHOS001	Rapta District Hospital	Government	Hospital	In & Out - Patient				R1 - Ultha	R1D1 - Rapta	2	1/1/2017	
RAHO001	Rapta District Hospital	Government	Hospital	In & Out - Patient				R1 - Ultha	R1D1 - Rapta	3	1/1/2016	12/31/2016

Rows Per Page 10 1-2 of 2

Img. 1.3.11: *Historical Records - Result Panel*

The result panel displays a list of all health facilities found, matching the selected Criteria in the search panel. The currently selected record is highlighted with light grey(Img. 1.3.12). The rightmost record contains a hyperlink which if clicked, re-directs the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.

JMHOS001	Jambero District Hospital	Government	Hospital	In & Out - Patient	R1 - Ultha	R1D2 - Jambero
RAHOS001	Rapta District Hospital	Government	Hospital	In & Out - Patient	R1 - Ultha	R1D1 - Rapta
UPHOS001	Uptol District Hospital	Government	Hospital	In & Out - Patient	R1 - Ultha	R1D3 - Uptol
ROHOS001	Rajo District Hospital	Government	Hospital	In & Out - Patient	R2 - Tahida	R2D1 - Rajo
VIHOS001	Vida District Hospital	Government	Hospital	In & Out - Patient	R2 - Tahida	R2D2 - Vida

Img. 1.3.12: *Selected record (blue), hovered records (yellow) - Result Panel*

A maximum of 10 records are displayed at one time(can be changed Img. 1.2.33), further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel (Img. 1.2.34)

3. **Button Panel**

   With exception of the `Cancel` button, which re-directs to the *Home Page*, and the `Add` button which re-directs to the health facility page, the button panel (the buttons `Edit` and `Delete`) is used in conjunction with the current selected record (highlighted with blue). The user should select first a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

4. **Information Panel**

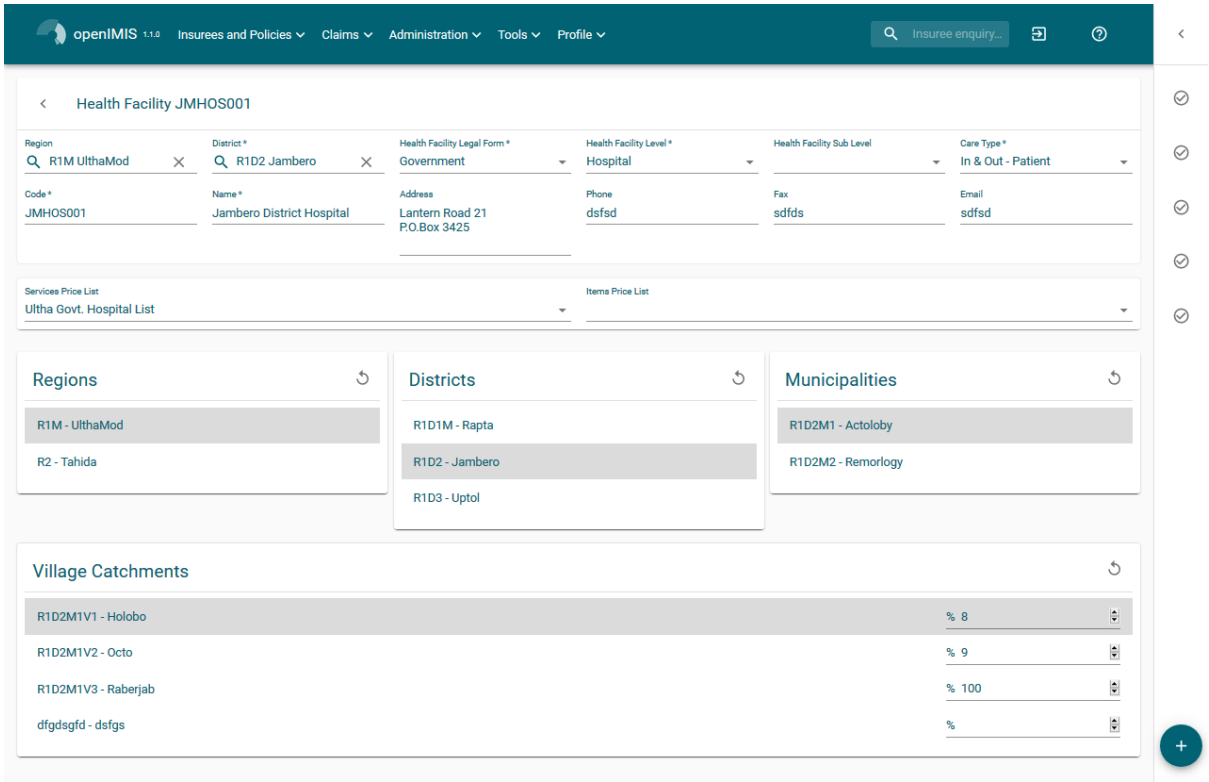
   The Information Panel is used to display messages back to the user. Messages will occur once a health facility has been added, updated or deleted or if there was an error at any time during the process of these actions.

Health Facility Page

1. **Data Entry**

   Code Enter the code for the health facility. Mandatory, 8 characters.

   name Enter the name for the health facility. Mandatory, 100 characters maximum.



Img. 1.3.13: *Health Facility Page*

Legal Form Select the legal form of the health facility from the list (Government, District organization, Private Organisation, Charity), by clicking on the arrow on the right hand side of the lookup. Mandatory.

Level Select a level from the list levels (Dispensary, Health Centre, Hospital), by clicking on the arrow on the right hand side of the lookup. Mandatory.

Sub Level Select a sub-level from the list sub-levels (No Sublevel, Integrated, Reference), by clicking on the arrow on the right hand side of the lookup. Mandatory.

Address Enter the address of the health facility. Mandatory, 100 characters maximum.

Region Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to enter the region in which the health facility is located. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then this region will be automatically selected.* Mandatory.

District Select the `district`; from the list of districts by clicking on the arrow on the right of the selector to enter the district in which the health facility is located. *Note: The list will only be filled with the districts assigned to the selected region and to districts assigned to the currently logged in user. If this is only one then the district will be automatically selected.* Mandatory.

Phone Number Enter the phone number for the health facility. 50 characters maximum.

Fax Enter the fax number for the health facility. 50 characters maximum.

Email Enter the email for the health facility. 50 characters maximum.

Care Type Select the type of health care provided by the health facility from the list (In-patient, Out-patient, Both), by clicking on the arrow on the right hand side of the lookup. Mandatory.

- `Price Lists (Medical Services)`

  Select the health facilities price lists (for medical services) from the list by clicking on the arrow on the right hand side of the lookup. The pricelist contains the list of medical services and their prices agreed between the health facility (or corresponding group of health facilities)

and the scheme administration which can be invoiced by the health facility and remunerated by the scheme administration. *Note: The list will only be filled with the pricelists associated with the previously selected district, regional and nationwide pricelists assigned to the current logged in user.*

- `Price Lists (Medical Items)`

  Select the health facilities price lists (medical items) from the list by clicking on the arrow on the right hand side of the lookup. The pricelist contains the list of medical items and their prices agreed between the health facility (or corresponding group of health facilities) and the scheme administration which can be invoiced by the health facility and remunerated by the scheme administration. *Note: The list will only be filled with the pricelists associated with the previously selected district, regional and nationwide pricelists assigned to the current logged in user.*

Account Code Enter the account code (Identification for the accounting software), which will be used in reports on remuneration to be received by the health facility. 25 characters maximum.

- `Region, District, Municipality, Village, Catchment grid`

  Check the locations that define the catchment area of the health facility. Specify the percentage of the population of a village that belong to the catchment area in the catchment column. Default is 100%.

2. **Saving**

   Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the `Health Facility Control Page`, with the newly saved record displayed and selected in the result panel. A message confirming that the health facility has been saved will appear on the Information Panel.

3. **Mandatory data**

   If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right of the corresponding data field).

4. **Cancel**

   By clicking on the `Cancel` button, the user will be re-directed to the *Health Facilities Control Page*.

Adding a Health Facility

Click on the `Add` button to re-direct to the *Health Facility Page*

When the page opens all entry fields are empty. See the *Health Facility Page* for information on the data entry and mandatory fields.

Editing a Health Facility

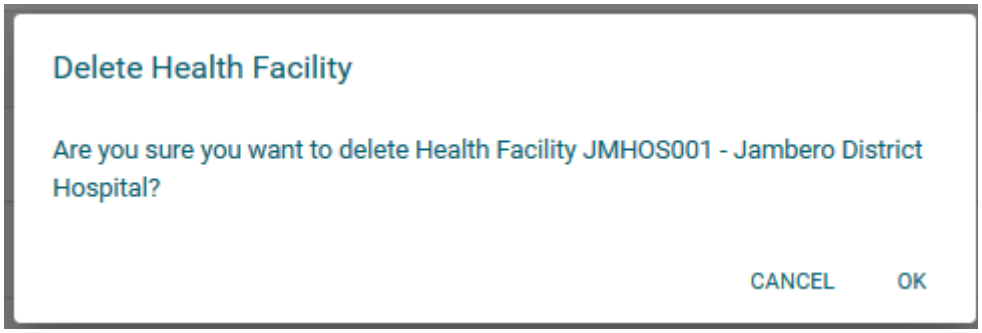
Double click on the line to be re-directed to the *Health Facility Page* .

The page will open with the current information loaded into the data entry fields. See the *Health Facility Page* for information on the data entry and mandatory fields

Deleting a Health Facility

Click on the `Delete` button to delete the currently selected record.

Before deleting a confirmation popup (Img. 1.3.14) is displayed, which requires the user to confirm if the action should really be carried out?



Img. 1.3.14: *Delete confirmation- Button Panel*

When a health facility is deleted, all records retaining to the deleted health facility will still be available by selecting historical records.

1.3.3 Medical Services

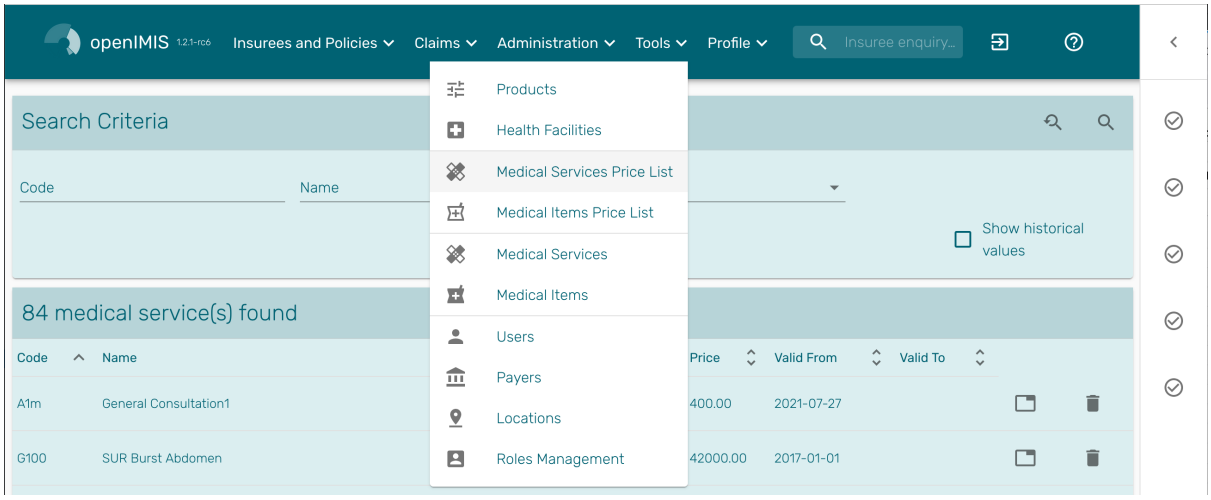
The register of Medical Services contains all medical services that can be included in packages of benefits of insurance products administered and remunerated by the health insurance scheme. Administration of the register of medical services is restricted to users with the system role of Scheme Administrator or with a role including an access to Administration/Medical Services.

Pre-conditions

A medical service may only be added or thereafter edited or deleted, after the approval of the management of the scheme administration.

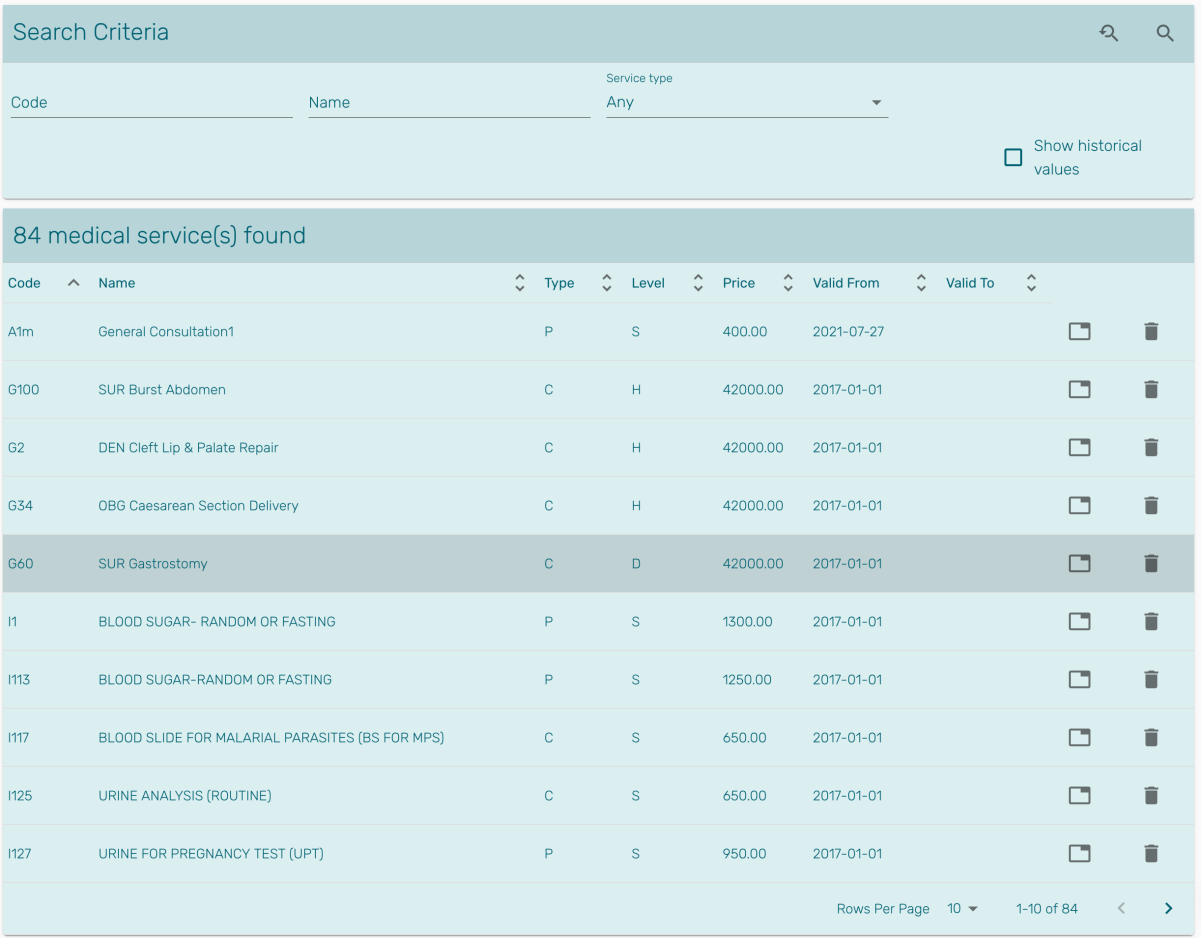
Navigation

All functionality for use with the administration of Medical Services can be found under the main menu `Administration`, sub menu `Medical Services`.



Img. 1.3.15: *Navigation Medical Services*

Clicking on the sub menu `Medical Services` re-directs the current user to the *Medical Services Control Page*.



Img. 1.3.16: *Medical Services Control Page*

Medical Services Control Page

The `Medical Services Control Page` is the central point for all medical service administration. By having Access to this panel, it is possible to add, edit, delete and search. The panel is divided into four panels (Img. 1.3.16)

1. **Search Panel**

   The Search Panel allows a user to select specific criteria to minimise the search results. In the case of medical services the following search options are available which can be used alone or in combination with each other.

   Code Type in the beginning of; or the full `Code`; to search for medical services with a `Code`, which starts with or matches completely, the typed text.

   Name Type in the beginning of; or the full `Name` to search for medical services with a `Name`, which starts with or matches completely, the typed text.

   Type Select the `Type`; from the list of types (Preventive, Curative) by clicking on the arrow on the right of the selector, to select medical services of a specific type.

   - `Historical`

     Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in grey and with a Valid date to clearly define them from current records (Img. 1.3.17)

100 medical service(s) found

Code	Name	Type	Level	Price	Valid From	Valid To
A1m	General Consultation1	P	S	400.00	2021-07-27	
AAB	lsmdfgjklj	P	S	123.00	2021-07-26	2021-07-26
AAB	lsmdfgjklj	P	S	123.00	2021-07-26	2021-07-26
G1	DEN Intermaxillary Fixation	C	H	42000.00	2021-07-27	2021-07-27
G1	DEN Intermaxillary Fixation	C	H	42000.00	2017-01-01	2021-07-27
G100	SUR Burst Abdomen	C	H	42000.00	2021-08-17	2021-08-17
G100	SUR Burst Abdomen	C	H	42000.00	2017-01-01	2021-08-17
G2	DEN Cleft Lip & Palate Repair	C	H	42000.00	2017-01-01	

Img. 1.3.17: *Historical records - Result Panel*

   Search Button Once the criteria have been entered, use the search button to filter the records, the results will appear in the result panel.

2. **Result Panel**

   The Result Panel displays a list of all medical services found, matching the selected Criteria in the search panel. Double click re-directs the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.

   A maximum of 10 records are displayed at one time(can be changed Img. 1.2.33), further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel (Img. 1.2.34)

1. **Button Panel**

   - Material UI add button can be used to add medical items

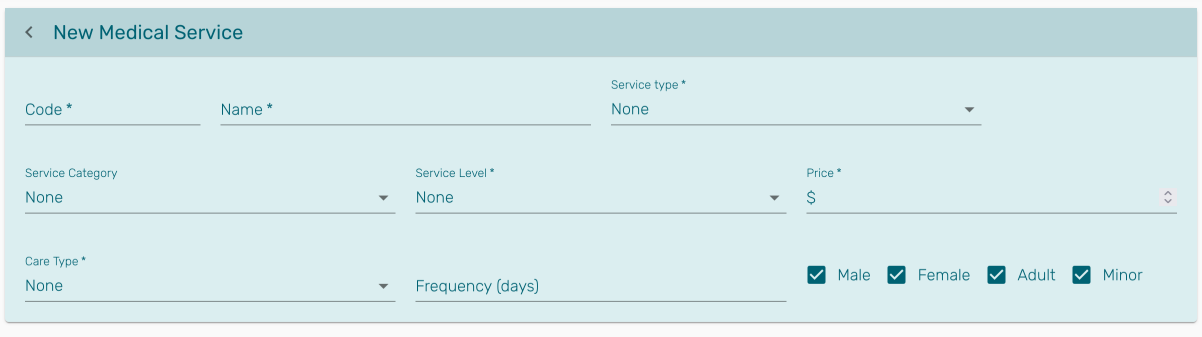
- Double click on a line open the service
- Delete button at the end of the line delete the service
- "Open in new tab" button enable the user to open the service in a new tab.

2. **Information Panel**

   Page selector- Result Panel

Medical Service Page

1. **Data Entry**



Img. 1.3.18: *Medical Service Page*

Code Enter the code for the medical service. Mandatory, 6 characters.

Name Enter the name of the medical service. Mandatory, 100 characters maximum.

Category Choose the category (Surgery, Consultation, Delivery, Antenatal, Other) which the medical service belongs to.

Type Choose one from the options available (Preventive, Curative), the type of the medical service. Mandatory.

- `Service Level`

  Select from the list (Simple Service, Visit, Day of Stay, Hospital Case), the level for the medical service. Mandatory.

Price Enter the price a general price that can be overloaded in pricelists. Full general price (including potential cost sharing of an insuree) for the medical service. Mandatory.

Care Type Choose one from the options available (Out-patient, In-patient, Both), the limitation of provision of the medical service to the specific type of health care. Mandatory.

Frequency Enter the limitation of frequency of provision in a number of days within which a medical service can be provided to a patient not more than once. If the frequency is zero, there is no limitation. *Note: By default the frequency is 0.*

Patient Choose one or a combination of the options available, to specify which patient type the medical service is applicable to. *Note: By default all patient options are checked (selected).*

2. **Saving**

   Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Medical Services Control Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the medical service has been saved will appear on the Information Panel.

3. **Mandatory data**

   If mandatory data is not entered the `Save` button won't be active

Adding a Medical Service

Click on the `Add` button to re-direct to the *Medical Service Page*.

When the page opens all entry fields are empty. See the *Medical Service Page* for information on the data entry and mandatory fields.

Editing a Medical Service

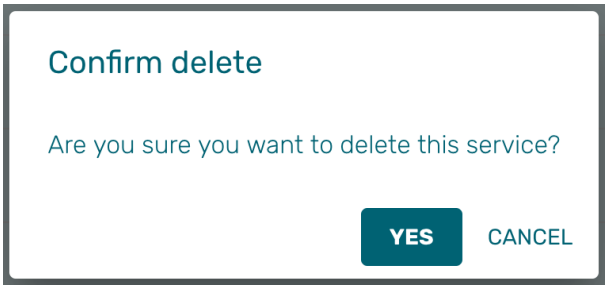
Double click on the service line to re-direct to the Medical Service Page.

The page will open with the current information loaded into the data entry fields. See the *Medical Service Page* for information on the data entry and mandatory fields.

Deleting a Medical Service

Click on the < button to delete the currently selected record; the user is re-directed the *Medical Services Control Page*.

Before deleting a confirmation popup (Img. 1.3.19) is displayed, which requires the user to confirm if the action should really be carried out?



Img. 1.3.19: *Delete confirmation- Button Panel*

When a medical service is deleted, all records retaining to the deleted medical service will still be available by selecting historical records.

1.3.4 Medical Items

The register of Medical Items contains all medical items (drugs, prostheses) that can be included in packages of benefits of insurance products within the health insurance scheme and are remunerated by the scheme administration. Administration of the register of medical items is restricted to users with the system role of Scheme Administrator or with a role including an access to Administration/Medical Items.

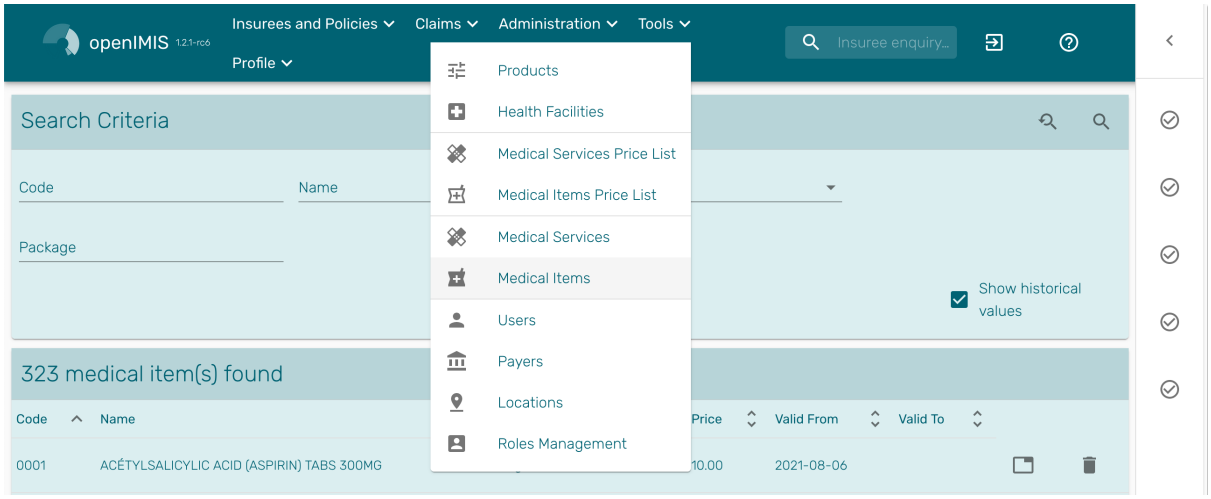
Pre-conditions

A medical item may only be added or thereafter edited or deleted, after the approval of the management of the scheme administration.

Navigation

All functionality for use with the administration of medical items can be found under the main menu `Administration`, sub menu `Medical Items`

Clicking on the sub menu `Medical Items` re-directs the current user to the *Medical Items Control Page*.



Img. 1.3.20: *Navigation Medical Items*

Img. 1.3.21: *Medical Items Control Page*

Medical Items Control Page

The `Medical Items Control Page` is the central point for all medical item administration. By having access to this page, it is possible to add, edit, delete and search. The panel is divided into four panels (Img. 1.3.21)

1. **Search Panel**

   The search panel allows a user to select specific criteria to minimise the search results. In the case of medical items the following search options are available which can be used alone or in combination with each other.

   Code Type in the beginning of; or the full `Code`; to search for medical items with a `Code`, which starts with or matches completely, the typed text.

   Name Type in the beginning of; or the full `Name` to search for medical items with a `Name`, which starts with or matches completely, the typed text.

   Type Select the `Type`; from the list of types (Drugs, Medical consumable) by clicking on the arrow on the right of the selector, to select medical items of a specific type.

   Package Type in the beginning of; or the full `Package`; to search for medical items with a `Package`, which starts with or matches completely, the typed text.

   Historical Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in the result with a line through the middle of the text (strikethrough) to clearly define them from current records (Img. 1.3.22).

323 medical item(s) found

Code	Name	Type	Package	Price	Valid From	Valid To
0001	ACÉTYLSALICYLIC ACID (ASPIRIN) TABS 300MG	Drug	1000 TABLETs	10.00	2021-08-06	
0002	ADRENALINE 1ML INJ 1MG/ML	Drug	10 VIALS	1000.00	2021-07-27	2021-07-27
0002	ADRENALINE 1ML INJ 1MG/ML	Drug	10 VIALS	1000.00	2017-01-01	2021-07-27
0003	AIRWAY GUEDEL RUBBER CHILD SIZE 67 MM	Drug	10 PIECES	3620.00	2021-08-17	2021-08-17
0003	AIRWAY GUEDEL RUBBER CHILD SIZE 67 MM	Drug	10 PIECES	3620.00	2021-08-06	2021-08-17
0004	AIRWAY GUEDEL RUBBER INFANT SIZE 54 MMb	Drug	10 PIECES	4590.00	2021-08-17	

Img. 1.3.22: *Historical records - Result Panel*

   Search button Once the criteria have been entered, use the search button to filter the records, the results will appear in the Result Panel.

2. **Result Panel**

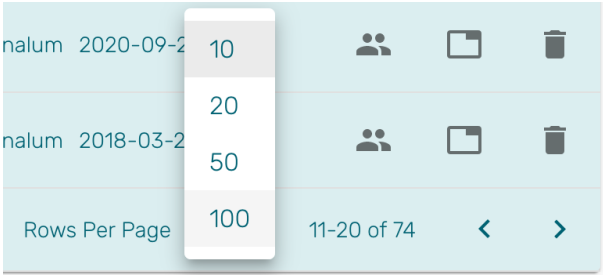
   The result panel displays a list of all medical items found, matching the selected criteria in the search panel.

   The number of rows per page is limited to 10 by default but one can use the "Rows per page" drop-down in the bottom right of the search results. If there are more rows to display, one can use the page navigation. (Img. 1.3.23)

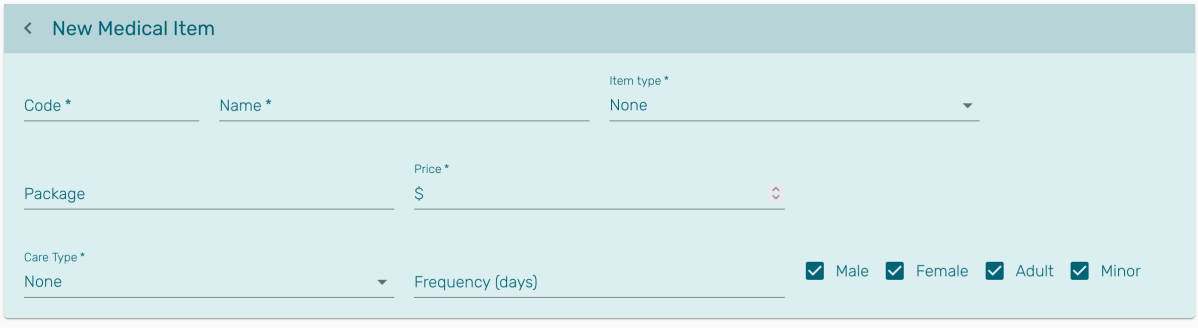
Medical Item Page

1. **Data Entry**

   Code Enter the code for the medical item. Mandatory, 6 characters.



Img. 1.3.23: *Page selector- Result Panel*



Img. 1.3.24: *Medical Item Page*

Name Enter the name of the medical item. Mandatory, 100 characters maximum.

Type Choose one from the options available, the type of the medical item. Mandatory.

Package Enter the package (Indication of type and volume of package in a suitable coding system) for the medical item. Mandatory, 255 characters maximum.

Price Enter the price (a general price that can be overloaded in pricelists). Full general price including potential cost sharing of an insuree) for the medical item. Mandatory.

Care Type Choose one from the options available, the limitation of provision of the medical item within the specific type of health care (In-patient, Out-patient or Both). Mandatory.

Frequency Enter the limitation of frequency of provision in a number of days within which a medical item cannot be provided to a patient not more than once. If the frequency is zero, there is no limitation. *Note: By default the frequency is 0.*

Patient Choose one or a combination of the options available, to specify which patient type the medical item may be provided to. *Note: By default all patients' options are checked (selected).*

2. **Saving**

   Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Medical Items Control Page*, with the newly saved record displayed and selected in the Result Panel. A message confirming that the medical item has been saved will appear on the Information Panel.

3. **Mandatory data**

   If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right of the corresponding data field).

4. **Cancel**

   By clicking on the `Cancel` button, the user will be re-directed to the *Medical Items Control Page.*

Adding a Medical Item

Click on the `Add` button to re-direct to the *Medical Item Page*.

When the page opens all entry fields are empty. See the *Medical Item Page* for information on the data entry and mandatory fields.

Editing a Medical Item

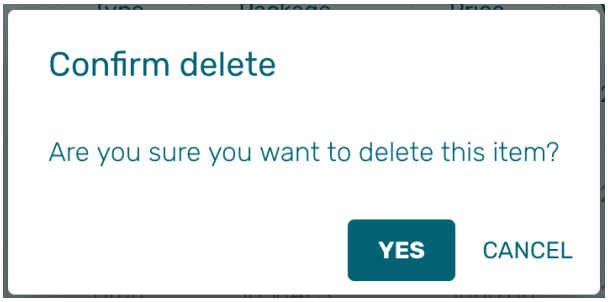
Double-click on a row to re-direct to the *Medical Item Page*.

The page will open with the current information loaded into the data entry fields. See the *Medical Item Page* for information on the data entry and mandatory fields.

Deleting a Medical Item

Click on the `Delete` button to delete the currently selected record

Before deleting a confirmation popup (Img. 1.3.25) is displayed, which requires the user to confirm if the action should really be carried out?



Img. 1.3.25: *Delete confirmation- Button Panel*

When the medical item is deleted, all records retaining to the deleted medical item will still be available by selecting historical records.

1.3.5 Medical Service Price Lists

Price lists of medical services are tools for specification which medical services and at which prices can be invoiced by contractual health facilities to the scheme administration. Administration of price lists of medical services is restricted to users with the system role of Scheme Administrator or with a role including an access to Administration/Pricelists-Medical Services.

Table of Contents

- *Medical Service Price Lists*
  - *Pre-conditions*
  - *Navigation*
  - *Price List Medical Services Control Page*
    - *Search Panel*
    - *Result Panel*
    - *Information Panel*

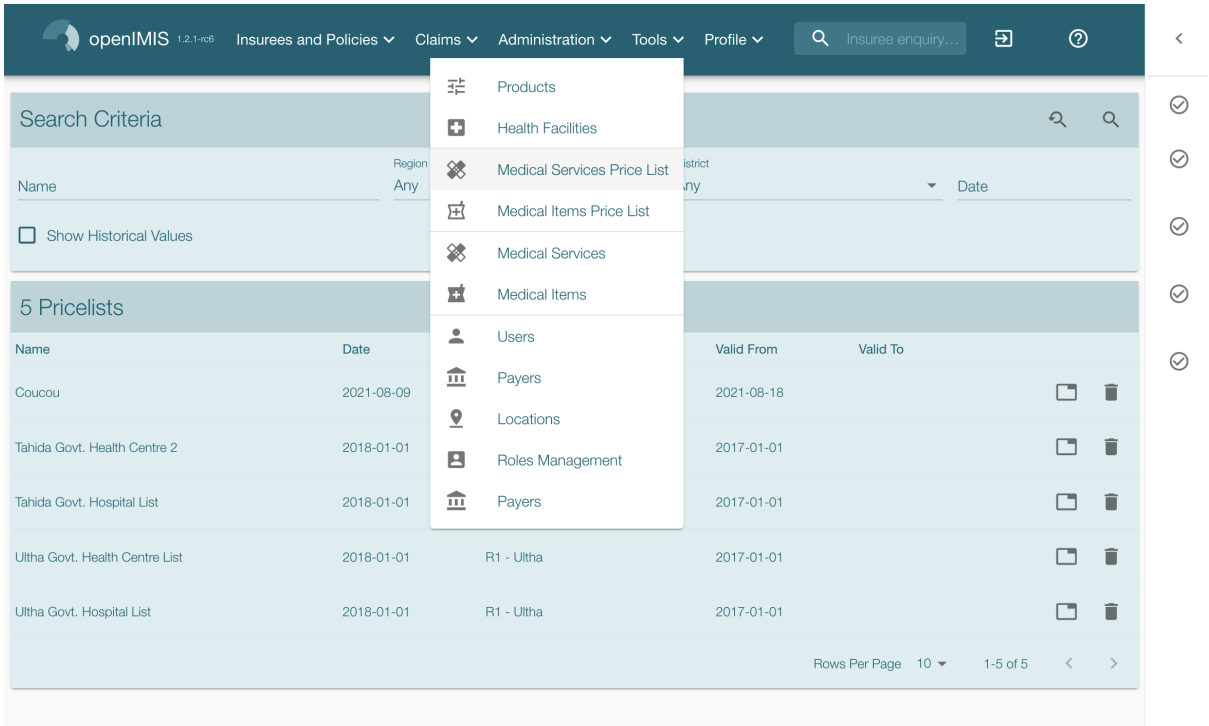
* *Price List Medical Services Page*
  - *Data Entry*
  - *Saving*
- *Adding a Price List of Medical Services*
- *Editing a Price List of Medical Services*
- *Deleting a Price List of Medical Services*

Pre-conditions

A price list of medical services may only be added, after an agreement with a health facility or a group of health facilities on specific prices. Editing of the price list may occur only after an approval of the management of the scheme administration. Deletion of a price list of medical services normally will occur when a price list becomes obsolete.

Navigation

All functionalities related to the administration of price lists medical services can be found under the main menu `Administration`, sub menu `Price Lists` and sub menu `Medical Services Price Lists`

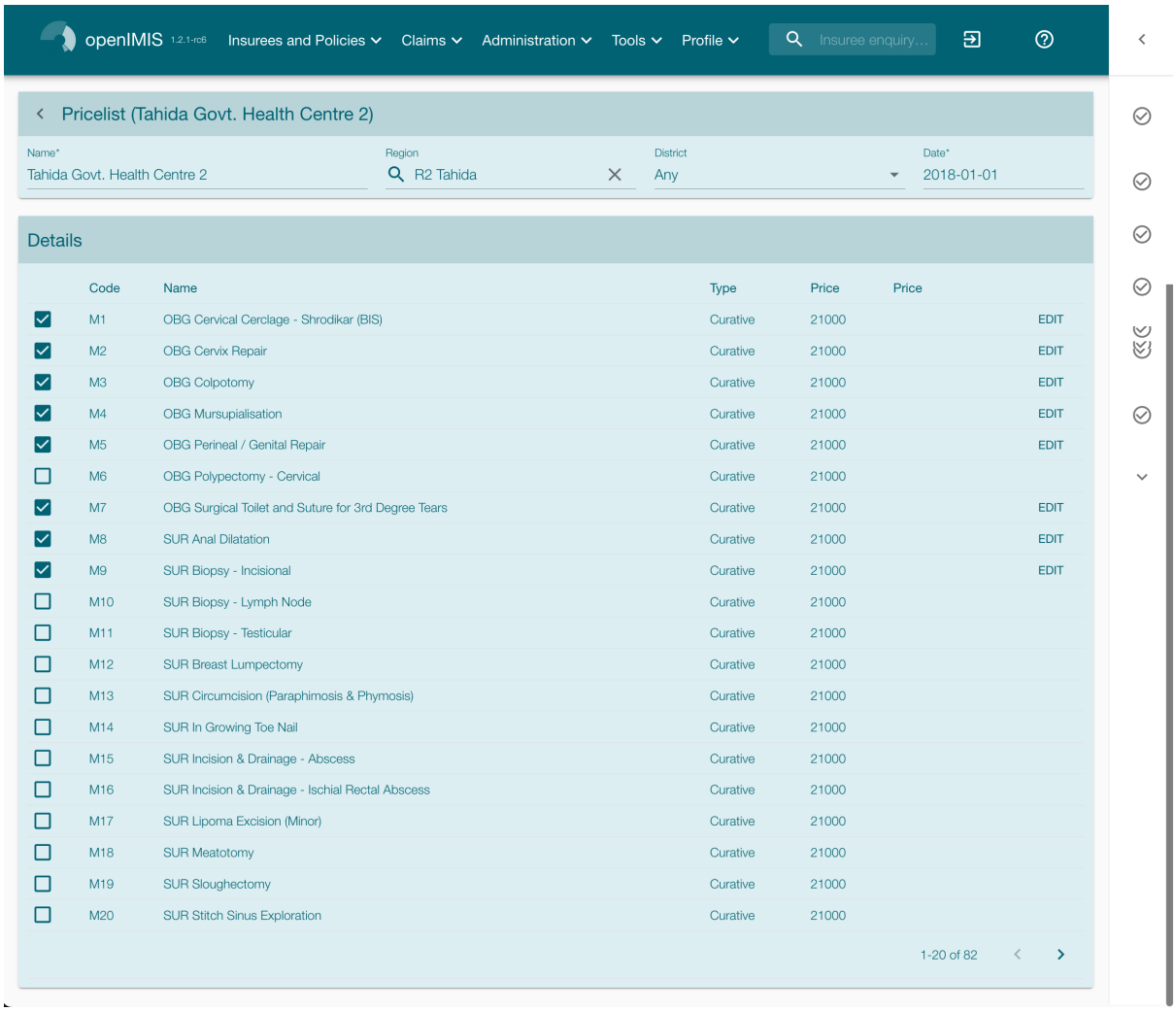


Img. 1.3.26: *Navigation Medical Services Price Lists*

Clicking on the sub menu `Medical Services Price Lists` redirects the current user to the *Price List Medical Services Control Panel.*

Price List Medical Services Control Page

The `Price List Medical Services Control Page` is the central point for administration of all price lists of medical service. By having access to this panel, it is possible to add, edit, delete and search. The panel is divided into four panels



Img. 1.3.27: *Price List Medical Service Control Panel*

Search Panel

The search panel allows a user to select specific criteria to minimise the search results. In the case of price lists for medical services the following search options are available which can be used alone or in combination with each other.

Name Returns price lists which contains the typed text.

Date Type in the full `Date` to search for price lists of medical services with a creation `Date` which matches completely, the typed date.

Region Select the `Region` from the list of regions by clicking on the arrow on the right of the selector to select price lists of medical services from a specific region. The option **National** means that the price list is common for all regions.

Note: The list will only be filled with the regions assigned to the current logged in user and with the option National. All nationwide pricelists and all regional pricelists relating to the selected region will be found. If no district is selected then also all district pricelists for districts belonging to the selected region and assigned to the currently logged in user will be found.

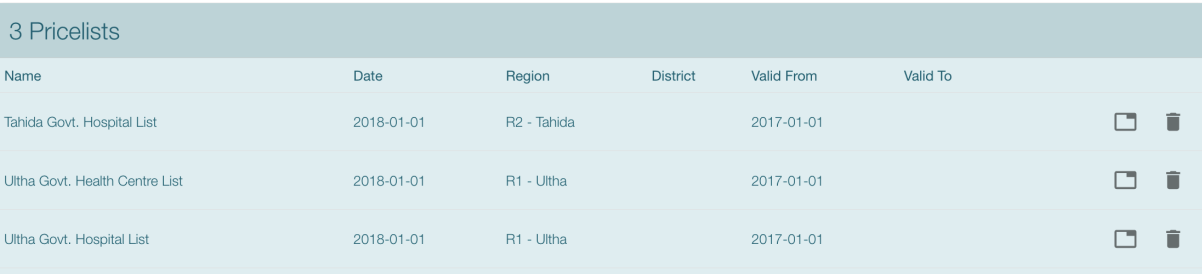
District Select the `District` from the list of districts by clicking on the arrow on the right of the selector to select price lists of medical services from a specific district. *Note: The list will be only filled with the districts belonging to the selected region. All nationwide pricelists, all regional pricelists relating to the selected region and all district pricelists for the selected district will be found.*

Show Historical Values Click on `Show Historical Values` to see historical records matching the selected criteria. Historical records are displayed in the result in grey to clearly define them from current records.

Search button Once the criteria have been entered, use the search button to filter the records, the results will appear in the Result Panel.

Result Panel

The Result Panel displays a list of all price lists of medical services found, matching the selected criteria in the search panel. The currently selected record is highlighted with light blue. The leftmost record contains a hyperlink which if clicked, re-directs the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.



3 Pricelists

Name	Date	Region	District	Valid From	Valid To
Tahida Govt. Hospital List	2018-01-01	R2 - Tahida		2017-01-01	
Ultha Govt. Health Centre List	2018-01-01	R1 - Ultha		2017-01-01	
Ultha Govt. Hospital List	2018-01-01	R1 - Ultha		2017-01-01	

Img. 1.3.28: *Result Panel*

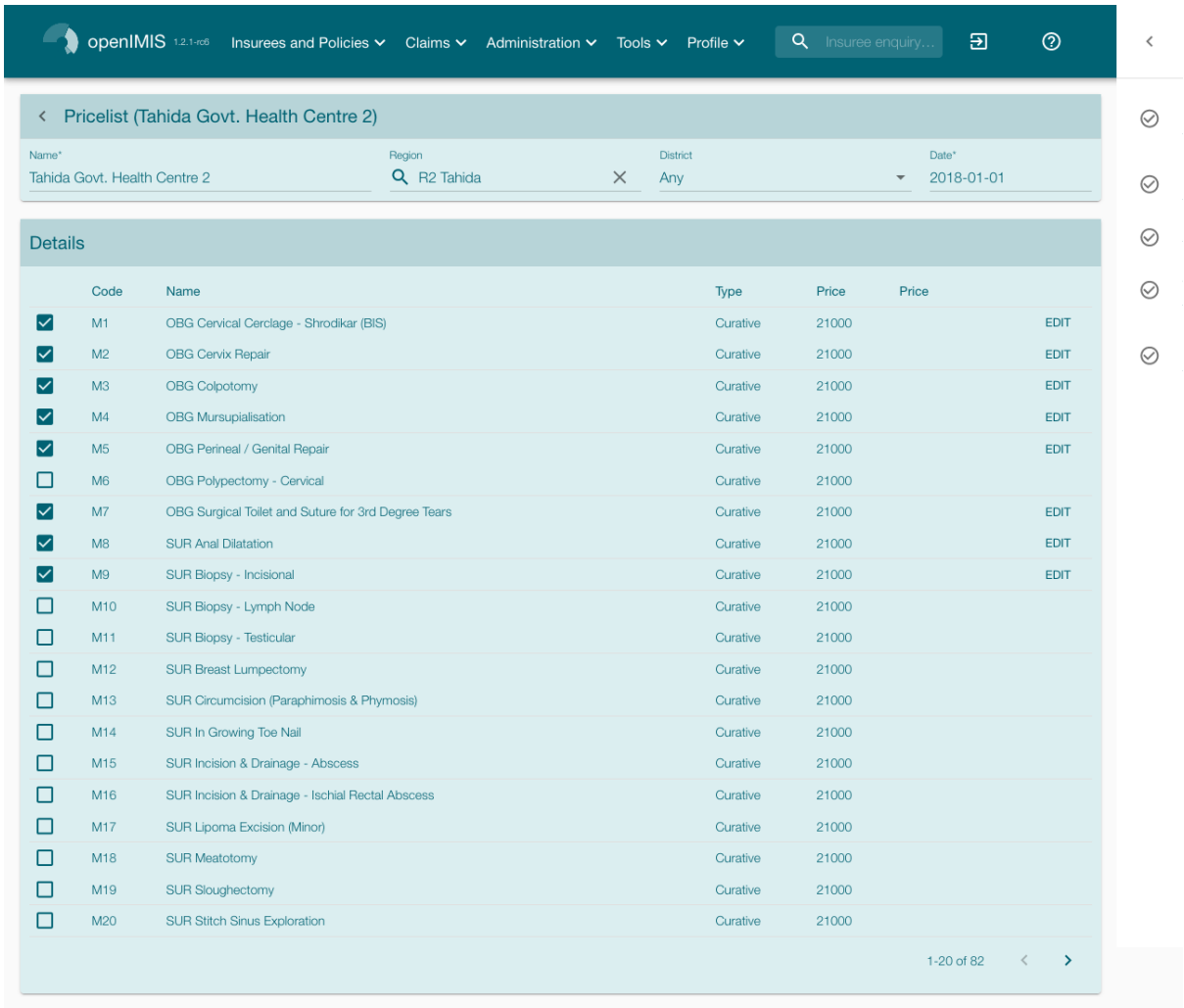
Further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel.

Information Panel

The Information Panel is used to display messages back to the user. Messages will occur once a price list of medical services has been added, updated or deleted or if there was an error at any time during the process of these actions.

Price List Medical Services Page

Data Entry



Img. 1.3.29: *Price List Medical Service Page*

Name Enter the name for the price list of medical services. Mandatory, 100 characters maximum.

Date Enter the creation date for the price list of medical services.

Region Select the `Region` from the list of regions by clicking on the arrow on the right of the selector to enter the region in which the price list of medical services is to be used. The region **National** means that the price list is common for all regions. *The list will only be filled with the regions assigned to the current logged in user and with the option National.* Mandatory.

District Select the `District` from the list of districts by clicking on the arrow on the right of the selector to enter the district in which the price list of medical services is to be used. *Note: The list will be only filled with the districts belonging to the selected region and currently logged in user.*

It is not mandatory to enter a district, not selecting a district will mean the price list of medical services is used in all districts of the region or nationwide if the region National is selected.

Medical Services Select from the list of available medical services the medical services which the price list of medical service should contain by clicking on the `check box` to the left of a medical service. The list shows the medical services displaying the code, name, type and price for reference. There is also an extra column, Overrule, which can be used to overrule the pre-set price. By clicking once on the row desired item in the overrule column, a new price can be entered for the individual service. This can occur when price agreed between a health facility or group of health facilities and the health insurance administration differs from the common price in the register of medical services.

Saving

Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Price List Medical Services Control Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the price list medical service has been saved will appear on the Information Panel.

Mandatory Data

If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right of the corresponding data field).

Cancel

By clicking on the `Cancel` button, the user will be re-directed to the *Price List Medical Services Control Page*.

Adding a Price List of Medical Services

Click on the `Add` button to re-direct to the *Price List Medical Services Page*.

When the page opens all entry fields are empty. See the *Price List Medical Services Page* for information on the data entry and mandatory fields.

Editing a Price List of Medical Services

Click on the `Edit` button to re-direct to the *Price List Medical Services Page*.

The page will open with the current information loaded into the data entry fields. See the *Price List Medical Services Page* for information on the data entry and mandatory fields.

Deleting a Price List of Medical Services

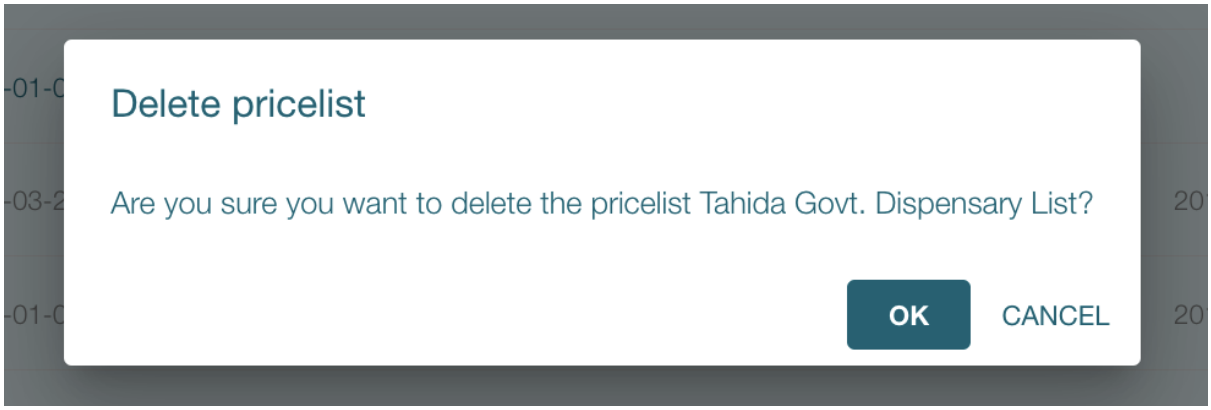
Click on the `Delete` button to delete the currently selected record.

Before deleting a confirmation popup (Img. 1.3.30) is displayed, which requires the user to confirm if the action should really be carried out?

When a price list medical service is deleted, all records retaining to the deleted price list medical service will still be available by selecting historical records.

1.3.6 Medical Item Price Lists

Pricelists of medical items are tools for specification which medical items and at which prices can be invoiced by contractual health facilities to the scheme administration. Administration of pricelists of



Img. 1.3.30: *Services Price list Delete Confirmation - Button Panel*

medical items is restricted to users with the system role of Scheme Administrator or with a role including an access to Administration/Pricelists-Medical Items.

Table of Contents

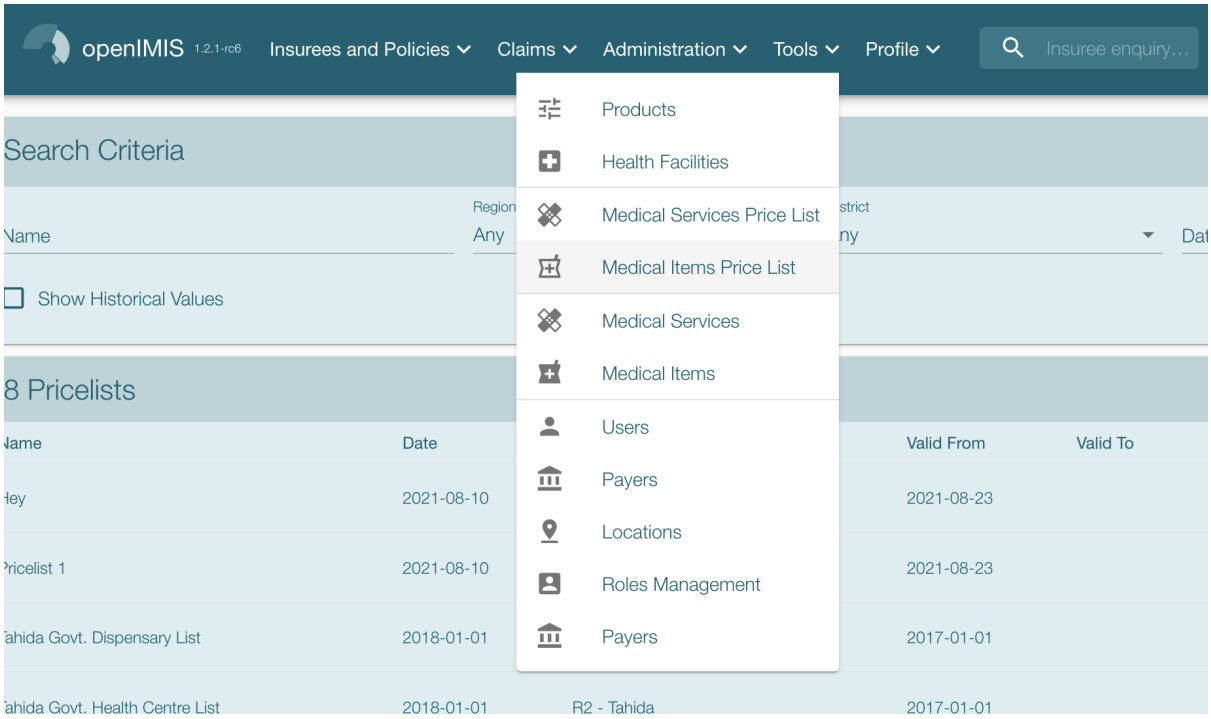
- *Medical Item Price Lists*
  - *Pre-conditions*
  - *Navigation*
  - *Price List Medical Items Control Page*
    - *Search Panel*
    - *Result Panel*
    - *Information Panel*
  - *Price List Medical Item Page*
    - *Data Entry*
    - *Saving*
  - *Adding a Price List of Medical Items*
  - *Editing a Price List of Medical Items*
  - *Duplicating a Price List of Medical Items*
  - *Deleting a Price List of Medical Items*

Pre-conditions

A price list of medical items may only be added, after an agreement with a health facility or a group of health facilities on specific prices. Editing of the price list may occur only after an approval of the management of the scheme administration. Deletion of a price list of medical items normally will occur when a price list becomes obsolete.

Navigation

All functionality for use with the administration of medical items price lists can be found under the main menu `Administration`, sub menu `Price Lists`, sub menu `Medical Items Price Lists`.



Img. 1.3.31: *Navigation Price Lists Medical Items*

Clicking on the sub menu `Medical Items` re-directs the current user to the *Price List Medical Items Control Page*.

Price List Medical Items Control Page

The `Price List Medical Items Control Page` is the central point for all medical item price list administration. By having access to this panel, it is possible to add, edit, delete and search. The panel is divided into four panels (Img. 1.3.34).

Search Panel

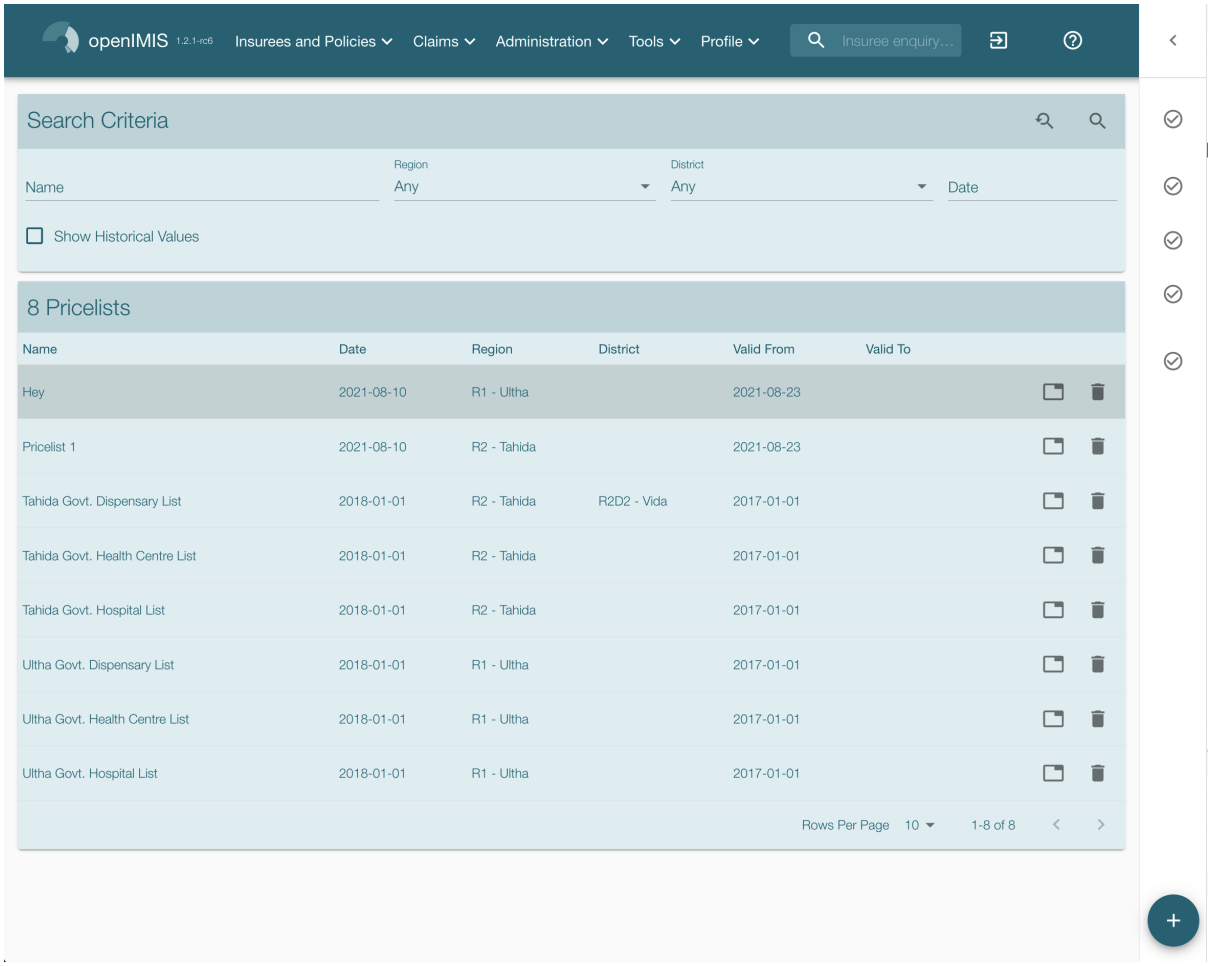
The search panel allows a user to select specific criteria to minimise the search results. In the case of price lists for medical items the following search options are available which can be used alone or in combination with each other.

Name Type in the beginning of; or the full `Name`; to search for price lists medical items with a Name, which starts with or matches completely, the typed text.

Date Type in the full `Date` to search for price lists of medical items with a creation date which matches completely, the typed date.

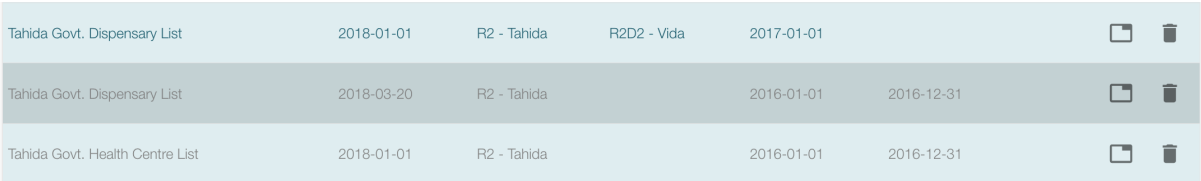
Region Select the `Region` from the list of regions by clicking on the arrow on the right of the selector to select price lists of medical items from a specific region. The option **National** means that the price list is common for all regions. *Note: The list will only be filled with the regions assigned to the current logged in user and with the option National. All nationwide pricelists and all regional pricelists relating to the selected region will be found. If no district is selected the also all district pricelists for districts belonging to the selected region will be found.*

District Select the `District`;from the list of districts by clicking on the arrow on the right of the selector to select price lists medical items from a specific district. *Note: The list will be only filled with the districts belonging to the selected region and assigned to the currently logged in user. All nationwide pricelists, all regional pricelists relating to the selected region and all district pricelists for the selected district will be found.*



Img. 1.3.32: *Price List Medical Items Control Page*

Show Historical Values Click on `Show Historical Values` to see historical records matching the selected criteria. Historical records are displayed in the result in grey to clearly define them from current records (Img. 1.3.33).

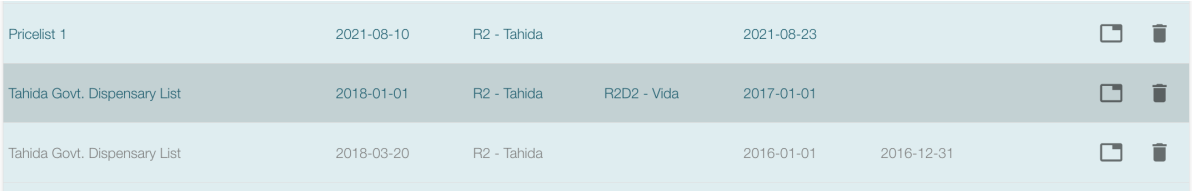


Img. 1.3.33: *Historical records - Result Panel*

Search button Once the criteria have been entered, use the search button to filter the records, the results will appear in the result panel.

Result Panel

The Result Panel displays a list of all price lists of medical items found, matching the selected criteria in the search panel. Hovering over records changes the highlight to grey (Img. 1.3.34). The leftmost record contains a hyperlink which if clicked, redirects the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.



Img. 1.3.34: *Selected record (blue), hovered records (yellow) - Result Panel*

Information Panel

The Information Panel is used to display messages back to the user. Messages will occur once a price list medical item has been added, updated or deleted or if there was an error at any time during the process of these actions.

Price List Medical Item Page

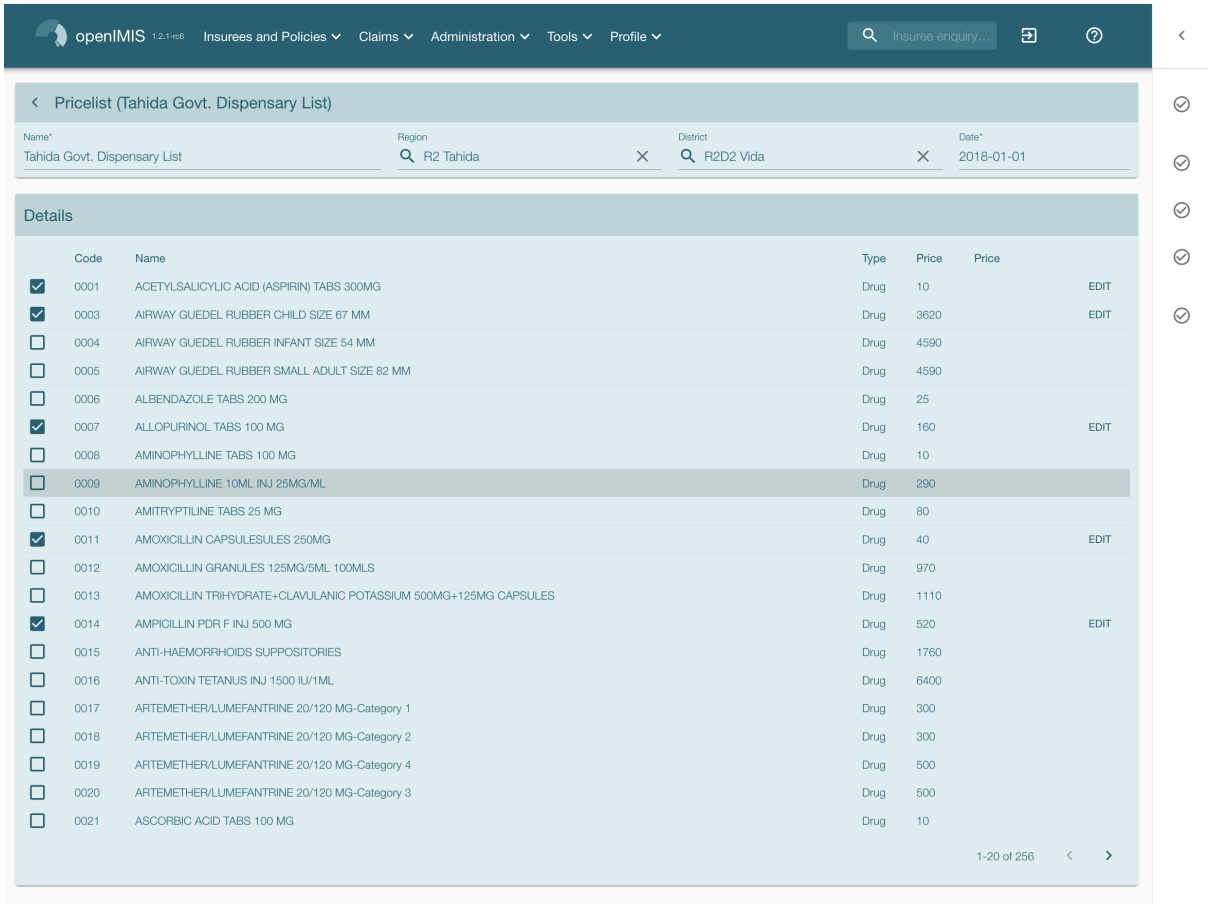
Data Entry

Name Enter the name for the price list of medical items. Mandatory, 100 characters maximum.

Date Enter the creation date for the price list of medical items. *Note: You can also use the button next to the date field to select a date to be entered.*

Region Select the `Region` from the list of regions by clicking on the arrow on the right of the selector to enter the region in which the price list of medical items is to be used. The district **National** means that the price list is common for all regions. *Note: The list will only be filled with the regions assigned to the current logged in user and with the option National.* Mandatory.

District Select the `District` from the list of districts by clicking on the arrow on the right of the selector to enter the district in which the price list of medical items is to be used. *Note: The list will be only filled with the districts belonging to the selected region and currently logged in user.* It is not mandatory to enter a district, not selecting a district will mean the price list of medical items is used in all districts of the region or nationwide if the region National is selected .



Img. 1.3.35: *Price List Medical Item Page*

Medical Items Select from the list of available medical items the medical items which the price list of medical items should contain by clicking on the `check box` to the left of a medical item. The list shows the medical items displaying the code, name, type and price for reference. There is also an extra column, Overrule, which can be used to overrule the pre-set price. By clicking once on the row desired item in the overrule column, a new price can be entered for the individual item. This can occur when price agreed between a health facility or group of health facilities and the health insurance administration differs from the common price in the register of medical items.

Saving

Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Price list Medical Items Control Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the price list of medical items has been saved will appear on the Information Panel.

Mandatory data

If mandatory data is not entered at the time the user clicks the `Save button`, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right of the corresponding data field).

Cancel

By clicking on the `Cancel` button, the user will be re-directed to the *Price List Medical Items Control Page*.

Adding a Price List of Medical Items

Click on the Add button to re-direct to the *Price List Medical Item Page*.

When the page opens all entry fields are empty. See the *Price List Medical Item Page* for information on the data entry and mandatory fields.

Editing a Price List of Medical Items

Click on the Edit button to re-direct to the *Price List Medical Item Page*.

The page will open with the current information loaded into the data entry fields. See the *Price List Medical Item Page* for information on the data entry and mandatory fields.

Duplicating a Price List of Medical Items

Click on the Duplicate button to re-direct to the *Price List Medical Item Page*.

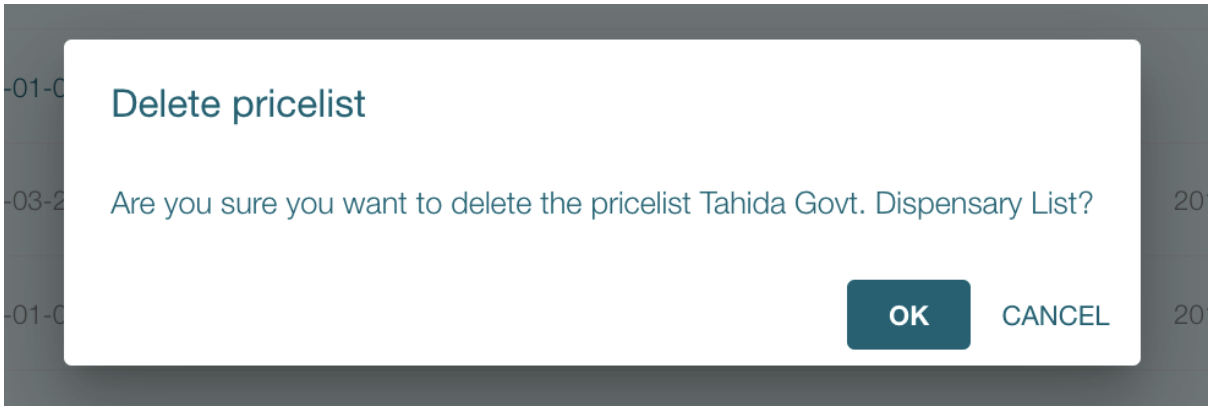
The page will open with all the current information for the selected price list, (except for the price list name which should be unique), loaded into the data entry fields. See the *Price List Medical Item Page* for information on the data entry and mandatory fields. To save the record, enter a unique code before clicking on `Save`.

Deleting a Price List of Medical Items

Click on the `Delete` button to delete the currently selected record; the user is re-directed to the *Price List Medical Items Control Page*.

Before deleting a confirmation popup (Img. 1.3.36) is displayed, which requires the user to confirm if the action should really be carried out?

When a price list of medical items is deleted, all records retaining to the deleted price list of medical items will still be available by selecting historical records.



Img. 1.3.36: *Delete Confirmation - Button Panel*

1.3.7 Users Administration

User administration is restricted to users with the system role of IMIS Administrator or with a role including an access to Administration/Users.

Enrolment officers and Claim administrators are now considered as a user with specific roles.

Table of Contents

- *Users Administration*
  - *Pre-conditions*
  - *Navigation*
  - *Users List Page*
    - *Search Panel*
    - *Results Panel*
    - *Buttons Panel*
    - *Information Panel*
  - *User Page*
    - *Fields*
      - *Generic Fields*
      - *Login Fields*
      - *Enrolment Officer Fields*
      - *Claim Administrator Fields*
    - *Saving*
    - *Adding a User*
    - *Editing a User*
    - *Deleting a User*

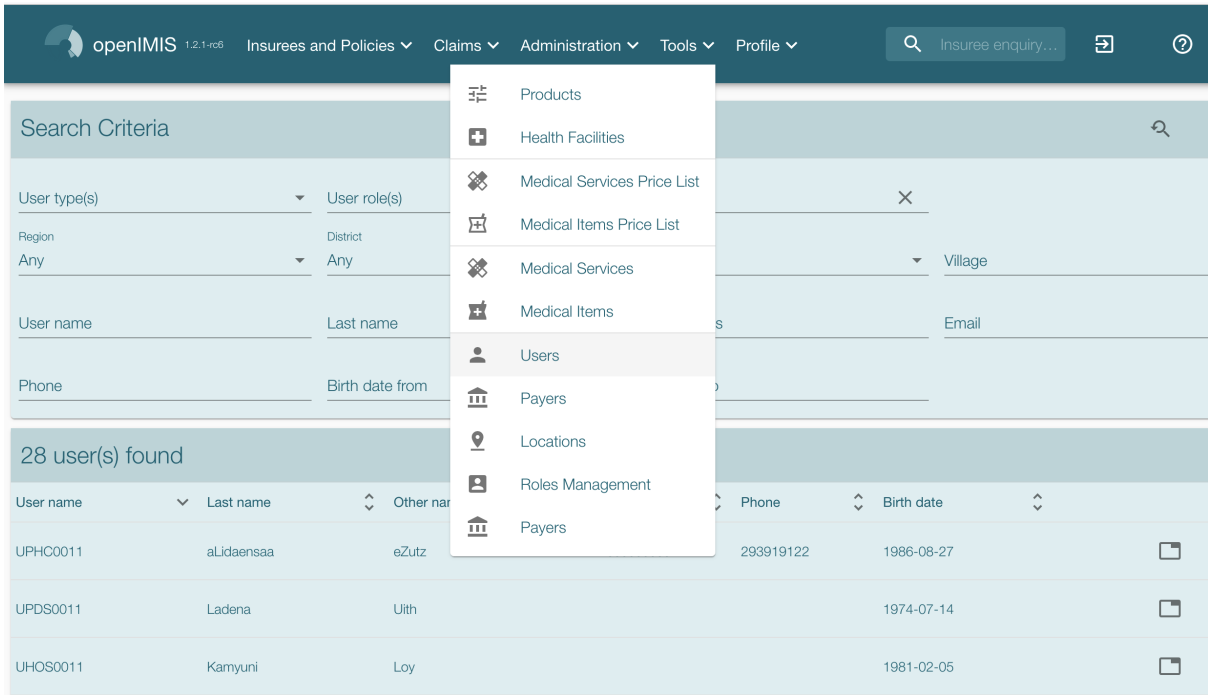
Pre-conditions

A user may only be added or edited after the approval of the management of the scheme administration. Deletion of a user normally will occur when a user leaves his/her post within the health insurance scheme

and/or the scheme administration. A built in user with the user name Admin and the initial password Admin is created automatically in openIMIS with access to all locations of the register of locations (at any time). The Admin user has an implicit role that includes full access rights to the registers of locations, full access to the register of user profiles and an access to downloading/uploading of the register of locations to/from an external file.

Navigation

All functionalities related to users administration can be found under the main menu `Administration`, sub menu `Users`.



Img. 1.3.37: *Navigation to users page*

Clicking on the sub menu `Users` redirects the current user to the *Users List Page*.

Users List Page

It is the central point for the users administration. By having access to this page, it is possible to add, edit, delete and search users. The page is divided into four panels.

The following rules apply to the list of found users besides conformance with all search criteria:

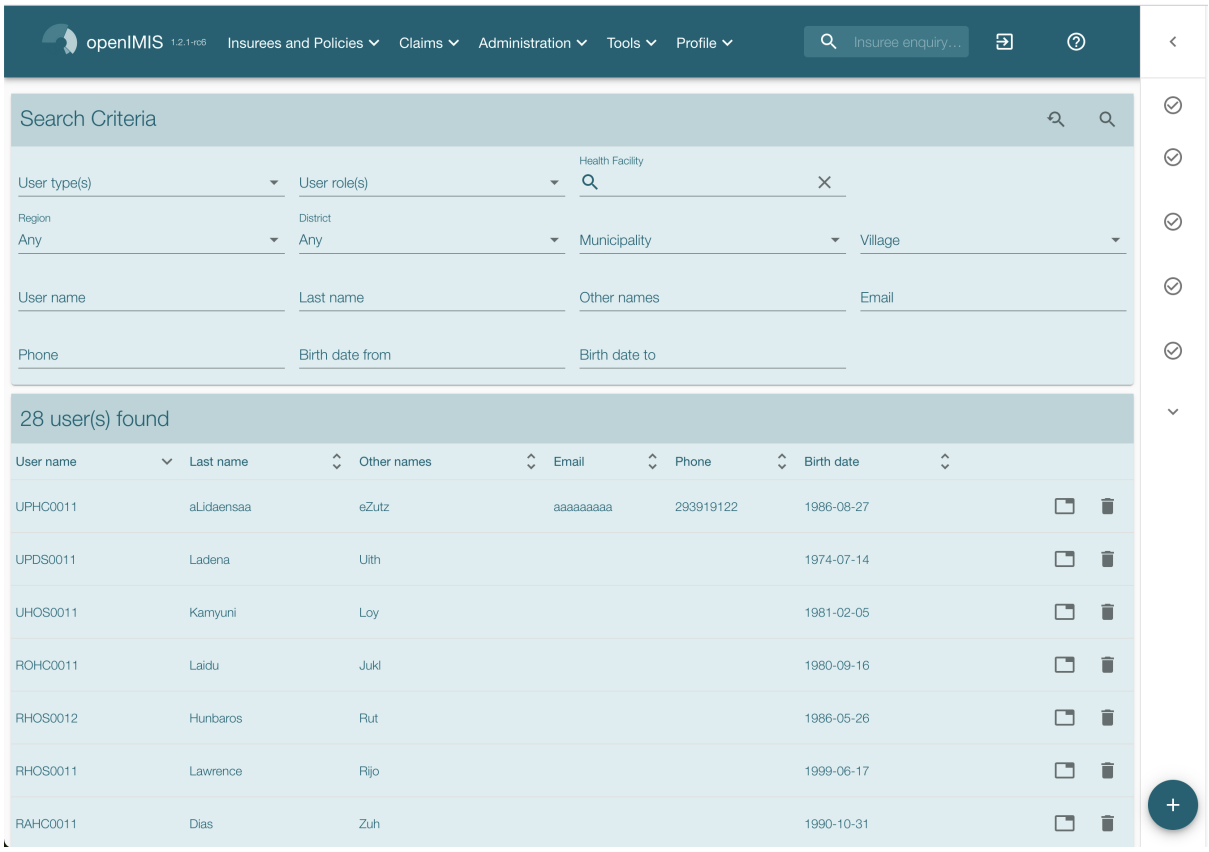
1. The user Admin is not included in any search for users with exception of searches done by an Admin user itself.
2. A user having the access right *Users/Search* (see *User Profiles*) will only be able to see users that have access to them same set of locations or to a subset of locations of the user making the search only.

Search Panel

The search panel allows a user to filter on specific criteria.

Last Name Filter on users who have the typed text in their last name.

Login Name Filter on users who have the typed text in their login.



Img. 1.3.38: *User List Page*

Phone Number Filter on users who have the typed text in their phone number.

Email Filter on users who have the typed text in their email.

Other Names Filter on users who have the typed text in their other names.

Role Filter users with the selected role

Health Facilities Select the Health Facility; from the list of health facilities by clicking on the arrow on the right of the selector, to select users from a specific health facility.

> **Note:** The list will only contain the health facilities belonging to the districts assigned to the currently logged in user.

Region Select the Region from the list of regions by clicking on the arrow on the right of the selector to find users with access to a specific region.

> **Note:** The list will only contain the health facilities belonging to the regions assigned to the currently logged in user.

District Select the District from the list of districts by clicking on the arrow on the right of the selector to find users with access to a specific district.

> **Note:** The list will only contain the health facilities belonging to the districts assigned to the currently logged in user.

Language Select the Language from the list of languages by clicking on the arrow on the right of the selector, to select users with a specific language.

Search Button Once the criteria have been entered, use the search button to filter the records, the results will appear in the result panel.

Results Panel

10 user(s) found

User name	Last name	Other names	Email	Phone	Birth date
ABC	ZDZQD	ADEF			
Admin	Admin	Admin			
Admin	Admin	Admin			
E00010	Kachalo	Alo			1963-08-18
E00011	Jones	Jack			1963-11-12
RADS0011	Lathi	Ojha			1980-08-24
RADS0021	Hino	Acti			1993-08-28

Img. 1.3.39: *Selected record (blue), hovered records (yellow) - Results Panel*

The result panel displays a list of all users found, matching the selected criteria in the search panel. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow (Img. 1.3.39). The leftmost record contains a hyperlink which if clicked, redirects the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.

A maximum of 15 records are displayed at one time, further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel (Img. 1.3.40)

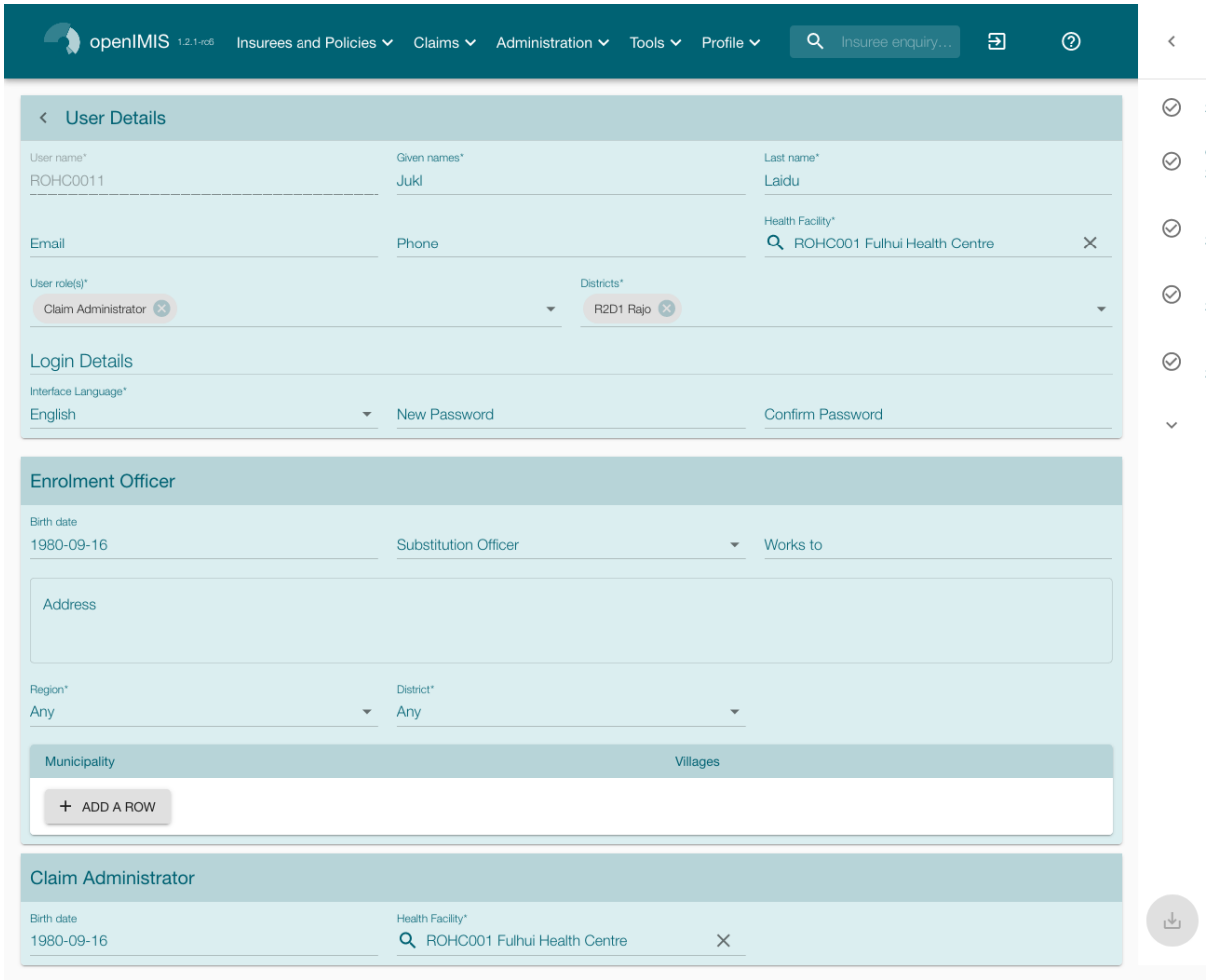
Img. 1.3.40: *Page selector- Results Panel*

Buttons Panel

With exception of the `Cancel` button, which redirects to the *Home Page*, the button panel (the buttons `Edit` and `Delete`) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

Information Panel

The Information Panel is used to display messages back to the user. Messages will occur once a user has been added, updated or deleted or if there was an error at any time during the process of these actions.



Img. 1.3.41: *User Page*

User Page

Fields

Generic Fields

User name Enter the Login name for the user. This is an alias used for logging into the application; a minimum of 6 and a maximum of 25 characters should be used for the login. Each Login Name should be unique. Mandatory.

Given Names Enter other names of the user. Mandatory, 100 characters maximum.

Last name Enter the last name (surname) for the user. Mandatory, 100 characters maximum.

Email Enter the e-mail address for the user. 50 characters maximum.

Phone Number Enter the phone number for the user. 50 characters maximum.

Health Facility Select the health facility that the user belongs to, if applicable, from the list of health Facilities from the list by clicking on the arrow on the right hand side of the lookup.

Roles Select from the list of available roles the Roles which the user carries out. Mandatory (at least one role must be selected). The list of roles contains all roles (user profiles) that are not blocked.

Districts Select from the list of available districts the district(s) which the user will have access to. Mandatory (at least one district must be selected).

Login Fields

Language Select the user's preferred language from the list by clicking on the arrow on the right hand side of the lookup. Mandatory.

Password Enter the password for the user. This is used at login to grant access to the application; a minimum of 8 and a maximum of 25 characters should be used for the password. The password should have at least one digit. Mandatory.

Confirm Password Re-enter the password. The password must be entered twice, to ensure that there was no mistyping in the first entry. Mandatory.

Enrolment Officer Fields

Birth date Birth date of the enrolment officer.

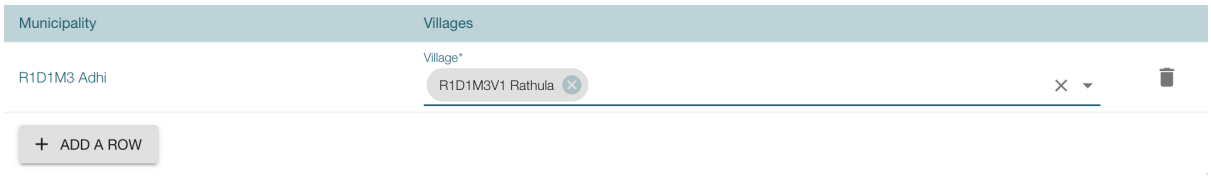
Works to End date at which the enrolment officer is replaced by the substitution officer.

Substitution Officer Replacement of the user after the *Works to* date.

Address Address of the living place of the enrolment officer.

Region & District Select the region & district where the enrolment officer will work. It will be used to select villages managed by the enrolment officer.

Villages List of all villages where enrolment officer will work. To add villages, you first need to add a row and select the municipality.



Img. 1.3.42: *Enrolment Officer - Manage villages*

Claim Administrator Fields

Birth date Birth date of the enrolment officer.

Saving

Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be redirected back to the *User List Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the user has been saved will appear on the Information Panel.

Mandatory fields

If mandatory fields are not filled when the user clicks on the `Save` button, a message will appear in the Information Panel, and the data fields will take the focus (by an asterisk on the right of the corresponding data field).

Cancel

By clicking on the `Cancel` button, the user will be redirected to the *Users List Page.*

Adding a User

Click on the Add button to redirect to the *User Page*.

When the page opens all entry fields are empty. See the *User Page* for information on the data entry and mandatory fields.

Editing a User

Click on the Edit button to redirect to the *User Page*

The page will open with the current information loaded into the data entry fields. See the *User Page* for information on the data entry and mandatory fields

Deleting a User

Click on the Delete button to delete the currently selected record

Before deleting a confirmation popup is displayed, this requires the user to confirm if the action should really be carried out.

1.3.8 User roles/profiles

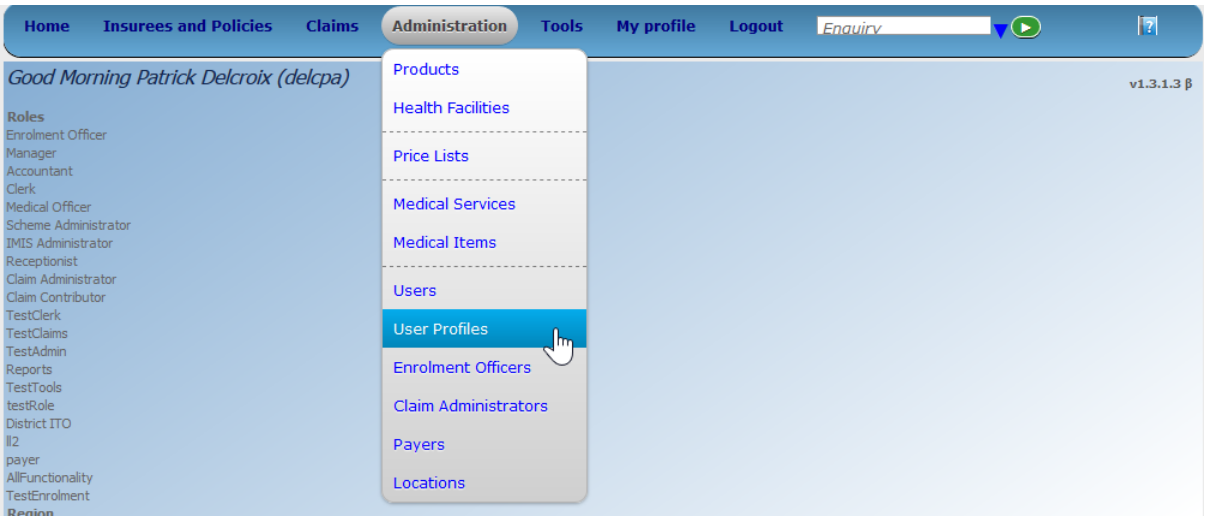
IMIS uses the concept of user profiles (roles) that can be associated with users. Some roles are predefined and they are designated as system roles. Their purpose is guarantee compatibility with the previous versions of IMIS.

User roles/profiles administration is restricted to users with the role of openIMIS Administrator.

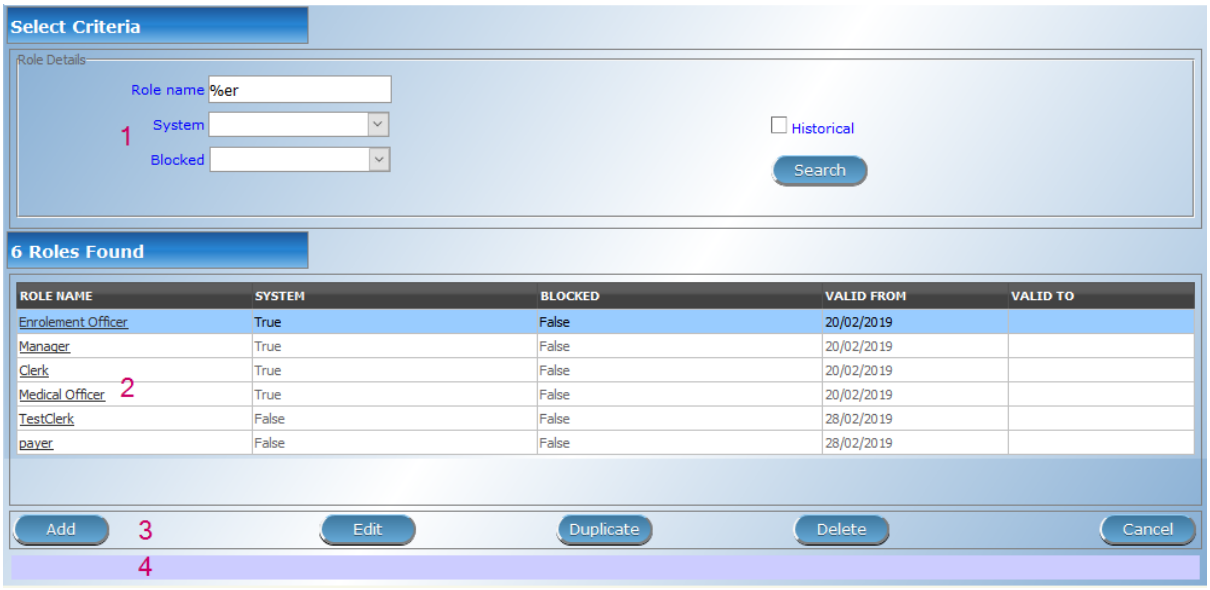
Navigation

All functionality for use with the administration of user roles can be found under the main menu `Administration`, sub menu `Users Profile`.

Clicking on the sub menu `Users` re-directs the current user to the *User roles/profiles control page*.



Img. 1.3.43: *Image - Navigation User Roles/profiles*



Img. 1.3.44: *Image - User roles/profile control page*

User roles/profiles control page

The `User roles/profile control page` is the central point for all user roles/profiles administration. By having access to this page, it is possible to add, edit, delete and search users roles/profiles. The page is divided into four panels (*Image User roles/profiles control page*).

Administration of users' profile s(roles) is not included in any system role. It can be accomplished by the Admin user or by users to which such administration is delegated (by defining a role including an access to Administration/User Profiles) by the Admin user.

Pre-conditions

A new user profile may only be added or thereafter edited, after an approval of the management of the scheme administration. It can be accomplished at the beginning only by the Admin user. The Admin user can define a new user profile incorporating also adding, editing or deleting of user profiles and create new users with this profile. In this way, rights to the register of user profiles can be delegated to other users besides the Admin user.

Navigation

All functionality for use with the administration of user profiles can be found under the main menu ADMINISTRATION, sub menu USER PROFILES

1. **Search Panel**

   The search panel allows a user to select specific criteria to minimise the search results. The following search options are available which can be used alone or in combination with each other.

   Role Name When set the search will display the roles with a name that start with the content of the filter , % can be used as a wildcard meaning a search with *%er* will display all the result containing *er* in the name

   System The system user profiles match the previous roles for compatibility reasons. When set to *TRUE* the search will display the default roles, when set to *FALSE* the search will display only the custom roles

   Blocked The blocked user profiles are temporarily not acting in the sense that their access rights are not available to users to whom blocked user profiles were assigned. When set to *TRUE* the search will display the roles that were blocked, when set to *FALSE* the search will display only the unblocked roles

   Historical Historical records are displayed in the result with a line through the middle of the text (strikethrough) to clearly define them from current records Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in the result with a line through the middle of the text (strikethrough) to clearly define them from current records (*User roles results*).

2. **Result Panel**

   The Result Panel displays a list of all roles/profiles found, matching the selected criteria in the Search Panel. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow (*Image User roles results panel*). The leftmost record contains a hyperlink which if clicked, re-directs the user to the *Change user role/profile Page*. A maximum of 15 records are displayed at one time, further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel

   - Blue background: Selected record
   - Yellow background: hovered records
   - Strikethrough: historical records

11 Roles Found

ROLE NAME	SYSTEM	BLOCKED	VALID FROM	VALID TO
Enrolement Officer	True	False	20/02/2019	
Manager	True	False	20/02/2019	
Clerk	True	False	20/02/2019	
Medical Officer	True	False	20/02/2019	
TestClerk	False	False	28/02/2019	
~~TestClerk~~	~~False~~	~~True~~	~~22/02/2019~~	~~22/02/2019~~
~~TestClerk1~~	~~False~~	~~False~~	~~26/02/2019~~	~~26/02/2019~~
~~TestClerk1~~	~~False~~	~~False~~	~~26/02/2019~~	~~26/02/2019~~
payer	False	False	28/02/2019	
~~TestClerk~~	~~False~~	~~False~~	~~22/02/2019~~	~~28/02/2019~~
~~TestClerk~~	~~False~~	~~True~~	~~28/02/2019~~	~~28/02/2019~~

Img. 1.3.45: *User roles results panel*

A maximum of 15 records are displayed at one time, further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel (*Image User roles/profile control page*)

3. **Button Panel**
   - The `Add` button will *add a new role/profile* (not available if `Historical` was checked)
   - The `Edit` button will *edit a role/profile*. not available if `Historical` was checked)
   - The `Duplicate` bbutton will *duplicate a role/profile* (not available if `Historical` was checked)
   - The `Delete` button will *deleting a role/profile* (not available if `Historical` was checked)
   - The `Cancel` button re-directs to the *Home Page*.
4. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur once a user role/profile has been added, updated or deleted or if there was an error at any time during the process of these actions.

User role/profile Page

1. **Data Entry - Role details**

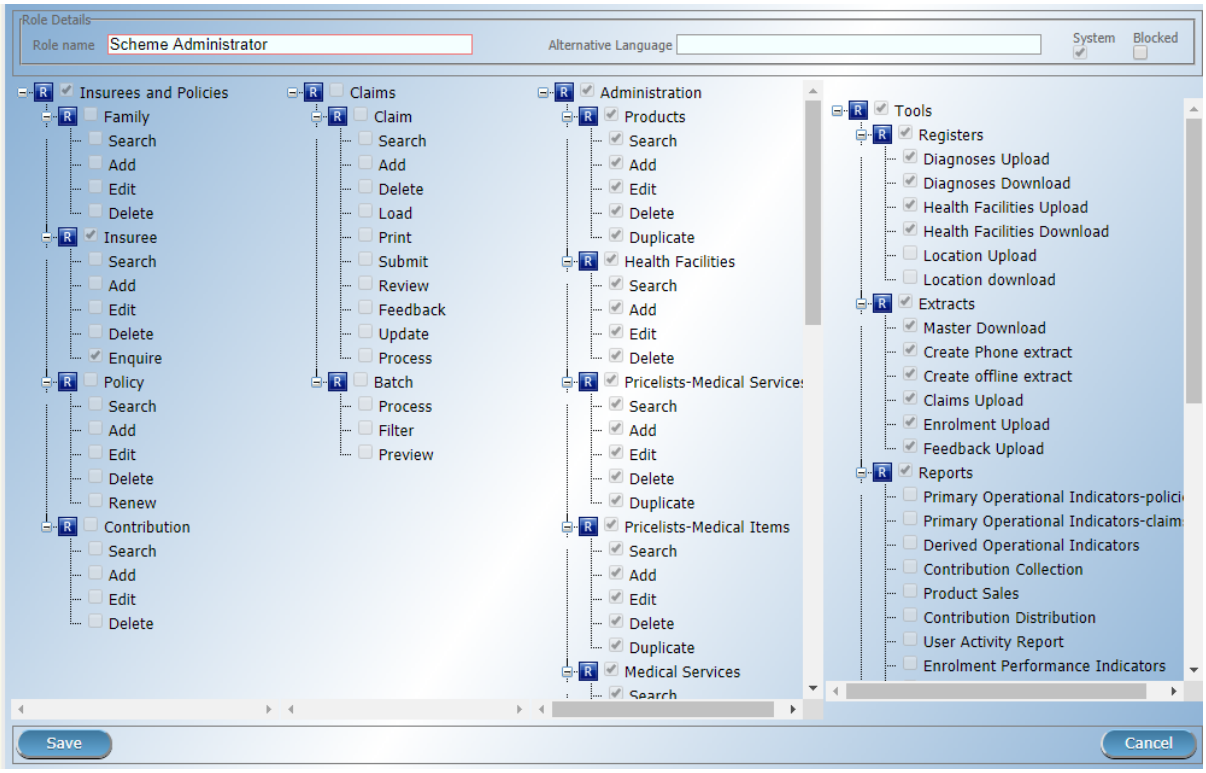
   Role Name Enter the name of the role/profile, this name will be used as reference in the *User roles/profiels control page* and *Users page*

   Alternative language Translation of the role name for the second language of openIMIS

   System Read-only checkbox indicating whether the user profile is a system one or not.

   Blocked If checked the user profile is blocked
2. **Data Entry - Rights details**

   Insurees and Policies list of the right available for the *Insurees and Policies* module:
   - CRUD rights (Create, read/search, update/edit and Delete):
     - Family/Group
     - Insuree
     - Policy
     - Contribution



Img. 1.3.46: *Image - User role/profile page*

- Business specific roles
  - Renew policy
  - Enquire insuree

Claims list of the right available for the *Claims* module:

- CRUD rights (Create, read/search, update/edit and Delete):
  - Claims
- Business specific roles:
  - Claims:
    - Print
    - Submit
    - Review
    - Feedback
    - Update
    - Process
  - Claim Batch:
    - Process
    - Filter
    - Preview

Administration list of the right available for the *Administration* module:

- CRUD rights (Create, read/search, update/edit and Delete):

  - Products
  - Health Facilities
  - Pricelists – Medical Services
  - Pricelists – Medical Items
  - Medical Services
  - Medical Items
  - Enrolment Officers
  - Claim Administrators
  - Users
  - User roles/profiles
  - Payers
  - Locations
- Business specific roles
  - Duplicate Products
  - Duplicate Pricelists – Medical Services
  - Duplicate Pricelists – Medical Items
  - Duplicate User roles/profiles
  - Move Locations

Tools list of the business rights available for the *Tools* module

- Register
  - Upload Diagnoses
  - Upload Health Facilities
  - Upload Locations
  - Download Diagnoses
  - Download Health Facilities
  - Download Locations
- Extracts
  - Download Mater-data
  - Create Phone Extracts
  - Create Offline Extract
  - Upload Claims
  - Upload Enrolments
  - Upload Feedback
- Run report
  - Primary Operational Indicators-policies
  - Primary Operational Indicators-claims
  - Derived Operational Indicators
  - Contribution Collection
  - Product Sales

  - Contribution Distribution
  - User Activity Report
  - Enrolment Performance Indicators
  - Status of Registers
  - Insurees without Photos
  - Payment Category Overview
  - Matching Funds
  - Claim Overview
  - Percentage of Referrals
  - Families and insurees Overview
  - Pending Insurees
  - Renewals
  - Capitation Payment
  - Rejected Photos
- Utilities/Email setting
  - Backup
  - Restore
  - Execute Script
  - Email Setting

3. **Buttons**

   Save Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *User Control Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the user has been saved will appear on the Information Panel.

   Cancel By clicking on the `Cancel` button, the user will be re-directed to the *User roles/profiles control page.*

   Mandatory data

   If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data fields will take the focus (by an asterisk on the right of the corresponding data field).

Adding a User role/profile

Click on the Add button to re-direct to the *User role/profile Page*.

When the page opens all entry fields are empty. See the *User role/profile Page*. for information on the data entry and mandatory fields.

Editing a User role/profile

Click on the Edit button to re-direct to the *User role/profile Page*.

The page will open with the current information loaded into the data entry fields. See the *User role/profile Page*. for information on the data entry and mandatory fields.

Duplicating a User role/profile

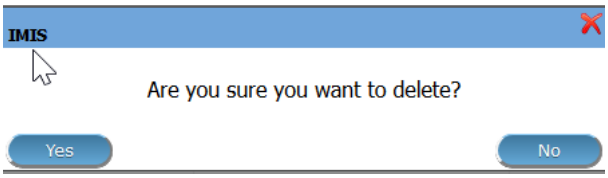
Click on the Duplicate button to re-direct to the *User role/profile Page*.

The page will open with all the current rights for the selected user role/profile, (except for theuser role/profile name which should be unique), loaded into the data entry fields. See the *User role/profile Page* for information on the data entry and mandatory fields. To save the record, enter a unique code before clicking on `Save`.

Deleting a User role/profile

Click on the Delete button to delete the currently selected record.

Before deleting a confirmation popup (*Image User roles/profile delete confirmation*) is displayed, this requires the user to confirm if the action should really be carried out.



Img. 1.3.47: *User roles/profile delete confirmation*

When a user roles/profile is deleted, the rights that it provide are not available to the users having that role/profile.

Default User roles and rights

The table below shows the default roles in openIMIS.

Tab. 1.3.1: Overview of Scheme administrator & district Staff roles

Role	Responsibilities	Available functionality
Enrolment Officer	He/she enrols insurees and submits enrolment forms to a health insurance administration; handles policy modifications; collects feedback from scheme patients and submits to the health insurance administration.	* Capture a photo of an Insuree. * Send a photo * Inquiry on an Insuree * Collect feedback from an Insuree
Village Executive Officer (VEO)	He/she collects feedbacks and collects changes on insurees during insurance periods	* Collect feedback from an Insuree * Inquiry on an Insuree
Manager	Oversees operations of the health insurance scheme;runs openIMIS operational reports analyses data generated from the IMIS.	* Create managerial statistics * Authorize issuance of a substitution * membership card

Continued on next page

Tab. 1.3.1 – continued from previous page

Role	Responsibilities	Available functionality
Accountant	Transfers data on collected Contributions to an external accounting system. Calculates claim amounts per health facility, runs openIMIS operational reports and presents claims decision overview to management of a health insurance administrator. Processes approved claims to health facility sub-accounts.	* Transfer of data on Contributions to accounting system * Valuation of a claim * Transfer of a batch of claims for payment
Clerk	Enters and modifies data on families, insurees, policies and contributions. Enters data on claims if the claims are submitted in a paper form.	* *Creation/ Search/ Modification/ Deletion/ Modification* of a *household/group*, an *Insuree*, a *Policy* or a *Contribution*. * *Renewal of a policy* * *Entry of a claim*
Medical Officer	Provides technical advice on claims verification from a medical standpoint.	* Checking of a claim for plausibility * *Review of a claim* * *Authorize a claim for payment*
Scheme Administrator	Administers registers (all except the register of users)	* *Administer registers* (*Officers, Payers, Health Facilities*, , *Medical Services, Medical Items, Medical Item Price Lists, Medical Services Price List*, *Products*) * *Extract Creation for Off-line Health Facilities*
openIMIS Administrator	Administers operations of the IMIS. Is responsible for backups of data.	* Administer the register of *users*, *Utilities* * Manage *Backup*, *Restore* and *Updates* * *Extract Creation for Off-line Health Facilities*

Tab. 1.3.2: Overview of Health Facilities staff roles

Role	Responsibilities	Available functionality
Receptionist	Verifies membership and issues to a patient a claim form.	* Inquiring on a Household/group, *Insuree* and *Policy*
Claim Administrator	Pools claim forms of a health facility, enters and submits claims.	* Opening of a batch of claims * Entry of a claim
HF Administrator	Off-line HealthFacility administration	* *Off-line extract upload*
Offline HF Administrator	Off-line HealthFacility administration	* Creation of clerk * Creation of offline Extract

1.3.9 Payers

The register of payers contains all institutional payers that can pay contributions on behalf of policyholders (e.g. private organizations, local authorities, cooperatives etc.). Payer administration is restricted to users with the role of Scheme Administrator.

Pre-conditions

A payer may only be added or thereafter edited or deleted, after the approval of the management of the scheme administration.

Navigation

All functionality for use with the administration of payers can be found under the main menu `Administration`, sub menu `Payers`.

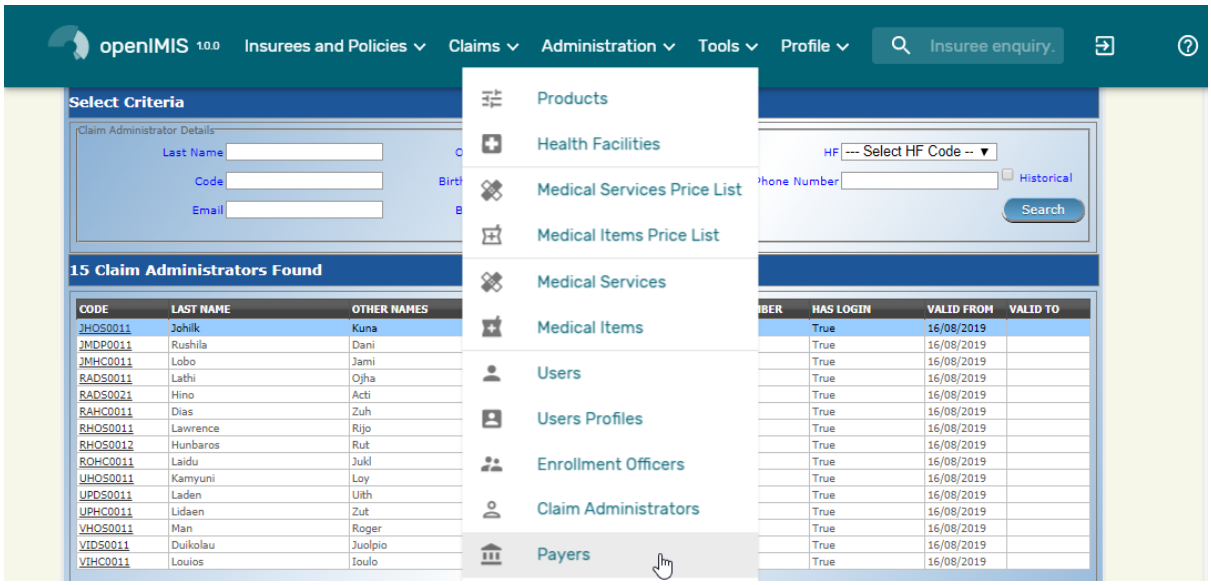
Clicking on the sub menu `Payers` re-directs the current user to the *Payer Control Page*.

Payer Control Page

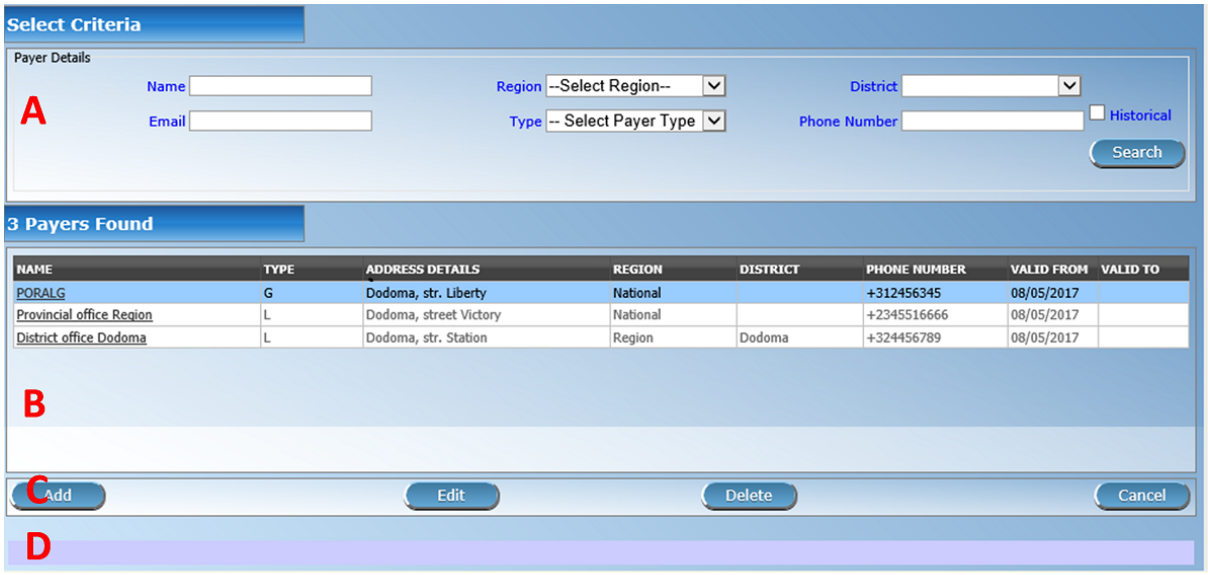
The Payer control Page is the central point for all payer administration. By having access to this page, it is possible to add, edit, delete and search (institutional) payers. The page is divided into four panels (Img. 1.3.49).

1. **Search Panel**

   The search panel allows a user to select specific criteria to minimise the search results. In the case of payers the following search options are available which can be used alone or in combination with each other.



Img. 1.3.48: *Navigation Payers*



Img. 1.3.49: *Payers Control Page*

Name Type in the beginning of; or the full `name`; to search for payers with a `name`, that starts with or matches completely, the typed text.

Email Type in the beginning of; or the full `Email` to search for payers with an `Email`, that starts with or matches completely, the typed text.

Region Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select payers from a specific region. The option **National** means that the payer is common for all regions. *Note: The list will only be filled with the regions assigned to the current logged in user and with the option National. All nationwide payers and all regional payers relating to the selected region will be found. If no district is selected then also all district payers for districts belonging to the selected region will be found.*

District Select the `district`; from the list of districts by clicking on the arrow on the right of the selector to select payers from a specific district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the currently logged in user. If this is only one then the district will be automatically selected*

Phone Number Type in the beginning of; or the full `Phone Number` to search for payers with a `Phone Number`, that starts with or matches completely, the typed number.

Type Select the `Type`; from the list of types of payers by clicking on the arrow on the right of the selector to select payers of specific type.

Historical Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in the result with a line through the middle of the text (strikethrough) to clearly define them from current records (Img. 1.3.50).

NAME	TYPE	ADDRESS DETAILS	REGION	DISTRICT	PHONE NUMBER	VALID FROM	VALID TO
PORALG	G	Dodoma, str. Liberty	National		+312456345	08/05/2017	
Provincial office Region	L	Dodoma, street Victory	National		+2345516666	08/05/2017	
~~Provincial office Region~~	~~L~~	~~Dodoma, str. Victory~~	~~Region~~	~~-~~	~~+2345516666~~	~~08/05/2017~~	~~08/05/2017~~
District office Dodoma	L	Dodoma, str. Station	Region	Dodoma	+324456789	08/05/2017	

Img. 1.3.50: *Historical records - Result Panel*

Search Button Once the criteria have been entered, use the search button to filter the records, the results will appear in the result panel.

2. **Result Panel**

NAME	TYPE	ADDRESS DETAILS	REGION	DISTRICT	PHONE NUMBER	VALID FROM	VALID TO
PORALG	G	Dodoma, str. Liberty	National		+312456345	08/05/2017	
Provincial office Region	L	Dodoma, street Victory	National		+2345516666	08/05/2017	
District office Dodoma	L	Dodoma, str. Station	Region	Dodoma	+324456789	08/05/2017	

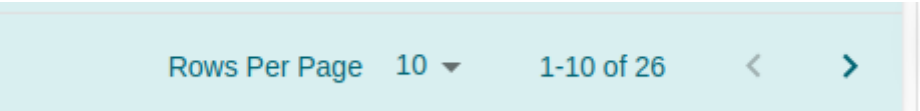
Img. 1.3.51: *Selected record (blue), hovered records (yellow) - Result Panel*

The result panel displays a list of all payers found, matching the selected criteria in the search panel. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow (Img. 1.3.51). The leftmost record contains a hyperlink which if clicked, re-directs the user to the actual record for detailed viewing if it is a historical record or editing if it is the current record.

A maximum of 15 records are displayed at one time, further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel (Img. 1.3.52).

3. **Button Panel**

With exception of the `Cancel` button, which re-directs to the *Home Page*, the button panel (the buttons `Edit` and `Delete`) is used in conjunction with the current selected



Img. 1.3.52: *Page selector- Result Panel*

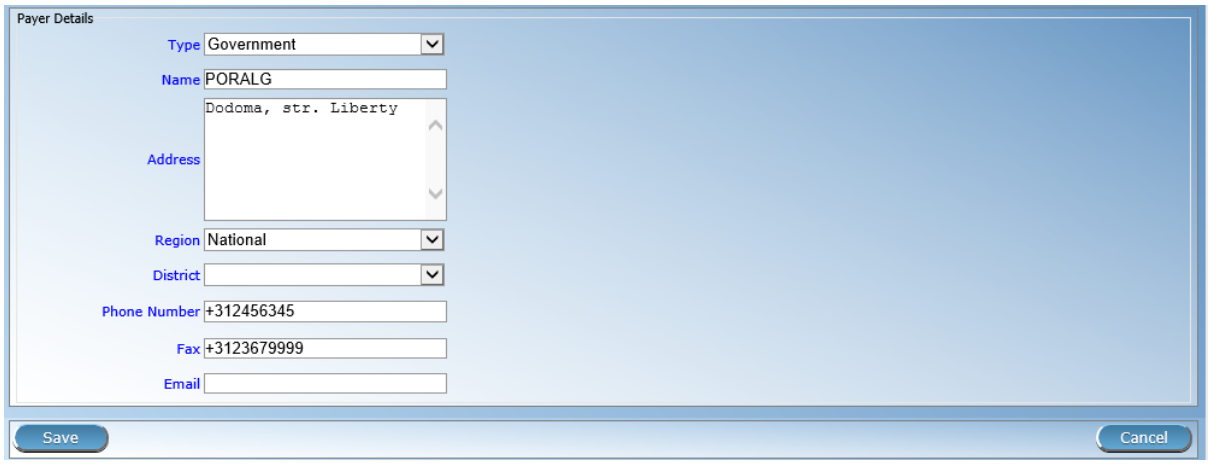
record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

4. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur once a payer has been added, updated or deleted or if there was an error at any time during the process of these actions.

Payer Page

1. **Data Entry**



Img. 1.3.53: *Payer Page*

Type Select the type of the payer from the list by clicking on the arrow on the right hand side of the lookup. Mandatory.

Name Enter the name for the payer. Mandatory, 100 characters maximum.

Address Enter address of the payer. Mandatory, 100 characters maximum.

Phone Number Enter the phone number for the payer. 50 characters maximum.

Fax Enter the fax number for the payer. 50 characters maximum.

Email Enter the email for the payer. 50 characters maximum.

Region Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to enter the region to which the payer belongs. The region **National** means that the payer is common for all regions. *Note: The list will only be filled with the regions assigned to the current logged in user and with the option National.* Mandatory.

District Select the `district` to which the payer belongs, from the list by clicking on the arrow on the right hand side of the lookup. *Note: The list will only be filled with the districts assigned to the selected region and currently logged in user. If this is only one then the district will be automatically selected.* It is not mandatory to enter a district. Not selecting a district will mean the payer operates in all districts of the region or nationwide if the region National is selected.

2. **Saving**

   Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Payer Control Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the payer has been saved will appear on the Information Panel.

3. **Mandatory data**

   If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right of the corresponding data field).

4. **Cancel**

   By clicking on the `Cancel` button, the user will be re-directed to the *Payer Control Page*.

Adding a Payer

Click on the `Add` button to re-direct to the *Payer Page*.

When the page opens all entry fields are empty. See the *Payer Page* for information on the data entry and mandatory fields.

Editing a Payer

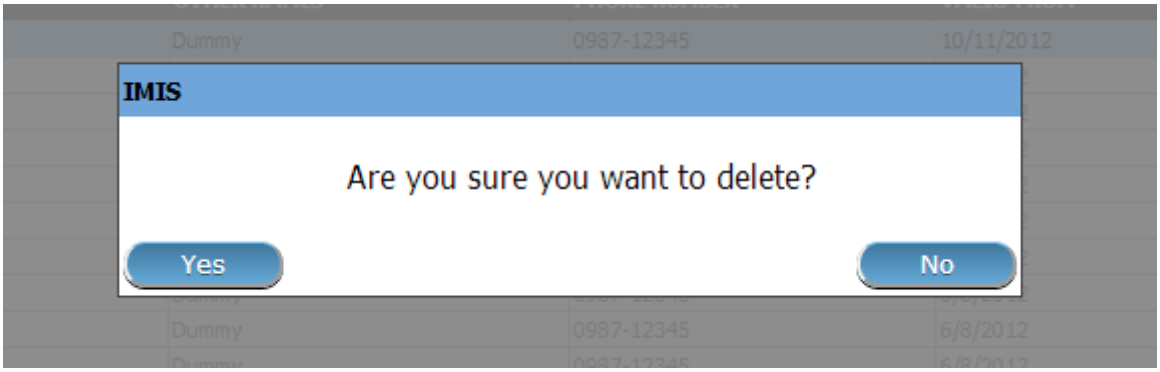
Click on the `Edit` button to re-direct to the *Payer Page*.

The page will open with the current information loaded into the data entry fields. See the *Payer Page* for information on the data entry and mandatory fields.

Deleting a Payer

Click on the Delete button to delete the currently selected record.

Before deleting a confirmation popup (Img. 1.3.54) is displayed, which requires the user to confirm if the action should really be carried out?



Img. 1.3.54: *Delete confirmation- Button Panel*

When a payer is deleted, all records retaining to the deleted payer will still be available by selecting historical records.

1.3.10 Locations

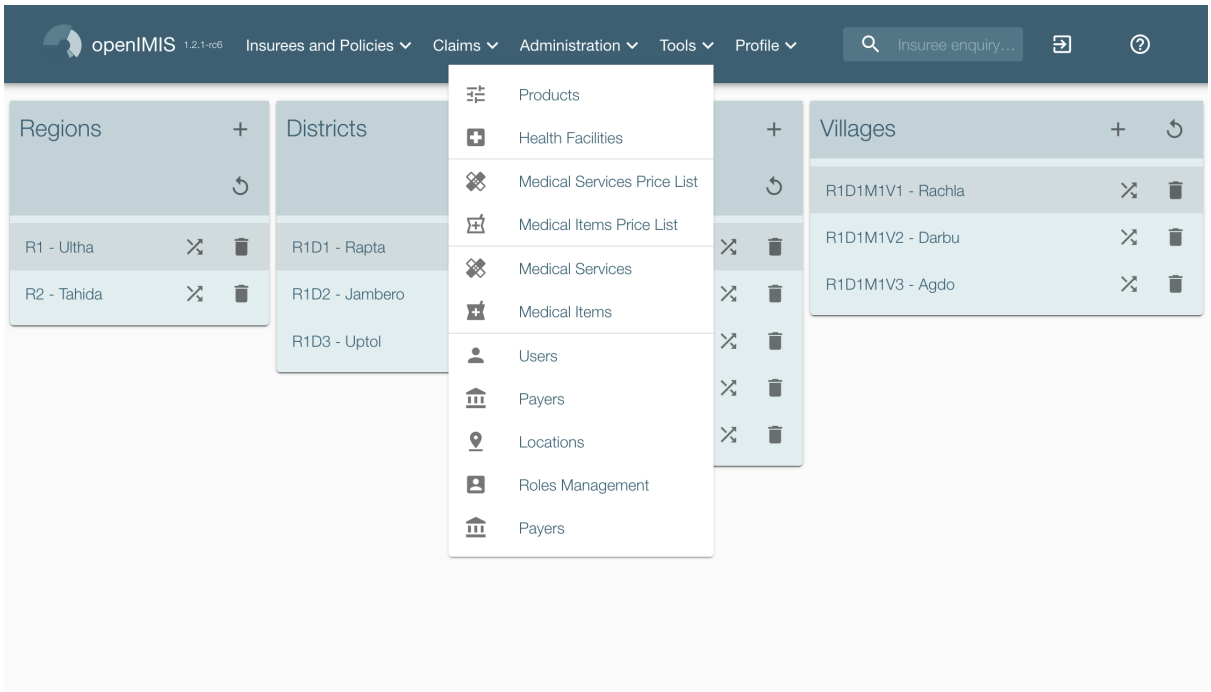
Administration of locations is restricted to users with the the system role of IMIS Administrator or with a role including an access to Administration/Locations. The user can see only locations he/she has access to.

Pre-conditions

A region, district, municipality or village may only be added or thereafter edited, after the approval of the management of the scheme administration.

Navigation

All functionality for use with the administration of locations can be found under the main menu `Administration`, sub menu `Locations`.



Img. 1.3.55: *Navigation Locations*

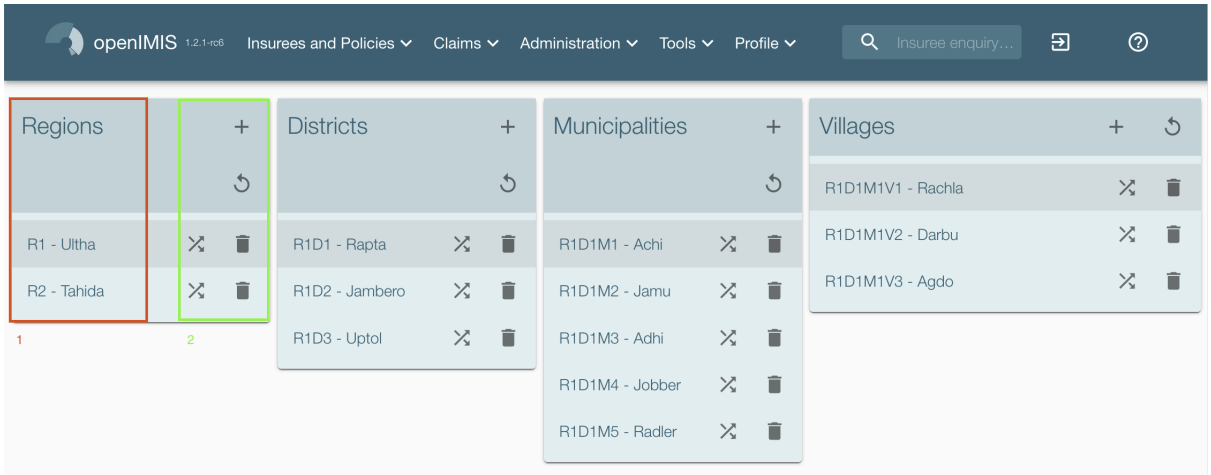
Clicking on the sub menu `Locations` redirects the current user to the *Locations Page.*

Locations Page

The Locations page is the central point for all locations administration. By having access to this page, it is possible to add, edit, delete and move regions, districts, municipalities and villages. The page is divided into three panels (Img. 1.3.56). *Note. Only regions and districts with associated municipalities and villages, belonging to the logged in user will be available to edit or delete. On adding a new region or district, the user will automatically become associated with this region or district.*

1. **Locations Panel**

   This is the working panel and is divided into four vertical panels of `Regions`, `Districts`, `Municipalities` and `Villages`.



Img. 1.3.56: *Locations Page*

2. **Button Panel**

   It has three buttons, `Add` (Img. 1.2.4), `Delete` (Img. 1.3.59) and `Move` (Img. 1.3.57) for actions on the locations, double click on a location will open the edit modal box.

Tab. 1.3.3: Material design button

Img. 1.3.57: 'Move'	Img. 1.3.58: *Refresh*	Img. 1.3.59: *Delete*

3. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur once a region, district or municipality or village has been added, updated, moved or deleted or if there was an error at any time during the process of these actions.

Adding a Region, District, Municipality, Village

Focusing on the appropriate level of locations by clicking on the `Add` button will open up a modal entry box. Here one could enter the new code (**Code**) and name (**Name**) of a region, district, municipality or village. For villages, the number of male inhabitants (**M**), female inhabitants (**F**), inhabitants with the unspecified gender (**O**) and the number of families (**Fam.**) can be specified. On clicking the `Save` button the new record will be saved.

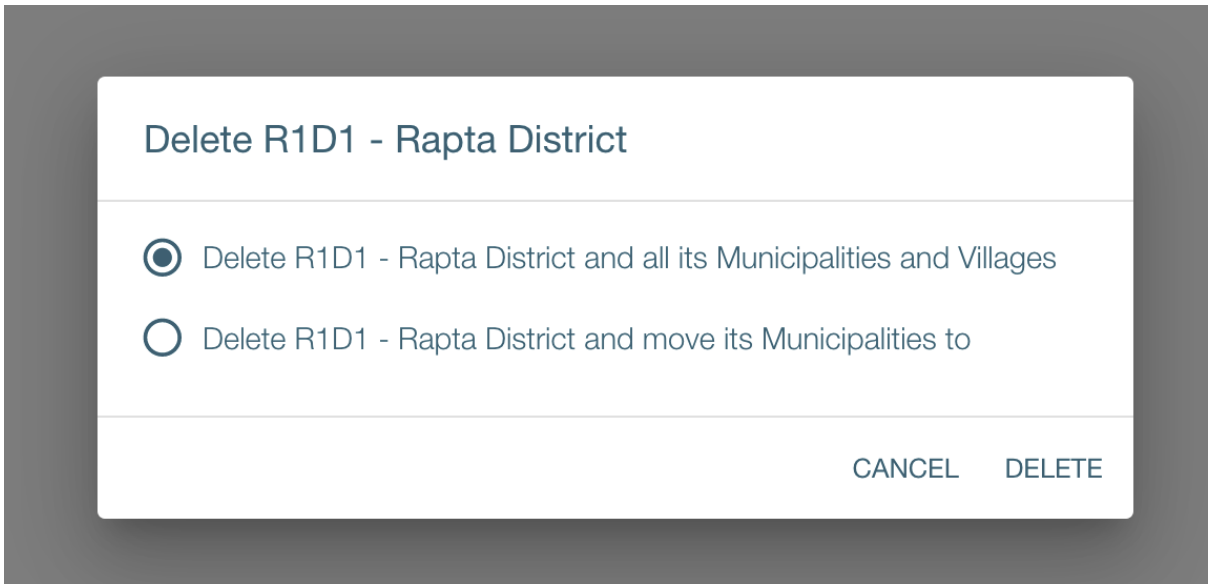
Editing a Region, District, Municipality, Village

Selecting the location to edit and clicking on the `Edit` button will open up in the top of the screen an entry box with the name of the location. Here one could change the name. On clicking the `Save` button, the record will be saved.

Deleting a Region, District, Municipality, Village

Select first the location to delete and click the `Delete` button. *Note. It is not possible to delete a region, district or municipality with associated districts, municipalities or villages respectively.*

Before deleting a confirmation popup (Img. 1.3.60) is displayed, which requires the user to confirm if the action should really be carried out?

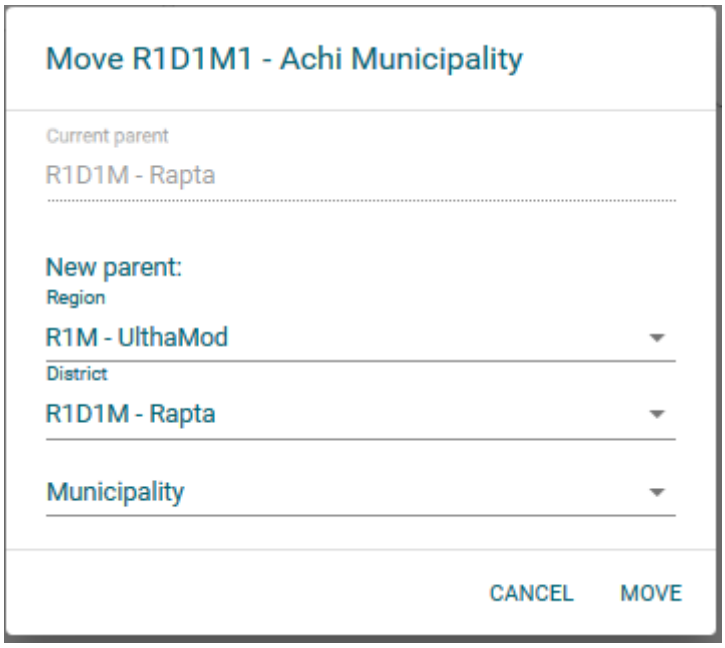


Img. 1.3.60: *Delete confirmation – Location Page*

When a region, district, municipality or village is deleted, all records retaining to the deleted region, district, municipality or village will still be available by selecting historical records.

Moving a District, Municipality, Village

Moving of a location is needed when the administrative division of the territory, on which a health insurance scheme is active, changes. Clicking on the `Move` button will open the move location box (Img. 1.3.61).



Img. 1.3.61: *Move Location Page*

1. **Move Location box**

The move location box is composed of three sections, the first display the name of the location to be moved. The second display the name of the current parent when the third enable the selection of the future parents.

For moving a location, select the new parents (village, municipality, district), the fields will appear when needed, for example the municipality drop-down list will be displayed only if the district is selected. The level of the location can be changed by choosing the lower (resp. higher) parent having a different level from the current parent; be aware that the lowest location is the village, therefore if a municipality is moved to village level then the villages under the moved municipality will remain villages but will be moved under the municipality chosen the new parent of the to-be moved municipality.

The Move will be effective once the `Move` button is clicked.

1.3.11 Policyholder User

The policyholder user is used to link user to policyholders, in addition to the access right *policyholder portal* that allows the user to have access to only some policyholder.

Pre-conditions

User and Policyholder must be created before

Navigation

All functionality for use with the administration of policyholder users can be found under the main menu `Administration`, sub menu `Policyholder Users`.

Clicking on the sub menu `Policyholder Users` re-directs the current user to the Find contract Page.

Search Page

1. Search criteria
   - User: opeimin user
   - PolicyHolder
   - Date valid from/to
   - Show deleted
2. Results

   The columns name definiction matches with the search criteria definitions

   The rows are the search results

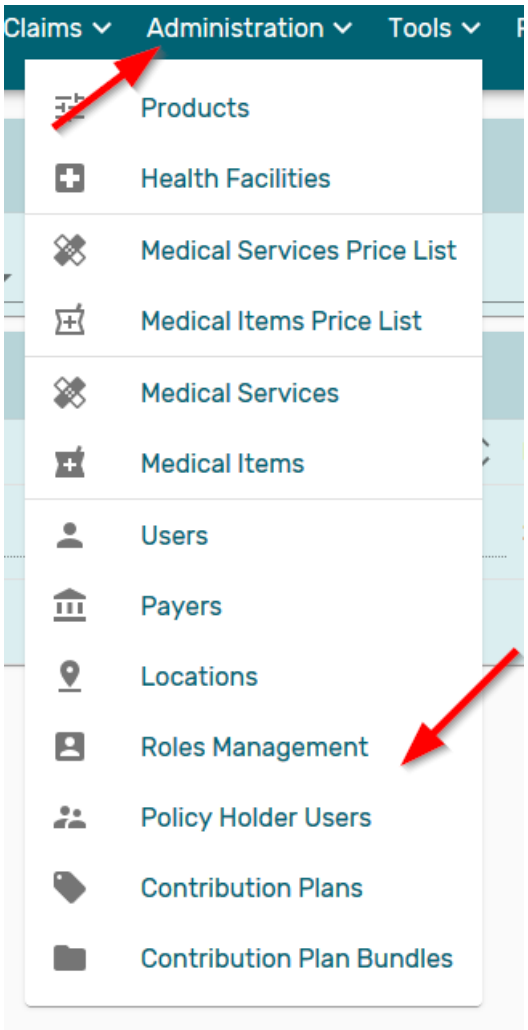
   - Edit policyholder

     as doubleclick on the line, clicking on that button will open the edit popup
   - Delete policyhodler

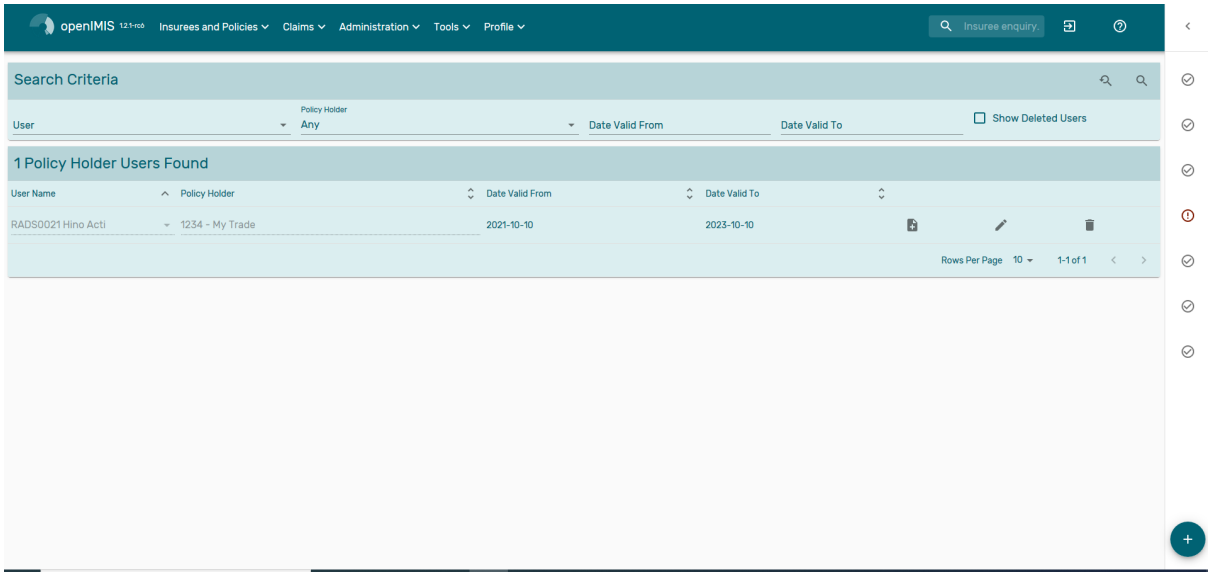
     Confirmation pop up is displayed.
   - duplicate

     A creation popup will be displayed.
3. Create policyholder user button

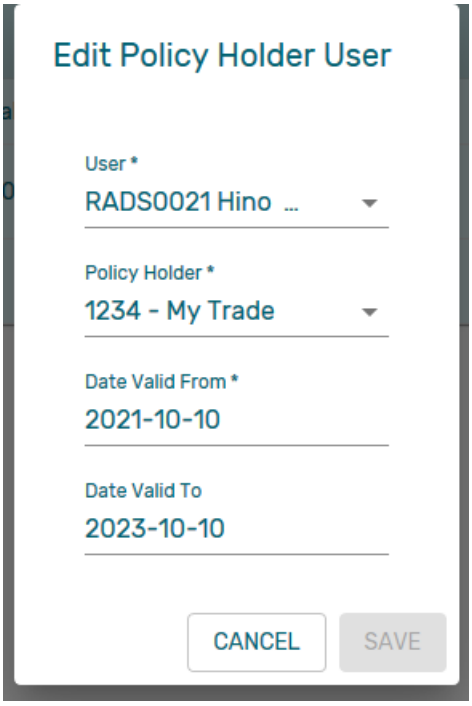
   A creation popup will be displayed



Img. 1.3.62: *Navigation Policyholder User*



Img. 1.3.63: *Search Policyholder User*



Img. 1.3.64: *Edit Policyholder User*

1.3.12 Contribution Plan

The goal of the contribution plans is the bring flexibity in the enrollment and princing models.

A contribution plan will attach a pricing strategy (calcRule) to given product, it can add up parameters in other pages when its stragegy requires information attached to other object: for example, a CP can ask the monthly income of an inuree to use it in the contribution value calculation

For one given product, multiple contribution plans could be created.

Pre-conditions

Product must be created

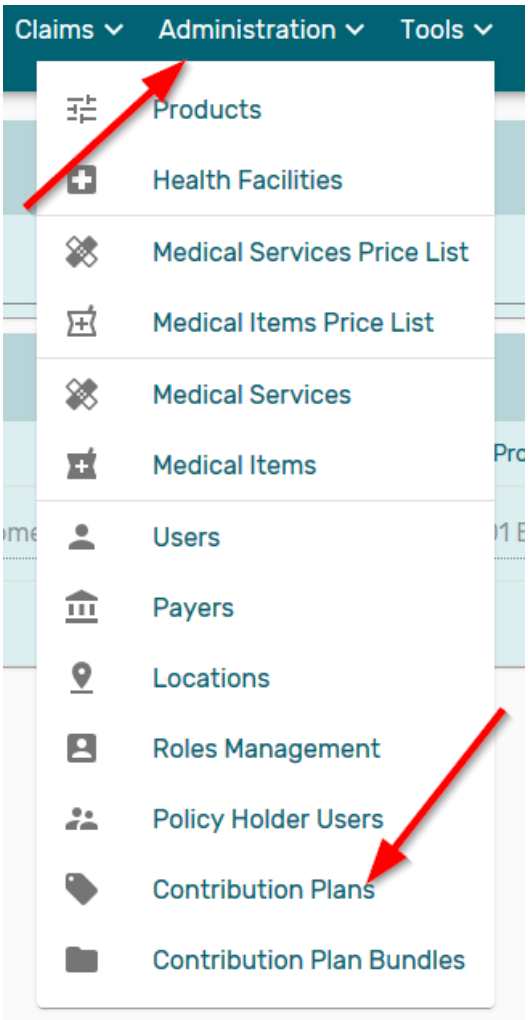
Navigation

All functionality for use with the administration of contribution plan can be found under the main menu `Administration`, sub menu `Contribution plan`.

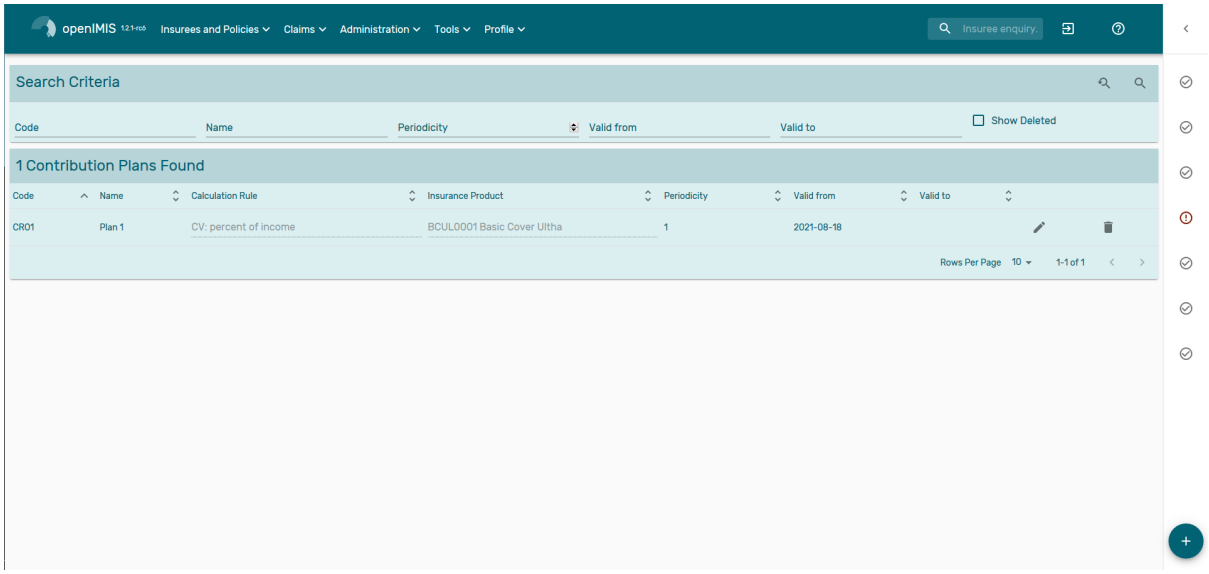
Clicking on the sub menu `Contribution plan` re-directs the current user to the Find contract Page.

Search Page

1. Search criteria
   - Code: code of Contribution plan
   - Name: name of Contribution plan
   - Date valid from/to: period on which the Contribution plan is valid
   - Periodicity: periodicity of the Contribution plan plan in months
   - Show deleted
2. results



Img. 1.3.65: *Navigation Contribution plan*



Img. 1.3.66: *Search Contribution plan*

the columns name definiction matches with the search criteria definitions plus:

- calucation rule: rule used to calculate the policy value but also all related logic (person to be covered, additionnal condition, grace periods ....)
- insurance product: product to be used when creating policy/coverage

the rows are the search results

- Edit Contribution plan

  doubleclick on the line or clicking on the edit button will open the edit page

Img. 1.3.67: *EditContribution plan*

- Delete

  Confirmation pop up is displayed

- duplicate

  a creation popup will be displayed

3. create Contribution plan button

   a creation popup will be displayed

1.3.13 Contribution Plan Bundle

The goal of the contribution plans bundle (CPB) is the group several contribution plan to build a standard offering for a bundle of product

the goal is to ease enrollement of conplex offerings where it would be easy otherwise for the user to mkae a misstake

The Contribution plan bundle is linked to Contribution plans

Pre-conditions

Product must be created

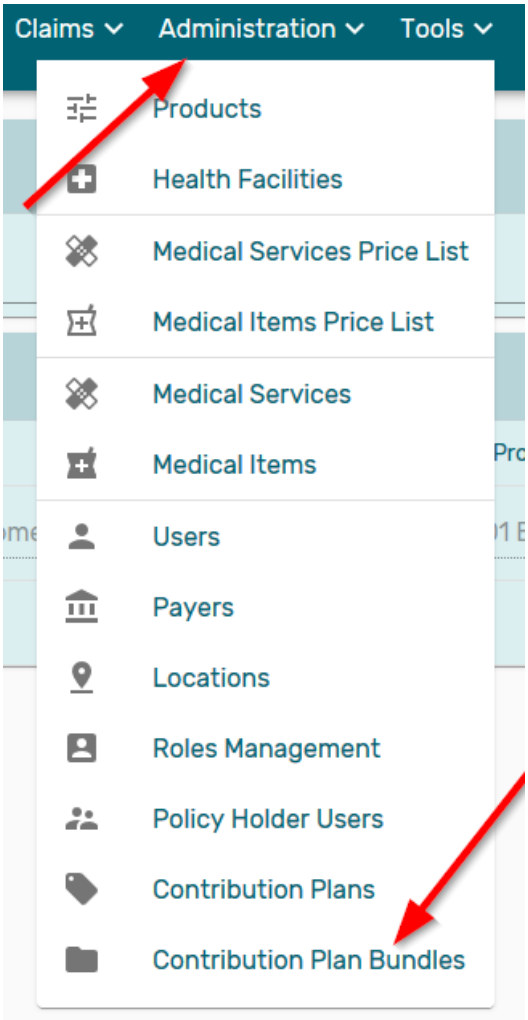
Navigation

All functionality for use with the administration of Contribution plan bundle can be found under the main menu `Administration`, sub menu `Contribution plan bundle`.

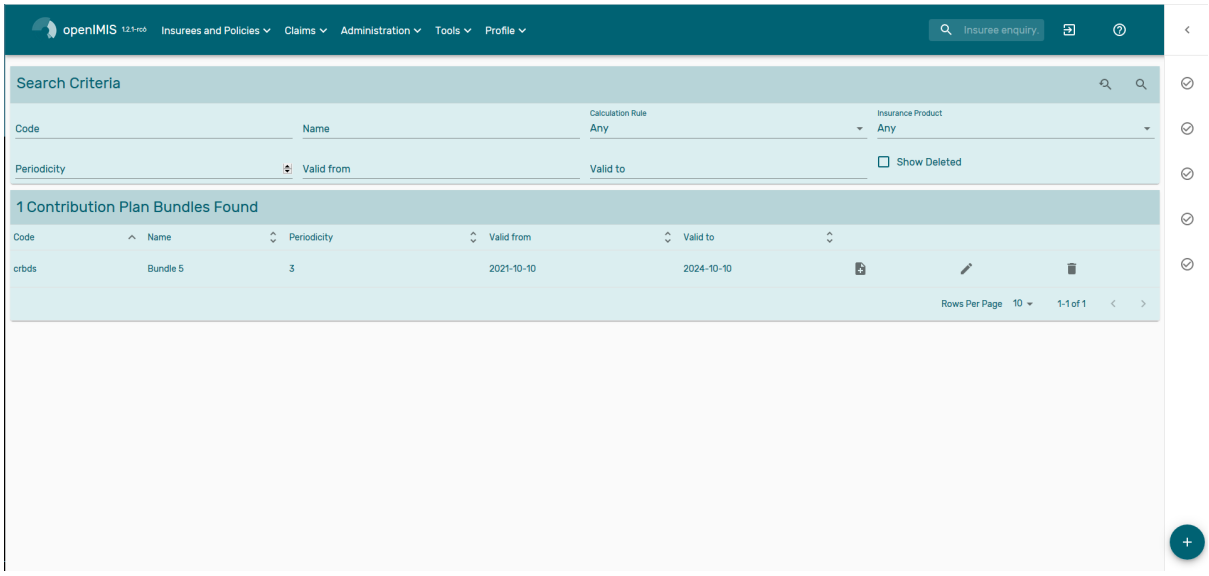
Clicking on the sub menu `Contribution plan bundle` re-directs the current user to the Find contract Page.

Search Page

1. Search criteria
   - Code: code of Contribution plan bundle



Img. 1.3.68: *Navigation Contribution plan bundle*



Img. 1.3.69: *Search Contribution plan bundle*

- Name: name of Contribution plan bundle
- Calculation rule: rule part of a contribution plan
- Insurance product: insurance product of a contribution plan
- Date valid from/to: period on which the Contribution plan bundle is valid
- Periodicity: periodicity of the Contribution plan bundle plan in months
- Show deleted

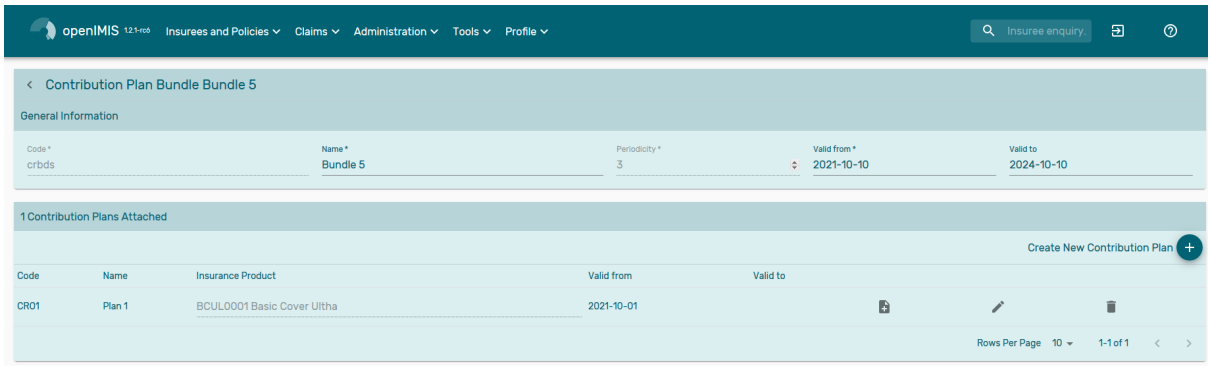
2. results

   the columns name definiction matches with the search criteria definitions:

   the rows are the search results

   - Edit Contribution plan bundle

     Doubleclick on the line or clicking on the edit button will open the edit page



Img. 1.3.70: *EditContribution plan bundle*

"Create New Contribution Plan" button can add a new link between the bundle and a contribution plan

create popup will be displayed

Edit button

edit popup will be displayed

delete button

confirmation popup will be displayed

replace button

replace popup will be displayed, the old link will have the validity to updated to the validiy from of the new link

   - Delete

     Confirmation pop up is displayed

   - duplicate

     a creation popup will be displayed

3. create Contribution plan bundle button

   a creation popup will be displayed

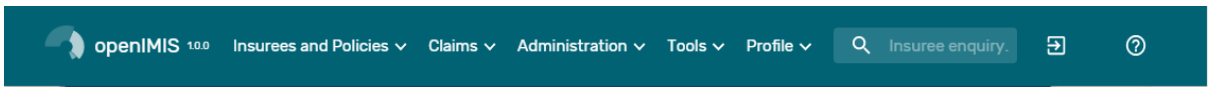
1.4 Group/family, Insurees and Policies

In openIMIS the policies are assigned to group only, if a policy need to be assigned to an individual then a group of one must be created.

Because of this approach, the *Family Overview Page* is the starting point to manage, insuree (add, edit), policies(add, edit, renew . . .) and contribution

1.4.1 Insuree Enquiry

This functionality is available to all system roles or with a role including an access to Insurees and Families/Insuree/Enquiry. The function Insuree Enquiry can be accessed at any time, after login. On the top right hand of the main menu, there is a search feature, allowing the user to enter an Insurance Number for a "quick enquiry".



Img. 1.4.1: *Insuree Enquiry Field*

By typing in a valid insurance number and pressing the enter key or clicking on the green search button, a pop-up will appear (Img. 1.4.1), providing a photo of the insuree and information about the current policy or policies covering of the insuree.

The Information includes the following:

- The photo of the insuree
- The name, date of birth and gender of the insuree
- The (insurance) product code, product name and expiry date of a policy
- The status (I for Idle, A for Active, S for Suspended and E for Expired) of the policy at the time of inquiring
- The deductible amount remaining for the insuree to pay before the policy is claimable, for hospitals and non-hospitals
- The ceiling amount claimable by a health facility on behalf of the insuree for both hospitals and non-hospitals.
- Age of the insuree
- First Service Point (FSP) of the insuree
  - Region of FSP
  - District of FSP
  - Level of FSP

1.4.2 Family/Group

Table of Contents

- *Family/Group*
  - *Find Family*
  - *Family/Group Overview*
  - *Family Overview Page*

Img. 1.4.2: *Image - Insuree Enquiry Results*

- *Family/Group Page*
- *Adding a Family*
- *Editing a Family/Group*
- *Changing a Head of Family/Group*
- *Moving an Insuree*
- *Deleting a Family/Group*

Find Family

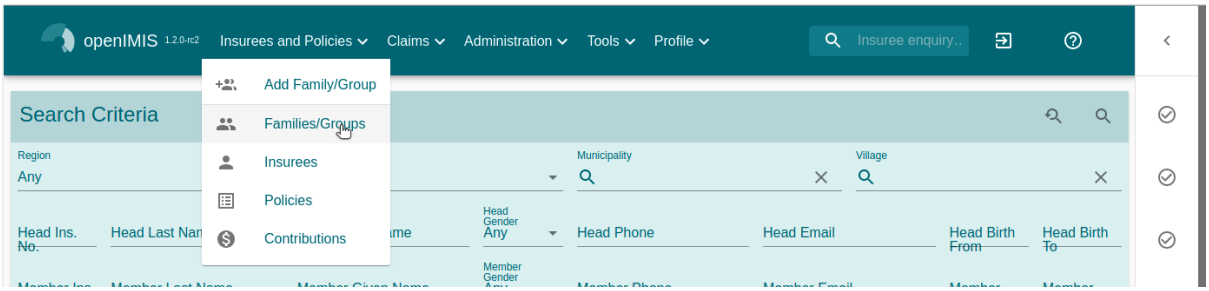
Access to the `Find Family Page` is restricted to users with the system roles of Accountant, Clerk and Health Facility Receptionist or with a role including an access to Insurees and Families/Family/Enquiry.

Pre-conditions

Need to enquire on, or edit a family and/or insurees, policies and contributions associated.

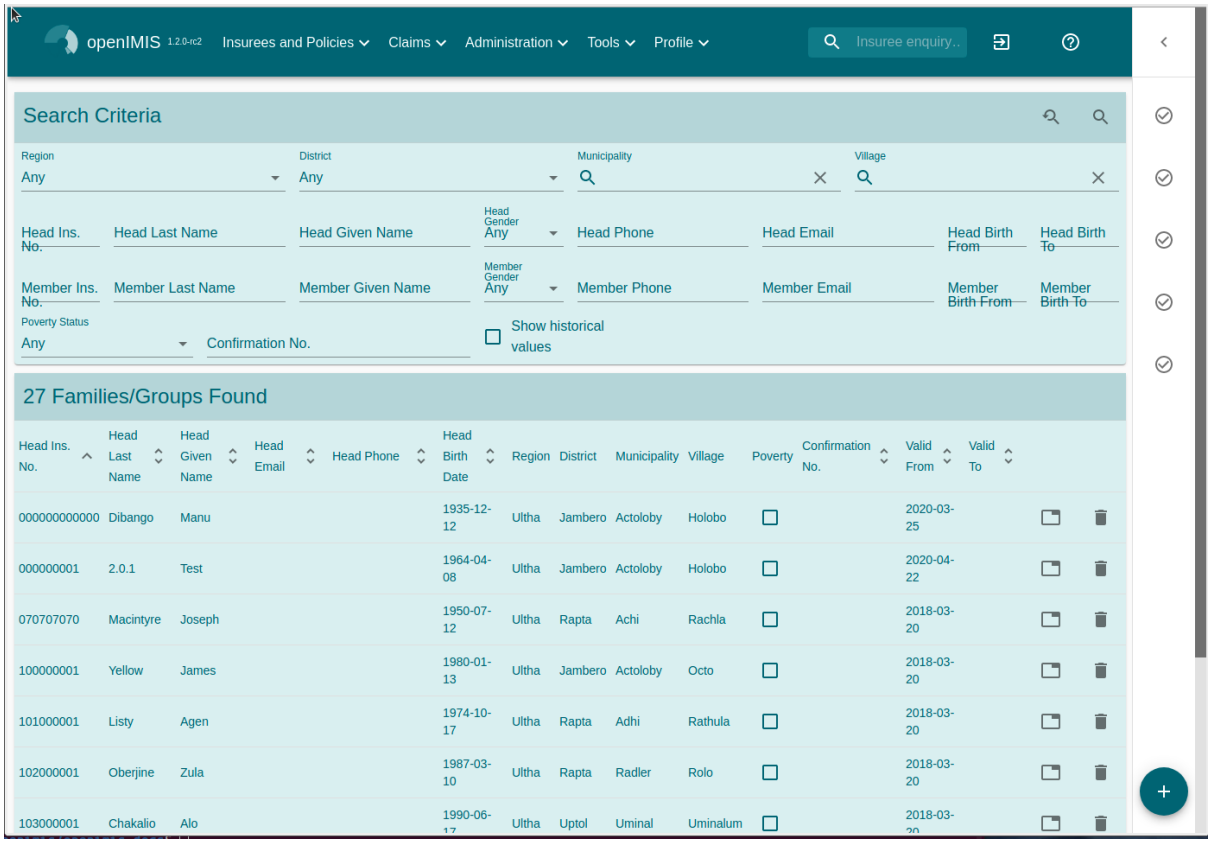
Navigation

Find Family can be found under the main menu `Insurees and Policies` sub menu `Families/Groups`



Img. 1.4.3: *Navigation – Families - Find Family*

Clicking on the sub menu `Families/Groups` re-directs the current user to the *Find Family Page*.



Img. 1.4.4: *Find Families*

The Find Family Page is the first step in the process of finding of a family and thereafter accessing the *Family Overview Page* of insurees, policies and contributions. This initial page can be used to search for specific families or groups based on specific criteria. The page is divided into two panels (Img. 1.4.4):

1. **Search Criteria Panel**

   The search panel allows a user to select specific criteria to minimise the search results. The following search options are available which can be used alone or in combination with each other.

   - `Region`

     Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select families/groups from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

   - `District`

     Select the `District`; from the list of districts by clicking on the arrow on the right of the selector to select families/groups from a specific district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.*

   - `Municipality`

     Select the `Municipality`; from the list of municipalities by clicking on the arrow on the right of the selector to select families/groups from a specific municipality. *Note: The list will only be filled with the municipalities in the selected district above.*

     Select the `Village`; from the list of villages by clicking on the arrow on the right

of the selector to select families/groups from a specific village. *Note: The list will only be filled with the villages in the selected municipality above.*

- `Head (/Member) Insuree Insurance Number`

  Type in the beginning of; or the full `Insurance Number` to search for families/groups, who's family/group head (/member) `Insurance Number`, starts with or matches completely, the typed text.

- `Head/Member Insuree Last Name`

  Type in the beginning of; or the full `Last name`; to search for families/groups, who's family/group head (/member) `Last name`, starts with or matches completely, the typed text.

- `Head/Member Insuree Other Names`

  Type in the beginning of; or the full `Other Names` to search for families/groups, who's family/group head(/member) `Other Names` starts with or matches completely, the typed text.

- `Head/Member Insuree Gender`

  Select the `Gender`; from the list of gender by clicking on the arrow on the right of the selector, to select families/groups, who's family/group head(/member) is of the specific gender.

- `Head/Member Phone Number`

  Type in the beginning of; or the full `Phone Number` to search for families/groups, who's family/group head(/member) `Phone Number`, starts with or matches completely, the typed number.

- `Head/Member Email`

  Type in the beginning of; or the full `Email` to search for families/groups, who's family/group head(/member) `Email`, starts with or matches completely, the typed number.

- `Head/Member Birth Date From`

  Type in a date; or use the Date Selector Button, to enter the `Birth Date From` to search for families/groups, who's family/group head(/member), has the same or later birth date than `Birth Date From`. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- `Head/Member Birth Date To`

  Type in a date; or use the Date Selector Button, to enter the `Birth Date To` to search for families/groups, who's family/group head(/member), has the same or earlier birth date than `Birth Date To`. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- `Poverty Status`

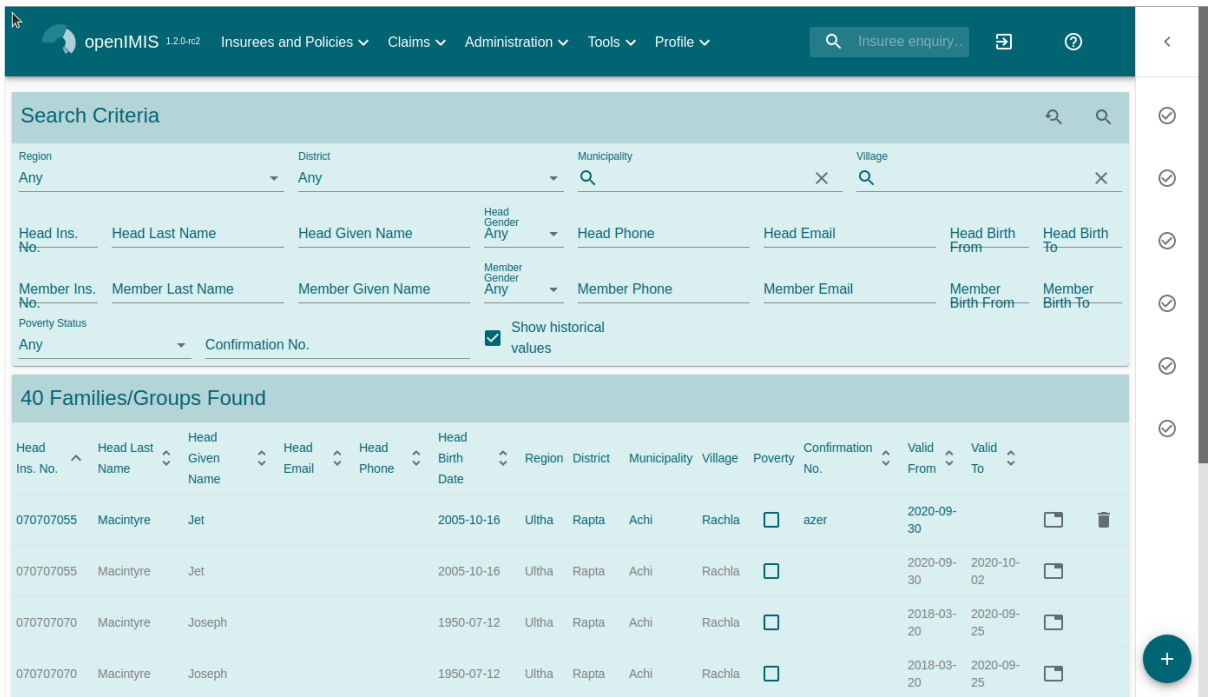
  Select the `Poverty Status`; from the list of has poverty status by clicking on the arrow on the right of the selector, to select families/groups that have a specific poverty status.

- `Confirmation No.`

  Type in the beginning of; or the full `Confirmation No.` to search for families/groups, who's `Confirmation No.` starts with or matches completely the typed text.

- `Historical`

Click on `Historical` to see historical records matching the selected criteria. Historical records are greyed to clearly define them from current records and no delete action is possible (Img. 1.4.5).



Img. 1.4.5: *Historical records - Result Panel*

- `Reset Filter Button`

  To clear the current criteria.

- `Search Button`

  To launch the search and filter the records, the results will appear in the Result Panel.

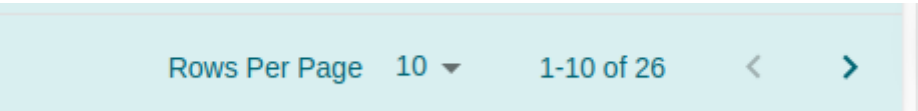
2. **Result Panel**

   The Result Panel displays a list of all families/groups found, matching the selected criteria in the Search Panel.

   Double clicking on a record re-directs the user to the *Family Overview Page* for the Family selected or if it is an historical record then the *Change Family Page*, for detailed viewing.

   Clicking on the trash icon allows user to delete a family (see below).

   The result table is paginated, further records can be viewed by navigating through the pages using the page selector at the bottom of the result Panel (Img. 1.4.6)



Img. 1.4.6: *Page selector- Result Panel*

Family/Group Overview

Access to the *Family Overview Page* is restricted to users with the system role of Accountant or Clerk or with a role including an access to Insurees and Families.

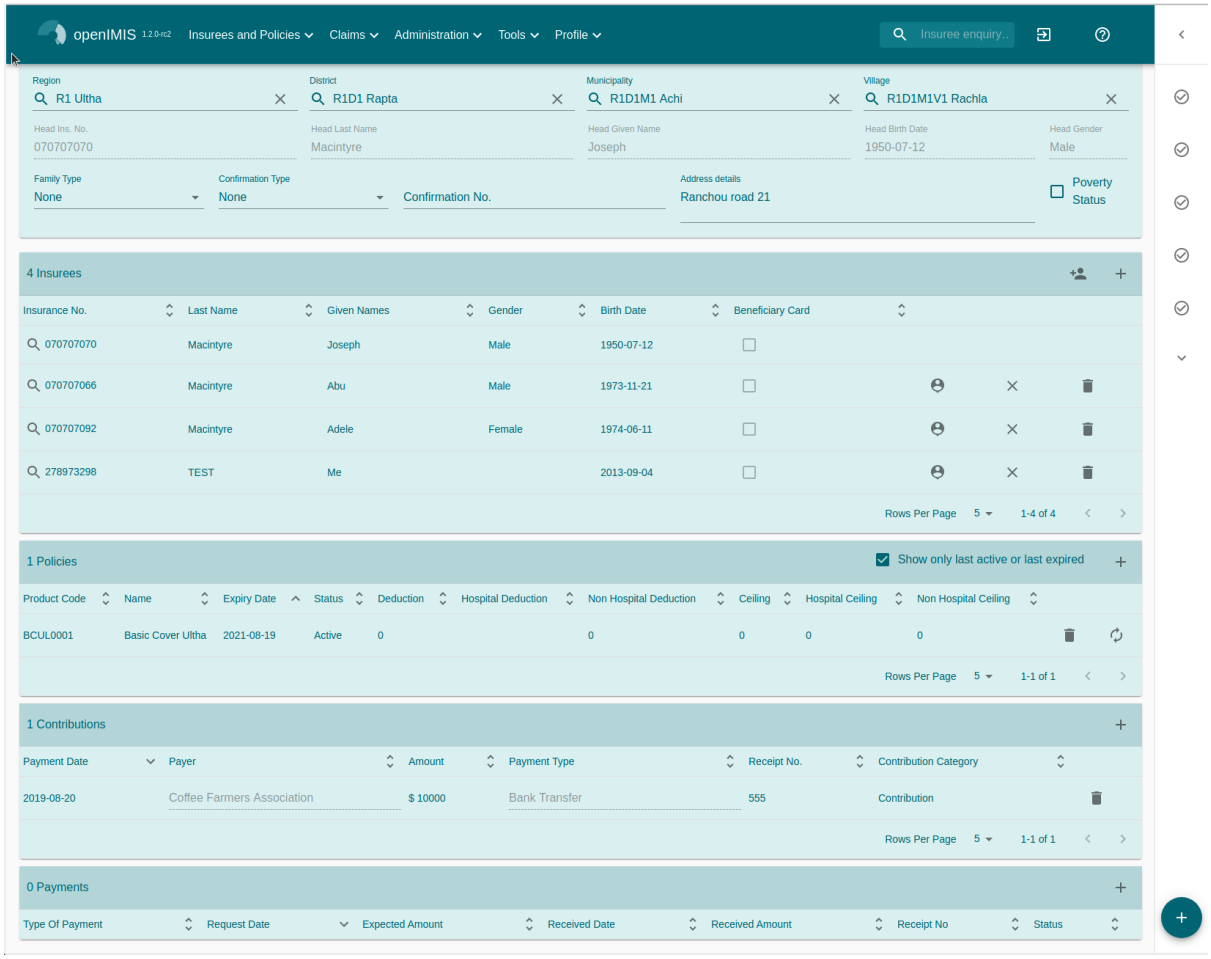
Pre-conditions

Need to enquire on, or edit a family/group or manage the insurees, policies and contributions associated with it.

Navigation

Family Overview Page cannot be navigated directly to; the first step is to find the family/group by means of using *Find Family Page*, *Find Insuree Page*, Find Policy Page or *Find Contribution Page*. Once a specific family, insuree, policy or contribution is selected by means of selecting the hyperlink in the Result Panel of the respective Find Page, the user is re-directed to the *Family Overview Page*.

Family Overview Page



Img. 1.4.7: *Image - Family Overview Page*

The `Family Overview Page` is the central point for all operations with regards to the families/groups, Insurees, policies and contributions associated with it. The page is divided into 5 panels (*Image Family overview*)

1. **Family** /Group Panel

   The Family/Group Panel provides information about the family including the District, Municipality, Village, the Insurance Number and the Last Name and Other Names of the head of family and Poverty status of the family.

2. **Insurees Panel**

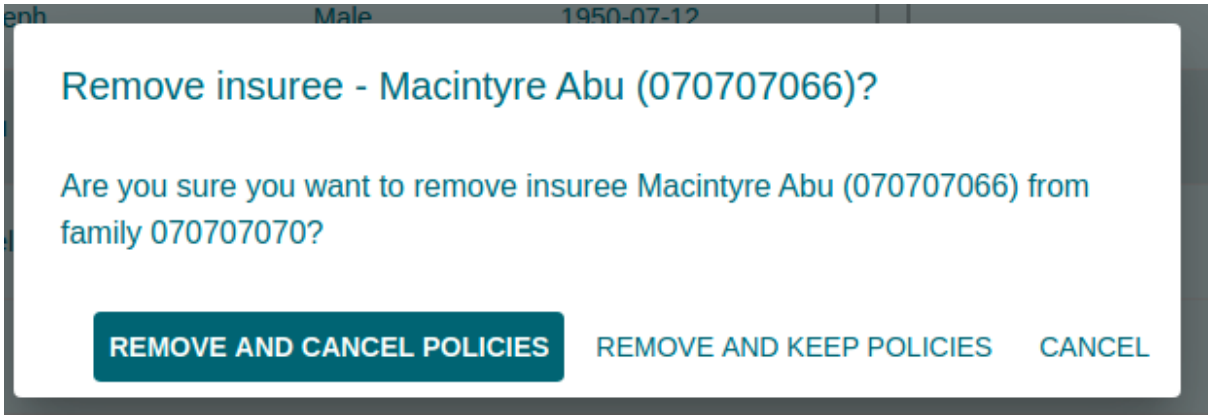
The Insurees Panel displays a list of the insurees within the family/group. Double clicking on a record re-directs the user to the insuree record for editing or detailed viewing.

When selecting an insuree in the list, the Policy Panel, will refresh with the policies covering the selected insuree.

In the Insurees Panel, action buttons allow to add (new or existing - non head- insuree) On insuree, one can set it as family head, remove ('detach') insuree from the family/group or delete the insuree.

When an insuree is removed from the family or deleted, the confirmation dialog gives two options(*Remove insuree dialog*):

- `Remove/Delete and Cancel Policies`: to remove the insuree from any active policy coverage
- `Remove/Delete and Cancel Policies`: to keep any existing policy active for that insuree (untill policy renewal)



Img. 1.4.8: Remove insuree dialog

3. **Policies Panel**

   The `Policies Pane` displays a list of the policies held by the family/group.

   By default only the (last)actives policies are shown. Unchecking `Show only last active or last expired` displays the previous policies.

   The `Add` action allows to create a new Policy for edited Family.

   Double clicking on a record re-directs the user to the policy for editing or detailed viewing.

   Each row also contains `Delete` and `Renew` actions.

   When selecting a policy in the list, the Contribution Panel, will refresh with the contributions linked to the newly selected policy.

4. **Contributions Panel**

   The `Contribution sPanel` displays a list of contributions of the policy currently selected in the `Policies Panel`.

   Double clicking on a record re-directs the user to the contribution for editing or detailed viewing.

   Each row also contains a `Delete` action.

   The `Add` action allows to create a new Contribution for edited Family.

   When selecting a contibution in the list, the Payment Panel, will refresh with the payments linked to the newly selected contribution.

5. **Payments Panel**

   The `Payments Panel` displays a list of payments of the contribution currently selected in the `Contributions Panel`.

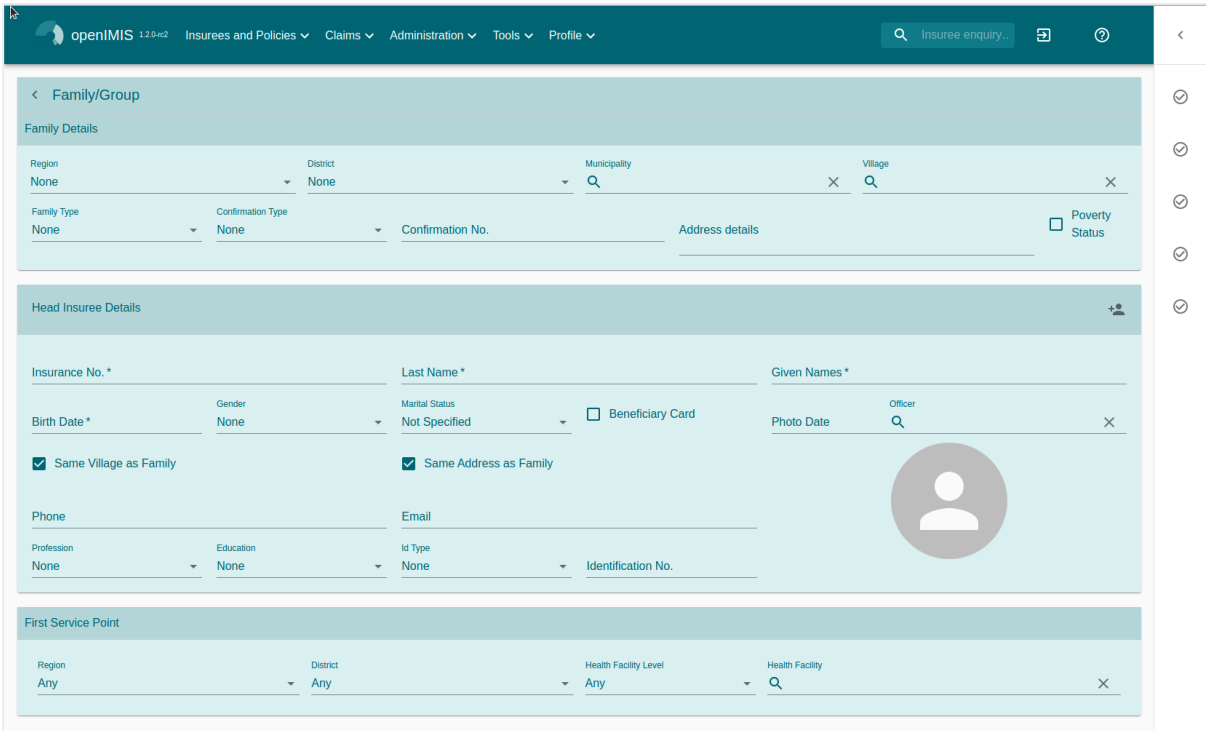
   Double clicking on a record re-directs the user to the payment for editing or detailed viewing.

   Each row also contains a `Delete` action.

   The `Add` action allows to create a new Payment for edited Family.

Family/Group Page

The Family/Group Page is made of two major section: one for the family/group data itslef, on the the family/group head insuree.



Img. 1.4.9: *Family/Group Page*

1. **The Family/Group data section**

   The `Family/Group` section is dedicated to show/provide the family/group specific data:

   - `Region`

     Select from the list of available regions the region, in which the head of family/group permanently stays. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.* Mandatory.

   - `District`

     Select from the list of available districts the district, in which the head of family/group permanently stays. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.* Mandatory.

   - `Municipality`

Select from the list of available municipalities the municipality, in which the head of family/group permanently stays. *Note: The list will only be filled with the municipalities belonging to the selected district.* Mandatory.

- `Village`

  Select from the list of available villages the village, in which the head of family/group permanently stays. *Note: The list will only be filled with the villages belonging to the selected municipality.* Mandatory.

- `Confirmation Type`

  Select the type of a confirmation of the social status of the family/group.

- `Confirmation No.`

  Enter alphanumeric identification of the confirmation of the social status of the family/group.

- `Group Type`

  Select the type of the group/family.

- `Address Details.`

  Enter details of the permanent address of the family/group.

- `Poverty Status`

  Select whether the family/group has the poverty status.

2. **The Head Insuree Details section**

   The `Head Insuree Details` section is dedicated to show/provide the family/group head data.

   The `select existing` allows to import (use) an existing (non head) insuree as family/group head.

   - `Insurance Number`

     Enter the insurance number for the head of family/group. Mandatory.

   - `Last name`

     Enter the last name (surname) for the head of family/group. Mandatory.

   - `Other Names`

     Enter other names of the head of family/group. Mandatory.

   - `Birth Date`

     Enter the date of birth for the head of family/group. *Note: You can also use the button next to the birth date field to select a date to be entered.*

   - `Gender`

     Select from the list of available genders the gender of the head of family/group. Mandatory.

   - `Marital Status`

     Select from the list of available marital statuses the marital status of the head of family/group.

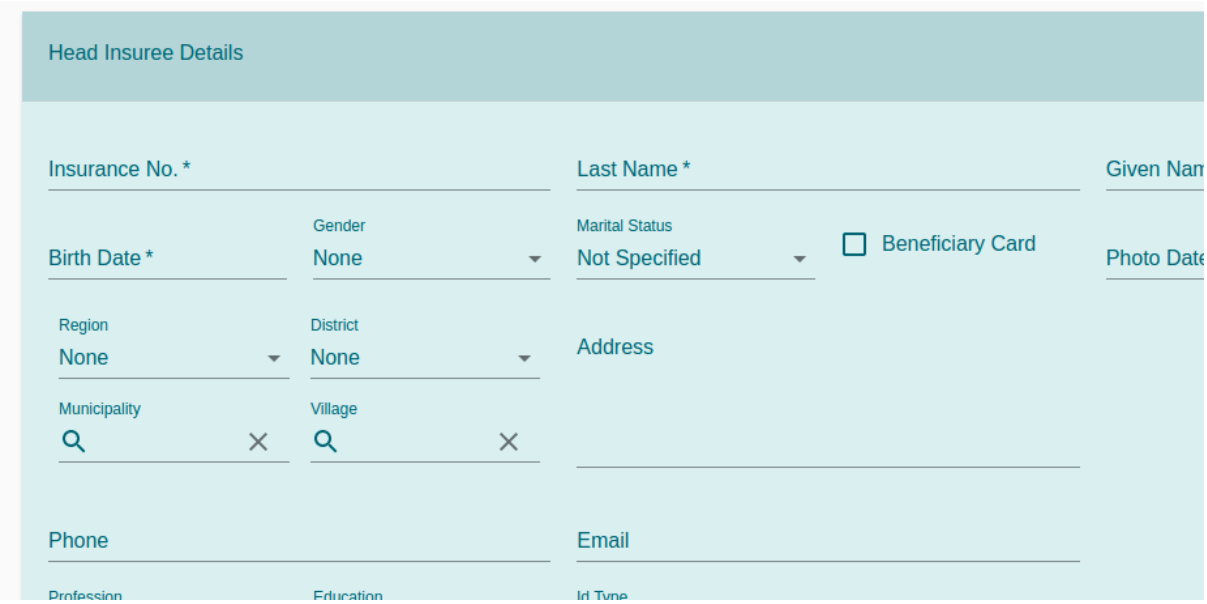
   - `Beneficiary Card`

     Select from the list of card whether or not an insurance identification card was issued to the head of family/group.

- `Location (Region, District, Municipality, Village)`

  The checkbox indicates wherever or not the insuree has the same location as the Family.

  When unchecked, user has the ability to provide a distinct Region/District/Municipality/Village for the insuree.



- `Current Address Details`

  The checkbox indicates wherever or not the insuree has the same address as the Family. When unchecked, user has the ability to provide a distinct Region/District/Municipality/Village for the insuree.

- `Phone Number`

  Enter the phone number for the head of family/group.

- `Email`

  Enter the e-mail address of the head of family/group.

- `Profession`

  Select the profession of the head of family/group.

- `Education`

  Select the education of the head of family/group.

- `Identification Type`

  Select the type of the identification document of the head of family/group.

- `Identification No.`

  Enter alphanumeric identification of the document of head of family/group.

- `Photo date`

  The date of the photo for the head of family/group related to his/her insurance number.

- `Officer`

  The officer who provided the photo of the head of family/group related to his/her insurance number.

- `Avatar`

  Browse to get the photo for the head of family/group related to his/her insurance number.

- `Region of FSP`

  Select from the list of available regions the region, in which the chosen primary health facility (First Service Point) of the head of family/group is located.

- `District of FSP`

  Select from the list of available districts the district, in which the chosen primary health facility (First Service Point) of the head of family/group is located. *Note: The list will only be filled with the districts belonging to the selected region.*

- `Level of FSP`

  Select the level of the chosen primary health facility (First Service Point) of the head of family/group.

- `First Service Point`

  Select from the list of available health facilities the chosen primary health facility (First Service Point) of the head of family/group. *Note: The list will only be filled with the health facilities belonging to the selected district which are of the selected level.*

Adding a Family

A new family can be added using the `Add Family/Group` main menu entry or via the "+" fab button in the `Find Families` page.

When the page opens all entry fields are empty. See the *Family/Group Page* for information on the data entry and mandatory fields.

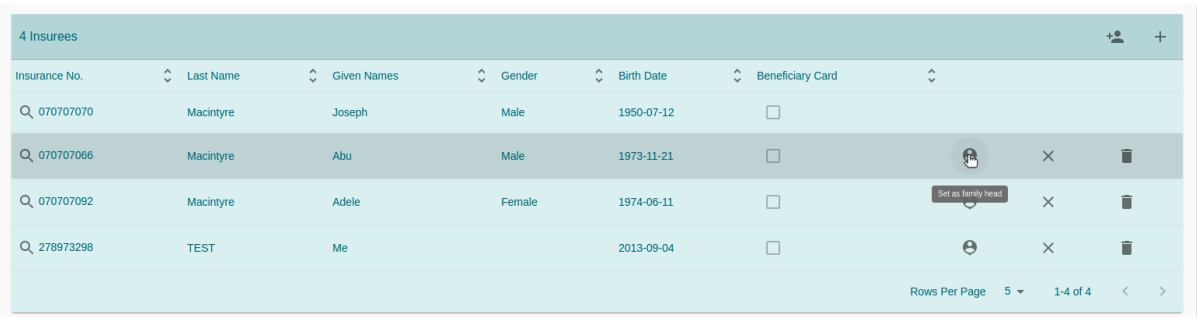
Editing a Family/Group

To edit a Family/Group, double click on the corresponding `Find Families` result table record.

Changing a Head of Family/Group

The head of the Family/Group is the main contact associated with a policy. For various reasons it may be necessary to change the head of a family/group.

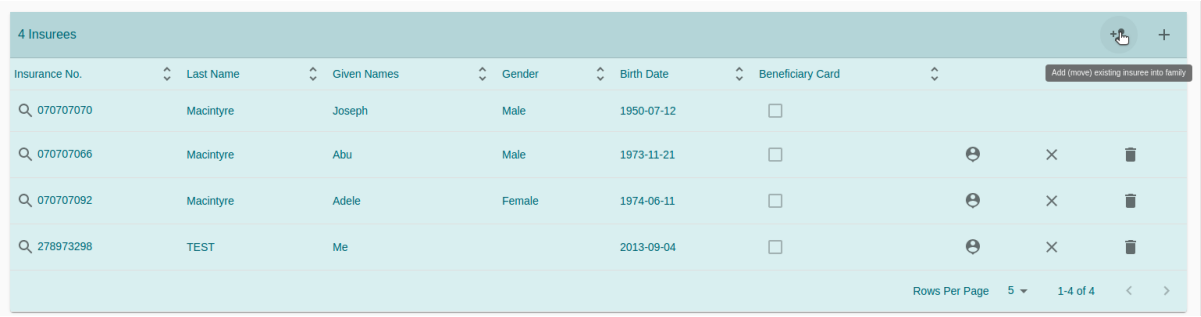
You can change the Family/Group head from the *Family Overview Page*, in the family insurees section:



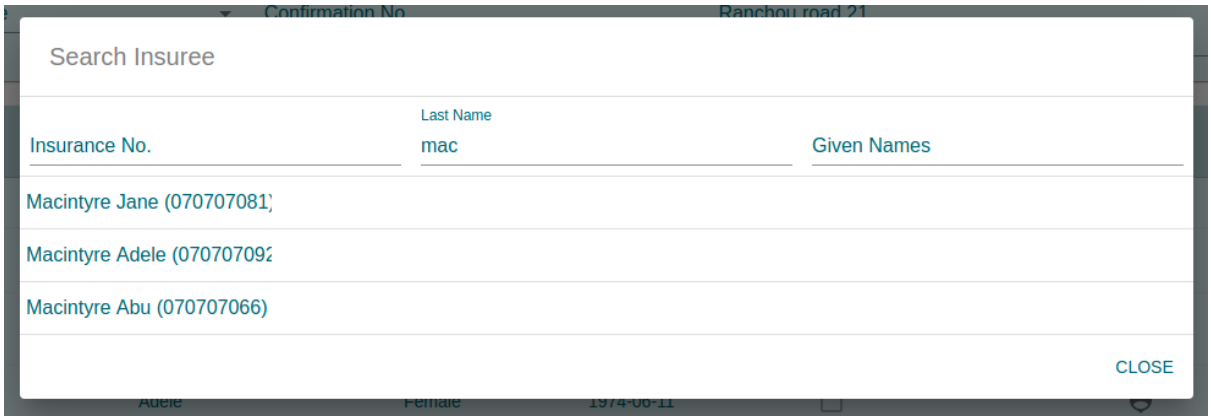
Moving an Insuree

Insurees may be moved from one family/group into the edited family. The new insuree must not be a head of family/group in another family/group.

Use the `Add existing` action in the insurees section of the *Family Overview Page* page to do so.



A Insuree Search dialog (automatically filtering on non-head insuree) allows the user to find the insuree



When selecting an Insuree, the user has two options:

- `Move and Cancel Policies`, to cancel the insuree's policy in the family it is issued from
- `Move and Keep Policies`, to let current policies active (until policy renewal)

Deleting a Family/Group

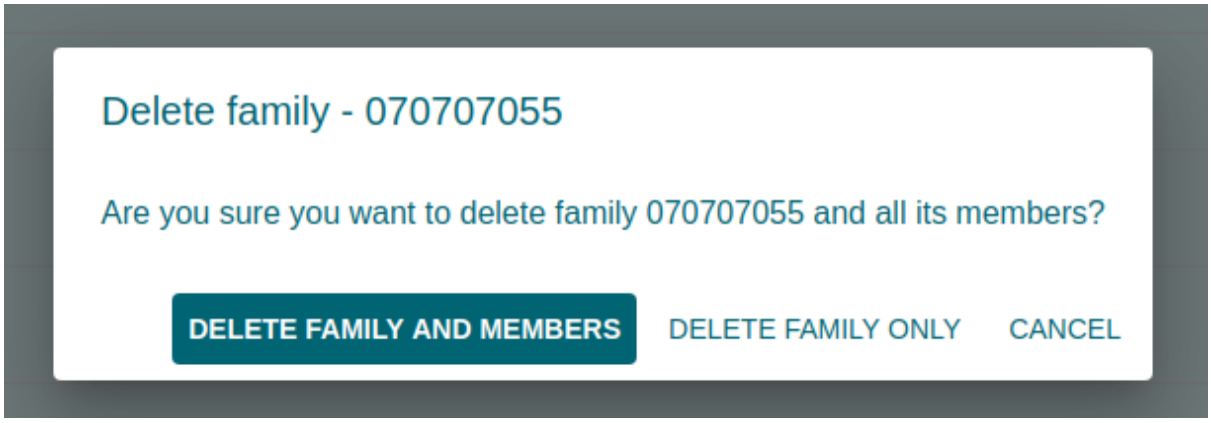
To delete a Family/Group, click `Delete` action in the corresponding `Find Families` result table record.

Before deleting a confirmation popup is displayed, which requires the user to confirm if the action should really be carried out.

The confirmation dialog gives two options:

- `Delete Family and Members`: dedicated to also delete any member from that family
- `Delete Family Only`: family members are 'detached' (and remain without family), but not deleted

When a family is deleted, all records retaining to the deleted family will still be available by selecting historical records.



1.4.3 Insuree

Table of Contents

- *Insuree*
  - *Find Insuree*
    - *Pre-conditions*
    - *Navigation*
    - *Page*
      - *A. Search Panel*
      - *B. Result Panel*
      - *C. Information/Button Panel*
  - *Insuree Page*
  - *Adding an Insuree*
  - *Editing an Insuree*
  - *Deleting an Insuree*

Find Insuree

Access to the Find Insuree Page is restricted to users with the system roles of Accountant, Clerk and Health Facility Receptionist or with a role including an access to Insurees and Families/Insuree/Search.

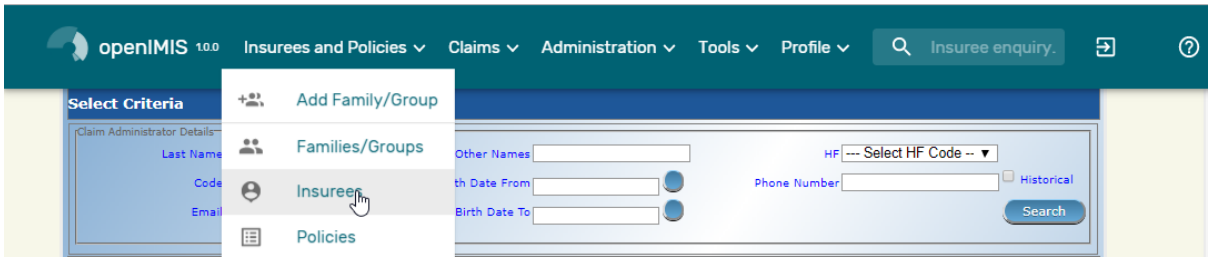
Pre-conditions

Need to enquire on, or edit an insuree, and the family/group, policies and contributions associated.

Navigation

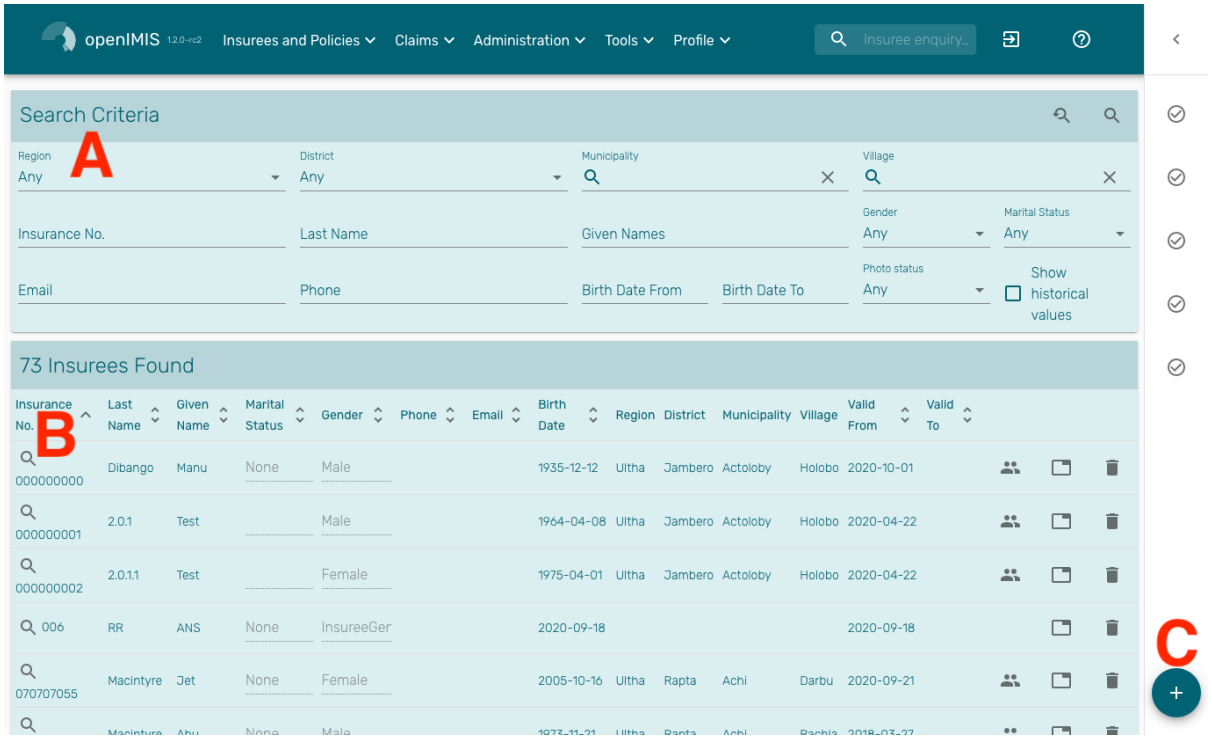
All functionality for use with the administration of insurees can be found under the main menu `Insurees and Policies`, sub menu `Insurees`.

Clicking on the sub menu `Insurees` re-directs the current user to the Find Insuree Page.



Img. 1.4.10: *Navigation Insurees*

Page



Img. 1.4.11: *Find Insuree Page*

The `Find Insuree Page` is the first step in the process of finding an insuree and thereafter accessing the family/group overview of insurees, policies and contributions. This initial page can be used to search for specific Insurees or groups of insurees based on specific criteria. The panel is divided into three panels (Img. 1.4.11)

A. Search Panel

The Search Panel allows a user to select specific criteria to reduce the search results. In the case of insurees the following search options are available, which can be used alone or in combination with each other.

Region Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select insurees from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

District Select the `District`; from the list of districts by clicking on the arrow on the right of the selector to select insurees from a specific district. *Note: The list will only be filled with the districts*

belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.

Municipality Select the `Municipality`; from the list of wards either by typing at least two characters or by clicking on the arrow on the right of the selector to select insurees from a specific municipality. *Note: The list will only be filled with the wards in the selected district above.*

Village Select the `Village`; from the list of villages either by typing at least two characters or by clicking on the arrow on the right of the selector to select insurees from a specific village. *Note: The list will only be filled with the villages in the selected municipality above.*

Insurance Number Type in the beginning of; or the full `Insurance Number` to search for insurees with the `Insurance Number`, which starts with or matches completely, the typed text.

Last Name Type in the beginning of; or the full `Last name`; to search for insurees with a `Last name`, which starts with or matches completely, the typed text.

Given Names Type in the beginning of; or the full `Given Names` to search for insurees with `Other Names` which starts with or matches completely, the typed text.

Gender Select the `Gender`; from the list of genders by clicking on the arrow on the right of the selector, to select insurees of a specific gender.

Marital Status Select the `Marital Status`; from the list of marital status by clicking on the arrow on the right of the selector, to select insurees of a specific marital status.

Email Type in the beginning of; or the full `Email` address to search for insurees with a `Email`, which contains or matches completely, the typed email.

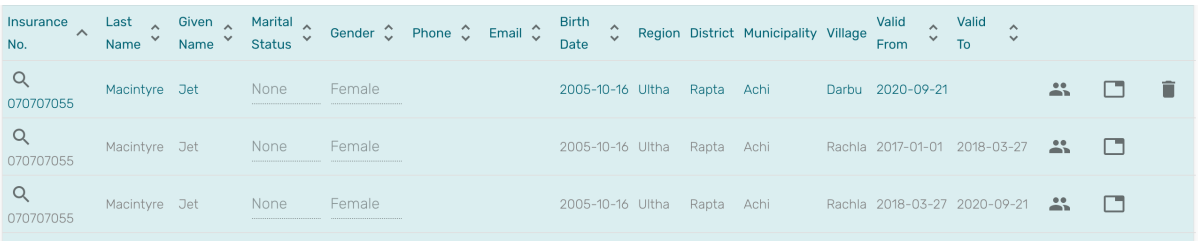
Phone Number Type in the beginning of; or the full `Phone Number` to search for insurees with a `Phone Number`, which contains or matches completely, the typed number.

Birth Date From Type in a date; or use the Date Selector Button, to enter the `Birth Date From` to search for insurees who have the same or later birth date. *Note. To clear the date entry box; click on the date and use the ‘‘Clear‘‘ button on the bottom left.*

Birth Date To Type in a date; or use the Date Selector Button, to enter the `Birth Date To` to search for insurees who have the same or earlier birth date. *Note. To clear the date entry box; click on the date and use the ‘‘Clear‘‘ button on the bottom left.*

Photo status Select whether all insurees are searched [**Any**] or only insurees [**With**] a photo assigned or only insurees [**Without**] photo assigned.

Show historical values Click on Show historical values to see historical records matching the selected criteria. Historical records are displayed in the result as grayed out. (Img. 1.4.12)



Insurance No.	Last Name	Given Name	Marital Status	Gender	Phone	Email	Birth Date	Region	District	Municipality	Village	Valid From	Valid To
070707055	Macintyre	Jet	None	Female			2005-10-16	Ultha	Rapta	Achi	Darbu	2020-09-21	
070707055	Macintyre	Jet	None	Female			2005-10-16	Ultha	Rapta	Achi	Rachla	2017-01-01	2018-03-27
070707055	Macintyre	Jet	None	Female			2005-10-16	Ultha	Rapta	Achi	Rachla	2018-03-27	2020-09-21

Img. 1.4.12: *Historical records - Result Panel*

Search Buttons When criteria are defined and potentially after a small delay, the search will be automatically executed. There are however two buttons on the top right:

	Reset search criteria
	Search (again)

B. Result Panel

The result panel displays a list of all Insurees found, matching the selected criteria in the search panel. The leftmost column contains a search icon which if clicked, opens a dialog with further details and eligibility check. On the right, the family icon directs the user to the *Family Overview Page* of the insuree's family, and a button to delete the insuree.

5 Insurees Found

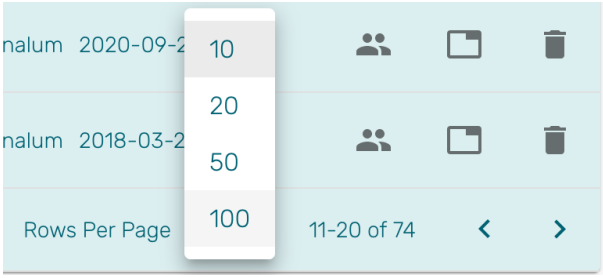
Insurance No.	Last Name	Given Name	Marital Status	Gender	Phone	Email	Birth Date	Region	District	Municipality	Village	Valid From	Valid To
070707055	Macintyre	Jet	None	Female			2005-10-16	Ultha	Rapta	Achi	Darbu	2020-09-21	
070707066	Macintyre	Abu	None	Male			1973-11-21	Ultha	Rapta	Achi	Rachla	2018-03-27	
070707070	Macintyre	Joseph	Married	Male			1950-07-12	Ultha	Rapta	Achi	Rachla	2020-10-01	
070707081	Macintyre	Jane	Married	Female		00887766	1952-05-07	Ultha	Rapta	Achi	Rachla	2020-09-30	
070707092	Macintyre	Adele	None	Female			1974-06-11	Ultha	Rapta	Achi	Rachla	2018-03-27	

Open in new tab

Rows Per Page 10 1-5 of 5

Img. 1.4.13: *Highlighted result row*

The number of rows per page is limited to 10 by default but one can use the "Rows per page" drop-down in the bottom right of the search results. If there are more rows to display, one can use the page navigation. (Img. 1.4.15)

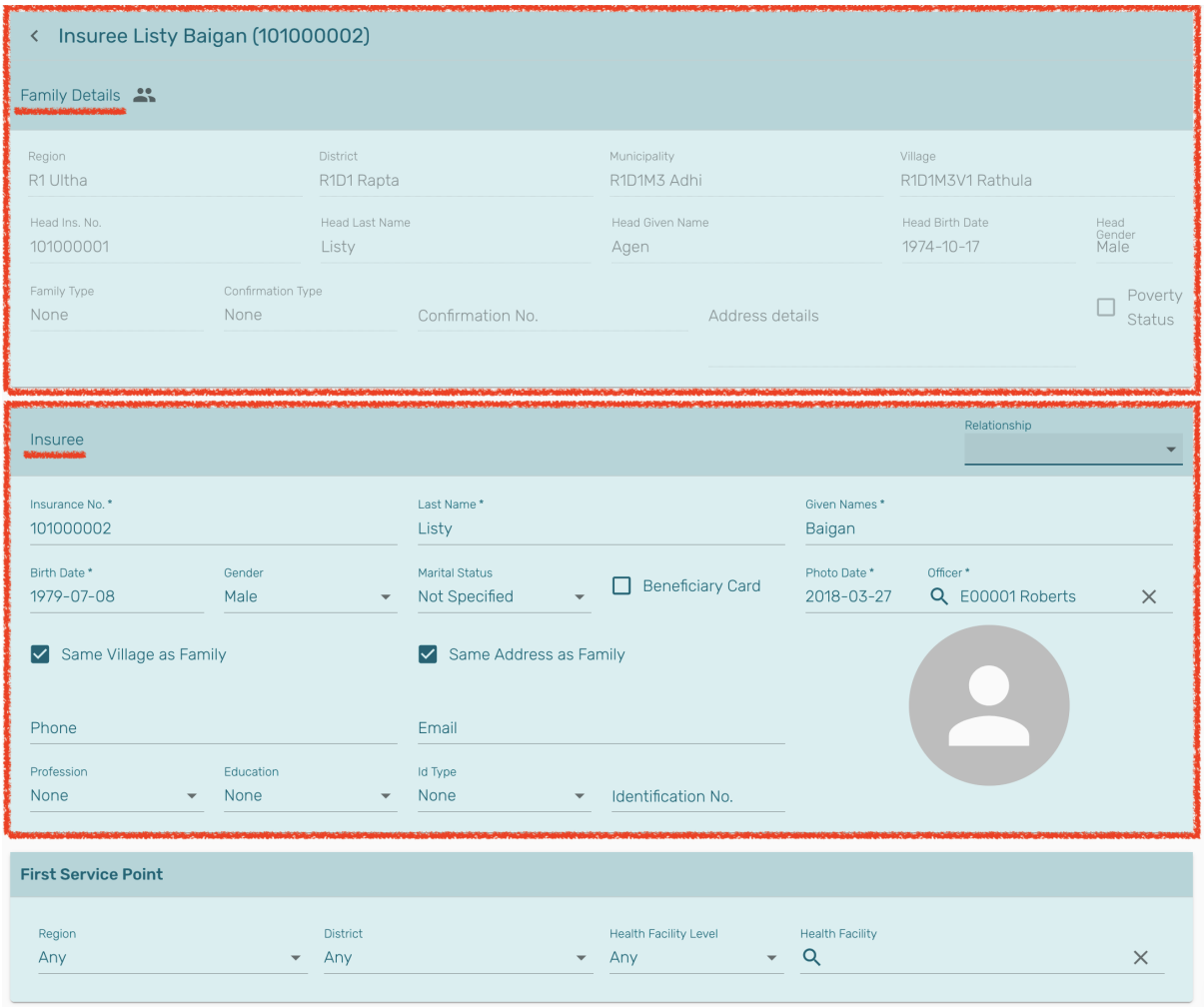


Img. 1.4.14: *Page selector- Result Panel*

C. Information/Button Panel

The Information Panel is used to display messages back to the user. Messages will occur once a insuree has been added, updated or deleted or if there was an error at any time during the process of these actions.

The + button will create a new insuree.



Img. 1.4.15: *Insuree Page*

Insuree Page

1. **Family Details**

   The first section contains the family information. Refer to the Family section for details about the displayed fields.

2. **Insuree Data**

   Relationship Shown in the insuree section header only if the insuree is not the head of the family. Select from the list of available relationships of the insuree to the head of family/group.

   Insurance Number Enter the insurance number for the insuree. Mandatory.

   Last name Enter the last name (surname) for the insuree. Mandatory, 100 characters maximum.

   Given Names Enter given names of the insuree. Mandatory, 100 characters maximum.

   Birth Date Enter the date of birth for the insuree.

   Gender Select from the list of available genders the gender of the insuree. Mandatory.

   Marital Status Select from the list of available options for the marital status of the insuree.

   Beneficiary Card Select from the list of options whether or not the card was issued to the insuree.

   Photo Date Select the date at which the picture was taken.

   Photo Click on the person icon to upload a photo for the insuree related to his/her insurance number.

   Note: There is an automated service in the openIMIS Server which will run on configured time basis repeatedly and assign related photos to insurees without photos if any exist in the openIMIS database. So after a user has input insuree's insurance number and no photo is displayed, there is no need to browse for the photo as that process will be done automatically by the service if the service is configured.

   Officer Select the officer handling the insuree. Mandatory.

   Same Village as Family If selected, the village of the family is used for this insuree too. Otherwise, fields will appear with Region, District, Ward and Village selection.

   Same Address as Family If selected, the address of the family is used for this insuree too. Otherwise, an address field will appear to provide the actual address.

   Phone Number Enter the phone number for the insuree.

   Email Enter the e-mail address of the insuree.

   Profession Select from the list of available professions the profession of the insuree.

   Education Select from the list of available educations the education of the insuree.

   Identification Type Select the type of the identification document of the insuree.

   Identification No. Enter alphanumeric identification of the document of the insuree.

   First Service Point

   Region of FSP Select from the list of available regions the region, in which the chosen primary health facility (First Service Point) of the insuree is located.

   District of FSP Select from the list of available districts the district, in which the chosen primary health facility (First Service Point) of the insuree is located. *Note: The list will only be filled with the districts belonging to the selected region.*

Level of FSP Select the level of the chosen primary health facility (First Service Point) of the insuree.

First Service Point Select from the list of available health facilities the chosen primary health facility (First Service Point) of the insuree. *Note: The list will only be filled with the health facilities belonging to the selected district which are of the selected level.*

3. **Saving**

Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Family Overview Page*, with the newly saved record displayed and selected in the result panel. A message confirming that the insuree has been saved will appear on the Information Panel.

Mandatory data

The `Save` button is disabled until all mandatory data fields (with an asterisk) are filled.

Cancel

By clicking on the `Cancel` button, the user will be re-directed to the *Family Overview Page*.

Adding an Insuree

Click on the Green Plus Sign to re-direct to the *Insuree Page*.

When the page opens all entry fields are empty. See the *Insuree Page* for information on the data entry and mandatory fields.

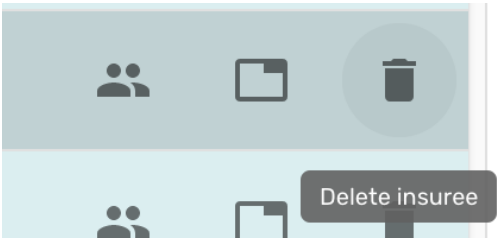
Editing an Insuree

Double-click in the insuree search results to edit in the *Insuree Page*.

The page will open with the current information loaded into the data entry fields. See the Insuree Page for information on the data entry and mandatory fields.

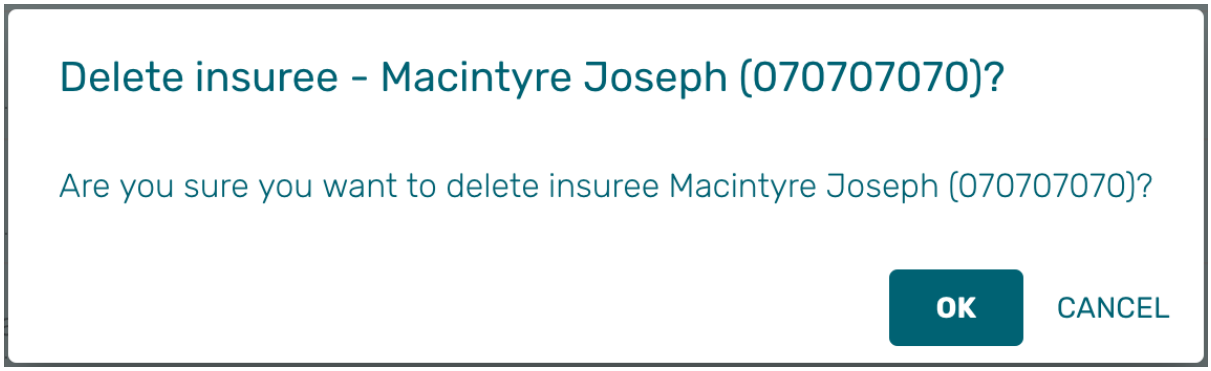
Deleting an Insuree

Click on trashcan icon on the right of an insuree search result to delete it.



Img. 1.4.16: *Delete insuree button*

Before deleting a confirmation popup (Img. 1.4.17) is displayed, which requires the user to confirm if the action should really be carried out?



Img. 1.4.17: *Insuree Delete confirmation*

When an insuree is deleted, all records retaining to the deleted insuree will still be available by selecting historical records.

1.4.4 Policy

Table of Contents

- *Policy*
  - *Find Policy*
    - *Pre-conditions*
    - *Navigation*
    - *Page*
      - *Search Panel*
      - *Result Panel*
  - *Policy Page*
    - *Family Details*
    - *Policy Details*
    - *Policy Values*
    - *Saving*
  - *Adding a Policy*
  - *Renewing a Policy*
  - *Pausing a Policy*
  - *Deleting a Policy*

Find Policy

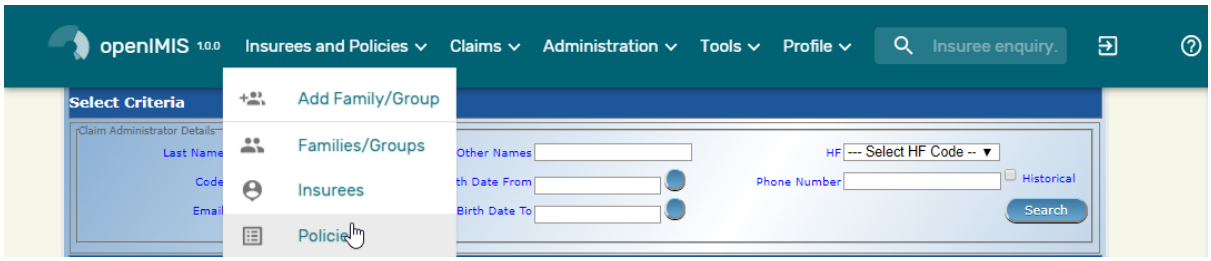
Access to the `Find Policy Page` is restricted to users with the role system roles of Accountant, Clerk or Health Facility Receptionist or with a role including an access to Insurees and Families/Policy/Search.

Pre-conditions

Need to enquire on, or edit a policy, and the family/group, insurees and contributions associated.

Navigation

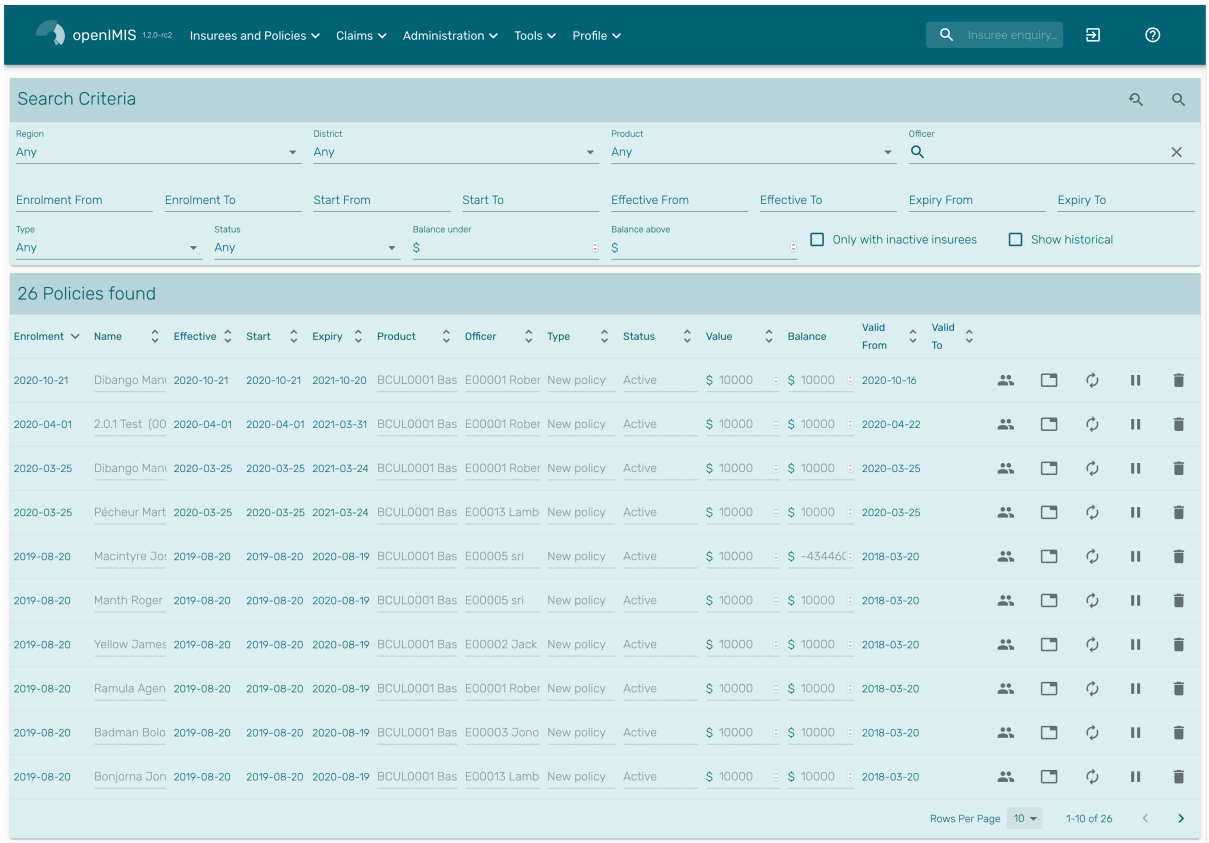
Find Policy Page can be found under the main menu `Insurees and Policies`, sub menu `Policies`.



Img. 1.4.18: *Navigation Policies*

Clicking on the sub menu `Policies` re-directs the current user to the `find policy page`.

Page



Img. 1.4.19: *Find Policy Page*

The `Find Policy Page` is the first step in the process of finding a policy and thereafter accessing the *Family Overview Page* of insurees, policies and contributions. This initial page can be used to search for specific policies or groups of policies based on specific criteria. The panel is divided into two main panels (Img. 1.4.19)

Search Panel

The Search Panel allows a user to select specific criteria to minimise the search results. In the case of policies the following search options are available which can be used alone or in combination with each other.

Region Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select policies from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

District Select the `District`; from the list of districts by clicking on the arrow on the right of the selector to select policies for families/groups residing in a specific district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.*

Product Select the `Product`; from the list of products by clicking on the arrow on the right of the selector, to select policies for a specific product.

Enrolment Officer Select the `Enrolment Officer`; from the list of enrolment officers by clicking on the arrow on the right of the selector, to select policies related to a specific enrolment officer.

Enrolment Date From Use the *date selector* to enter the `Enrolment Date From` to search for policies with an `Enrolment Date` equal or later than the specified date.

Enrolment Date To Use the *date selector* to enter the `Enrolment Date to` to search for policies with an `Enrolment Date` equal or earlier than the specified date.

Start Date From Use the *date selector* to enter the `Start Date From` to search for policies with a `Start Date` equal or later than the specified date.

Start Date To Use the *date selector* to enter the `Start Date to` to search for policies with a `Start Date` equal or earlier than the specified date.

Effective Date From Use the *date selector* to enter the `Effective Date From` to search for policies with an `Effective Date` equal or later than the specified date.

Effective Date To Use the *date selector* to enter the `Effective Date To` to search for policies with an `Effective Date To` equal or earlier than the specified date.

Expiry Date From Use the *date selector* to enter the `Expiry Date From` to search for policies with an `Expiry Date` equal or later then the specified date.

Expiry Date To Use the *date selector* to enter the `Expiry Date To` to search for policies with an `Expiry Date` equal or earlier then the specified date.

Policy Type Select whether new policies [New Policy] or renewed policies [Renewal] should be searched for.

Policy Status Select the `Policy Status`; from the list of policy statuses by clicking on the arrow on the right of the selector, to select policies for a specific policy status.

A policy can have the following statuses:

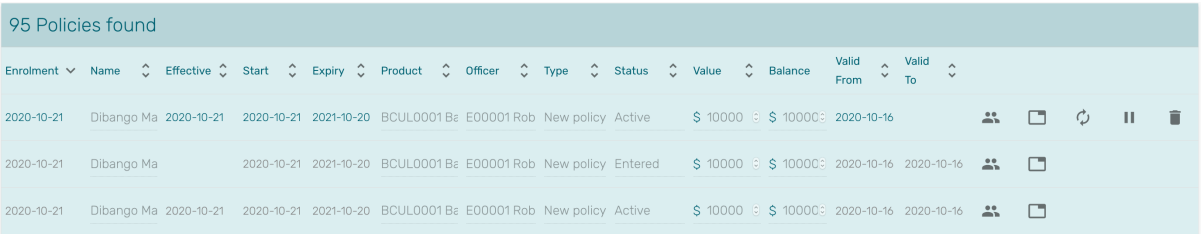
- **Idle** (Policy data entered but policy not yet activated)
- **Active** (Policy partially or fully paid and made active)
- **Suspended** (Policy was not fully paid for within the grace period)
- **Expired** (Policy is not active anymore as the insurance period elapsed)

Balance Types in a positive `Balance` to search for policies with a balance equal or greater than the typed amount. For example if 0 (zero) is entered, all policies with a balance, will be displayed. If 1,000 is entered, then only policies with a balance equal to or greater than 1,000 will be displayed.

The balance is the difference between the policy value and total of contributions paid. For the policy

Only with inactive insurees Check the box to select only policies for families/groups with insurees which are non-active (not covered) despite the policy of their family/group is active. The reason may be addition of a new insuree (member) to the family/group with an active policy without adequate payment of additional contributions or because the maximum number of members in the family/group exceeds the maximum number determined by the insurance product of the policy.

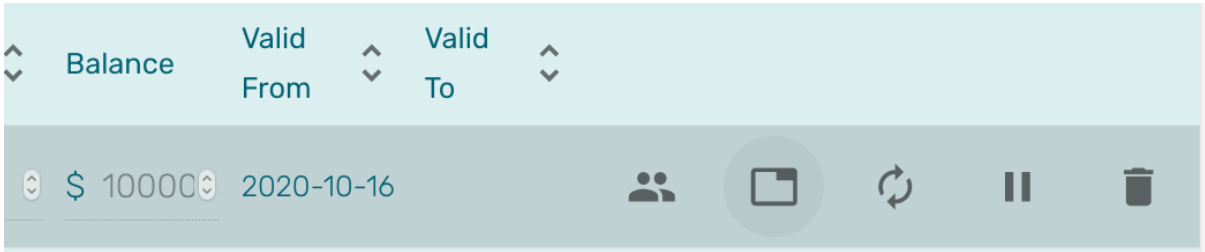
Show historical Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in grey to define them from current records (Img. 1.4.20) and do not have action buttons.



Img. 1.4.20: *Historical records - Result Panel*

Result Panel

The Result Panel displays a list of all policies found, matching the selected criteria in the search panel. The currently selected record is highlighted (Img. 1.4.21). On the right are the available action buttons. One can also double-click on the row to view the policy details.



Img. 1.4.21: *Open family, Open in new tab, Renew policy, Suspend policy, Delete policy*

Policy Page

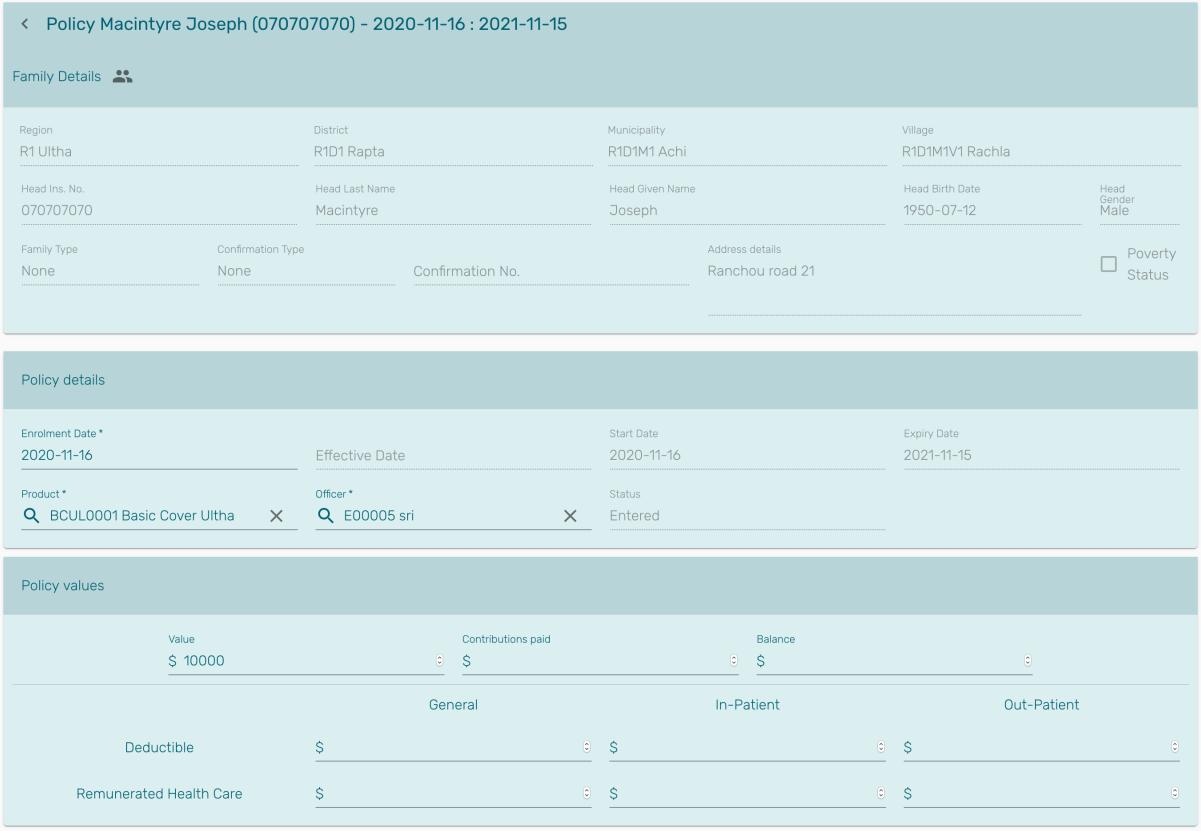
Family Details

Summary of the family concerned by this policy.

Policy Details

Enrolment Date Enter the enrolment date for the policy. Mandatory. *Note: You can also use the button next to the enrolment date field to select a date to be entered.*

Effective Date The effective date for the policy is calculated automatically later on. The effective date is the maximum of the start date and the date when the last contribution was paid or when the user enforced activation of the policy.



Img. 1.4.22: *Policy Page*

Start Date The start date for the policy is calculated automatically. Either it is the enrolment date plus the administration period of the insurance product associated with the policy for free enrolment (without cycles) or it is a cycle start date determined according to enrolment date and the administration period for enrolment in fixed cycles. The start date may be modified by the user.

Expiry Date The expiry date for the policy is calculated automatically. When entering a new policy, the expiry date is the start date plus the insurance period of the insurance product associated with the policy for free enrolment or the cycle start date plus the insurance period for enrolment in fixed cycles.

Product Select from the list of available products the product of the policy. Mandatory.

Enrolment Officer Select from the list of available enrolment officers the enrolment officer related to the policy. Mandatory

Policy Values

Value Value

Contributions paid Amount of contribution paid

Balance Balance

Deductible Deductible amounts for the categories: General, In-Patient and Out-Patient

Remunerated Health Care Remunerated amounts for the categories: General, In-Patient and Out-Patient

Saving

Once all mandatory data is entered, clicking on the `Save` button will save the record. The user will be re-directed back to the *Family Overview Page,* with the newly saved record displayed and selected in the result panel.

Adding a Policy

To create a new policy for a family that doesn't have any yet, head over to the *Family Page* and in the policies section, use the plus sign on the top right.

Img. 1.4.23: *Policies section of the Families page*

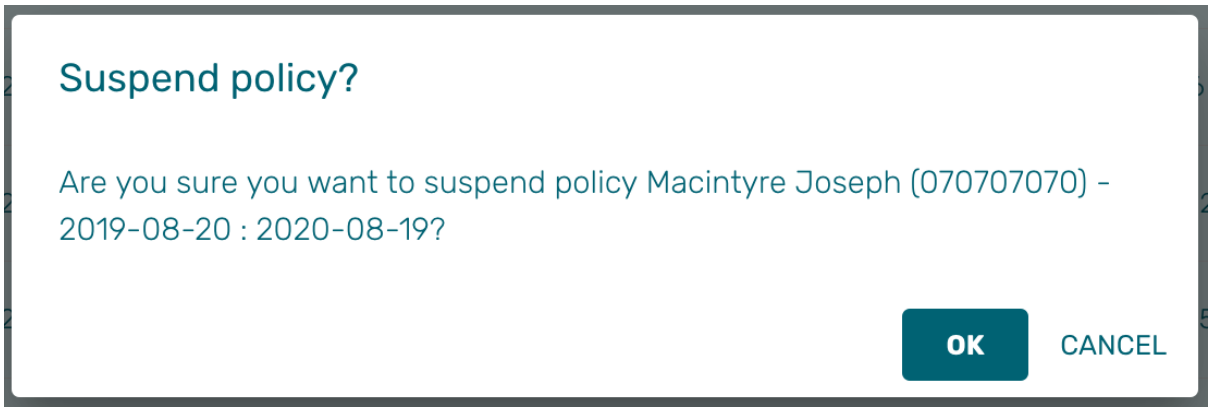
Renewing a Policy

Click on the `renewal arrows` to go to the *Policy Page*.

The page will open with the current information loaded into the data entry fields. See the *Policy Page* for information on the data entry and mandatory fields.

Pausing a Policy

Click on the `pause symbol` to get a confirmation dialog and pause the corresponding policy.

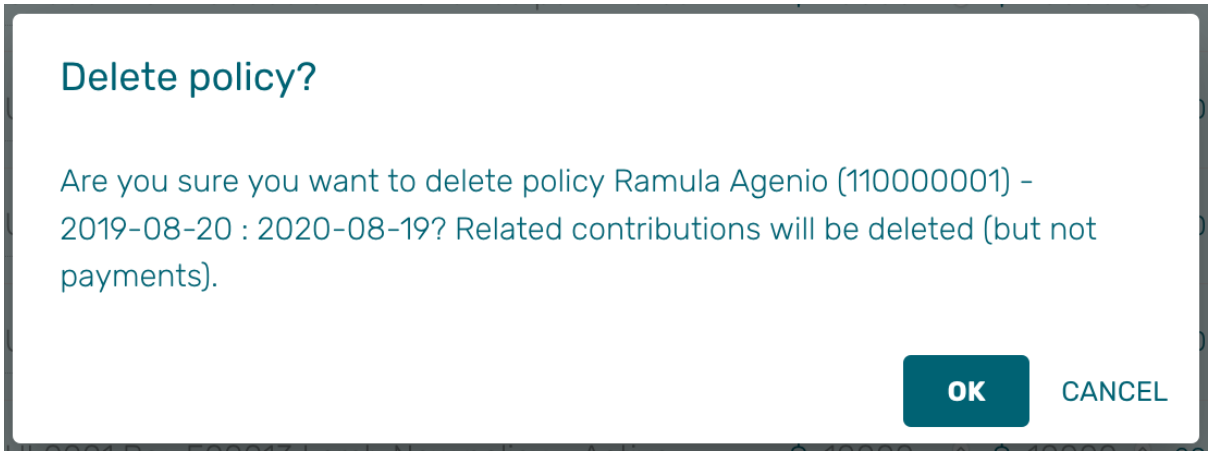


Img. 1.4.24: *Pause policy - confirmation*

Deleting a Policy

Click on the `trashcan icon` to delete the currently selected policy.

Before deleting of a policy, all contributions of the policy should be deleted. Before deleting a confirmation popup (Img. 1.4.25) is displayed, which requires the user to confirm if the action should really be carried out.



Img. 1.4.25: *Delete confirmation- Button Panel*

When a policy is deleted, all records retaining to the deleted policy will still be available by selecting historical records.

1.4.5 Contribution

Find Contribution

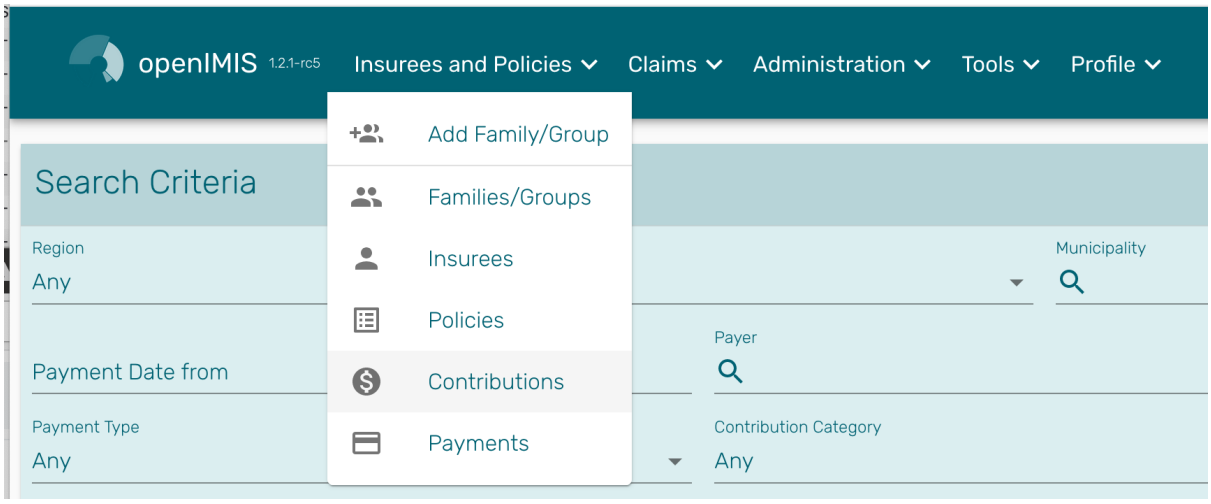
Access to the Find Contribution Page is restricted to users with the system roles of Accountant or Clerk or with a role including an access to Insurees and Families/Contribution/Search.

Pre-conditions

Need to enquire on, or edit a contribution, or the family/group, insurees and policies associated.

Navigation

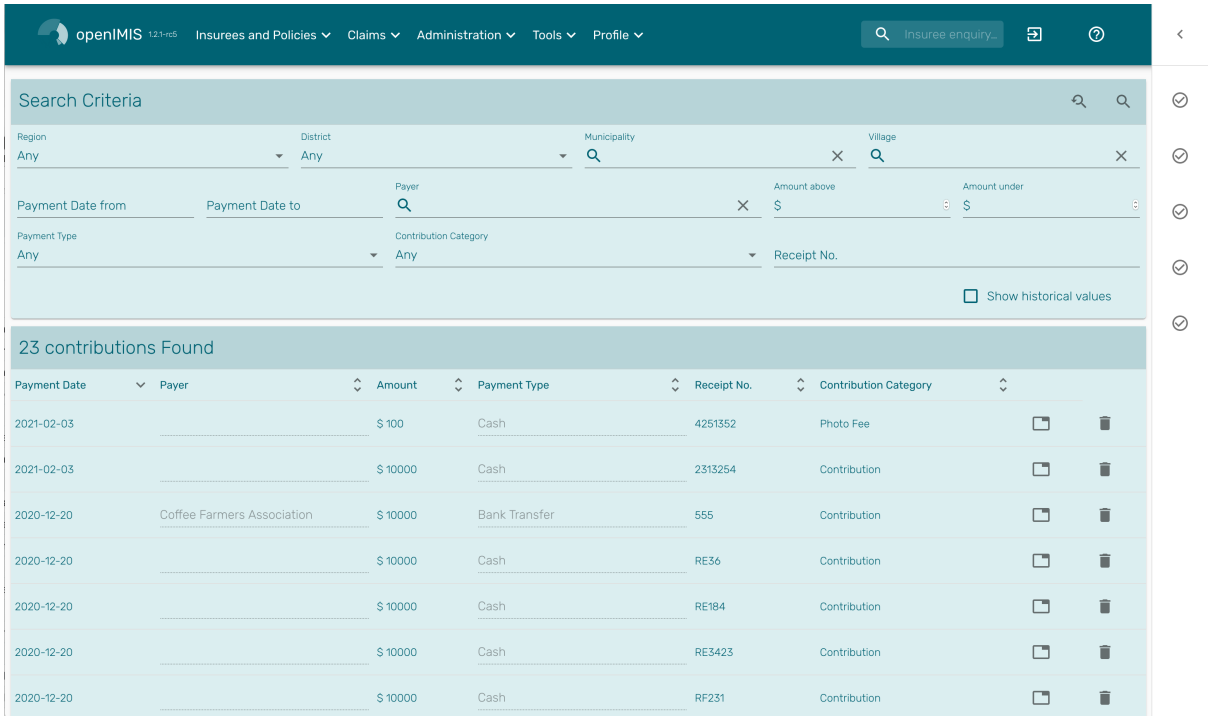
Find Contribution can be found under the main menu `Insurees and Policies`, sub menu `Contributions`



Img. 1.4.26: *Navigation Contributions*

Clicking on the sub menu `Contributions` re-directs the current user to the *Find Contribution Page*.

Find Contribution Page



Img. 1.4.27: *Image - 108 Find Contribution Page*

The `Find Contribution Page` is the first step in the process of finding a contribution and thereafter accessing the *Family Overview Page* of insures, policies and contributions. This initial page can be used to search for specific contributions or groups of contributions based on specific criteria. The page is divided into four panels (Img. 1.4.27).

1. **Search Panel**

   The Search Panel allows a user to select specific criteria to minimise the search results. In the case of contributions the following search options are available which can be used alone or in combination with each other.

   Payer Select the `Payer`; from the list of payers by clicking on the arrow on the right of the selector, to select contributions related to a specific payer.

   Payment Type Select the `Payment Type`; from the list of types by clicking on the arrow on the right of the selector, to select contributions related to a specific payment type.

   Payment Date From Type in a date; or use the Date Selector Button, to enter the `Payment Date From` to search for contributions with a `Payment Date` equal or later than the specified date. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

   Payment Date To Type in a date; or use the Date Selector Button, to enter the `Payment Date To` to search for contributions with a `Payment Date` equal or earlier than the specified date. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

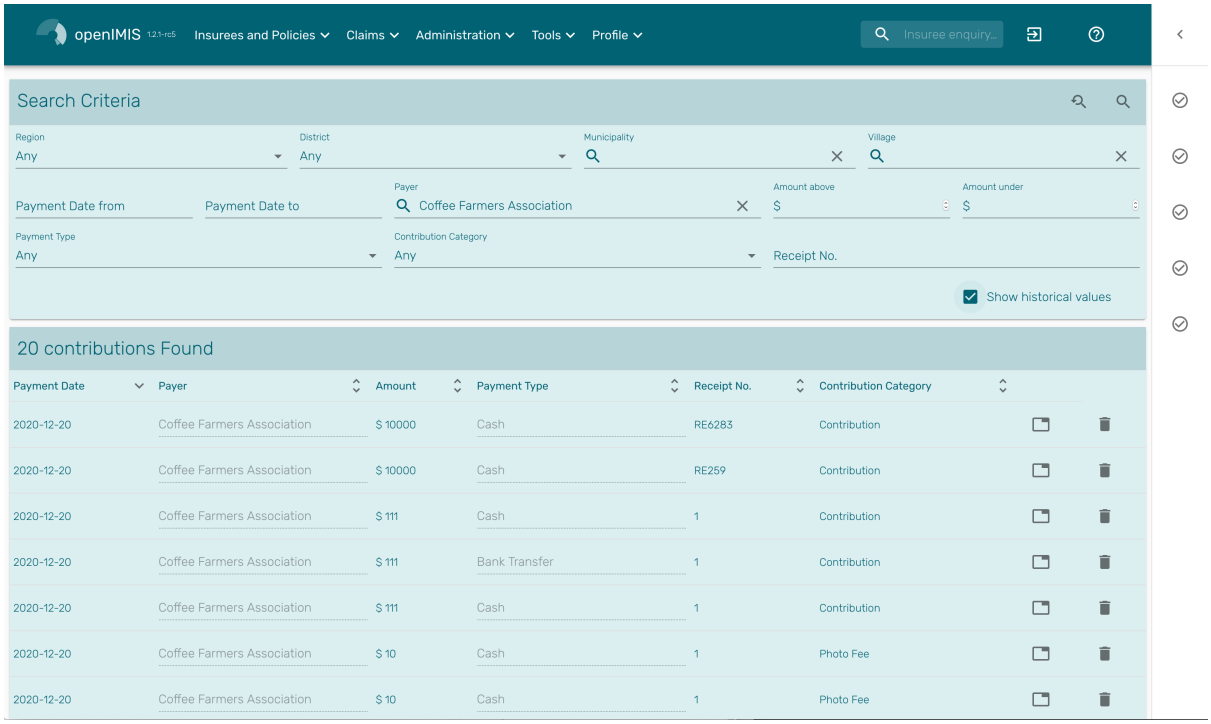
   Contribution Category Select the `Contribution Category` that match with the type of contribution paid, by default there is *Contribution and Others* and *photo fee.* this enable to add fees that won't be counted as contribution payment

   Contribution Paid Type in the `Contribution Paid` to search for contributions with the paid amount, greater or equal to the typed amount.

Region Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select contributions for policies from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

District Select the `District`; from the list of districts by clicking on the arrow on the right of the selector to select contributions paid for policies from a specific district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.*

Historical Click on `Historical` to see historical records matching the selected criteria. Historical records are displayed in the result with a line through the middle of the text (strikethrough) to clearly define them from current records (Img. 1.4.28).



Img. 1.4.28: *Historical records - Result Panel*

Search Button Once the criteria have been entered, use the `Search` button to filter the records, the results will appear in the Result Panel.

Contribution Page

1. **Data Entry**

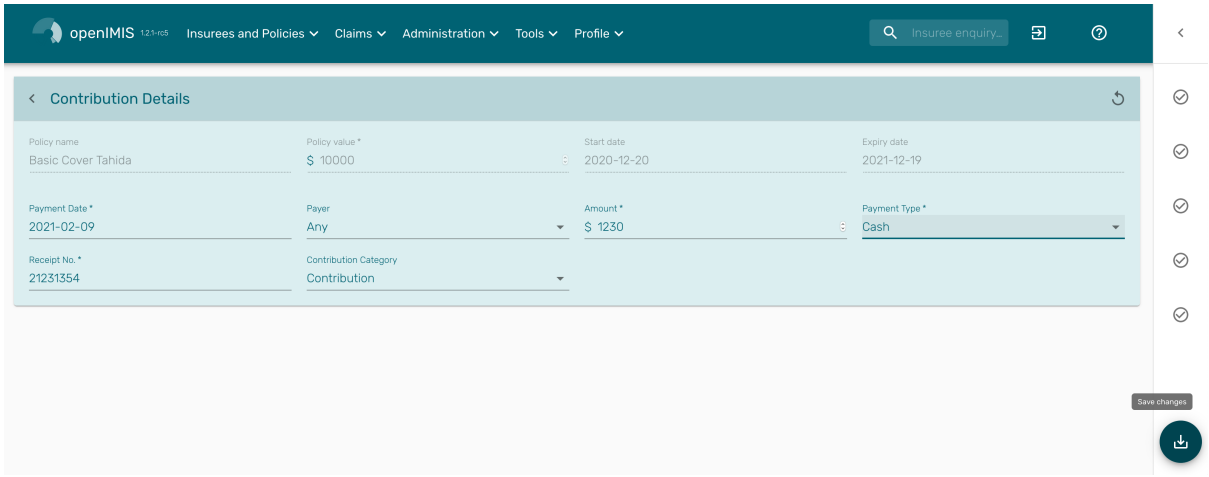
Payer Select from the list of available (institutional) payers the payer of the contribution (if the contribution is not paid by the family/group itself).

Contribution Paid Enter the paid amount for the contribution. Mandatory.

Receipt No. Enter the receipt identification for the contribution. Receipt identification has to be unique within all policies of the insurance product. Mandatory.

Payment Date Enter the date of payment for the contribution. Mandatory. *Note: You can also use the button next to the date of payment field to select a date to be entered.*

Payment Type Select from the list of available types of payment the payment type of the contribution. Mandatory.

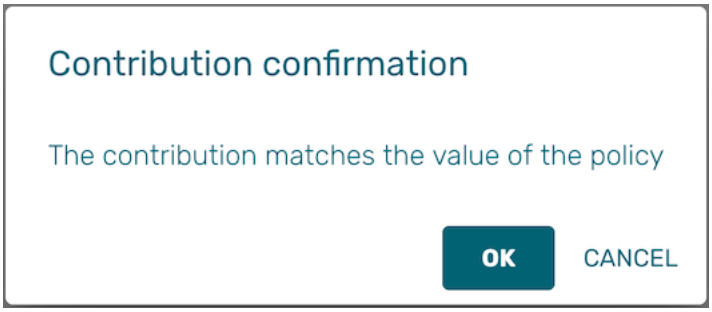


Img. 1.4.29: *Contribution Page*

2. **Saving**

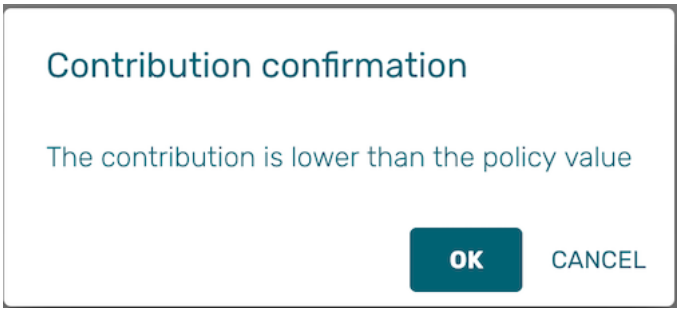
   Once all mandatory data is entered, clicking on the `Save` button will save the record. Depending on the contribution paid, the following messages will appear.

   a) If the Contribution paid matches the price of the policy:



Img. 1.4.30: *Image 131*

   b) If the contribution paid is lower than the price of the policy:



Img. 1.4.31: *Image 132*

   Followed by:

   If you choose **Yes**, the policy will be (enforced) set as **Active**. If you choose No, it will remain **Idle**.

   c) If the contribution is higher than the price of the policy:

   The user will then be re-directed back to the *Family Overview Page*, with the newly

Img. 1.4.32: *Image 133*

Img. 1.4.33: *Image 134*

saved record displayed and selected in the result panel. A message confirming that the contribution has been saved will appear on the Information Panel.

3. **Mandatory data**

   If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk).

4. **Cancel**

   By clicking on the `Cancel` button, the user will be re-directed to the Family Overview Page .

Adding a Contribution

Click on the `Green Plus Sign` to re-direct to the *Contribution Page.*

When the page opens all entry fields are empty. See the *Contribution Page* for information on the data entry and mandatory fields.

Editing a Contribution

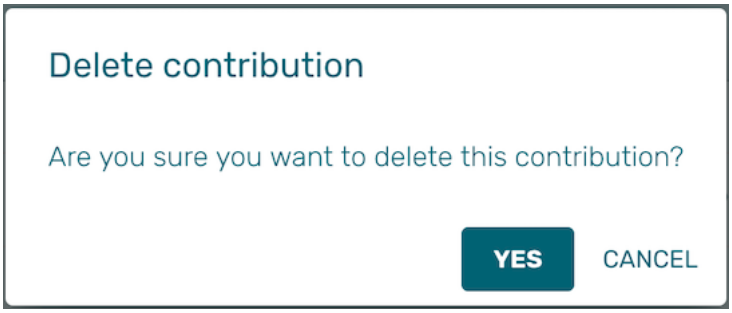
Click on the `Yellow Pencil` Sign to re-direct to the *Contribution Page*. The *Contribution Page* will open with the current information loaded into the data entry fields. See the *Contribution Page* for information on the data entry and mandatory fields.

1.4.6 Deleting a Contribution

Click on the Red Cross Sign button to delete the currently selected record.

Before deleting a confirmation popup (Img. 1.4.34) is displayed, which requires the user to confirm if the action should really be carried out?

When a contribution is deleted, all records retaining to the deleted contribution will still be available by selecting historical records.



Img. 1.4.34: *Delete confirmation- Button Panel*

1.4.7 Policyholder

Policyholder are responsible to contraction policies for others, it can be used by campanies for their employee, Union for there member or NGO that want to pay for policies for group of people.

Table of Contents

- *Policyholder*
  - *Pre-conditions*
  - *Navigation*
  - *Search Page*
    - *Form*
      - *General Information*
      - *Policyholder insuree tab*
      - *Contribution plan tab*
      - *Payement tab*
      - *Policyholder user*
      - *Contract*

Pre-conditions

Before configuring the policyholder, and the to-be-covered insuree; the insurees must be known in openIMIS and at least a product, a contribution plan and a contribution plan bundle must be configured.

Navigation

All functionality for use with the administration of Policyholder can be found under the main menu `Insurees and Policies`, sub menu `Policyholder`.

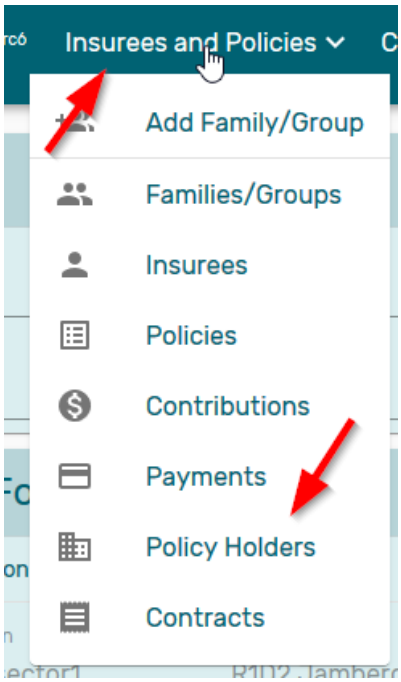
Clicking on the sub menu `Policyholder` re-directs the current user to the Find Policyholder Page.

Search Page

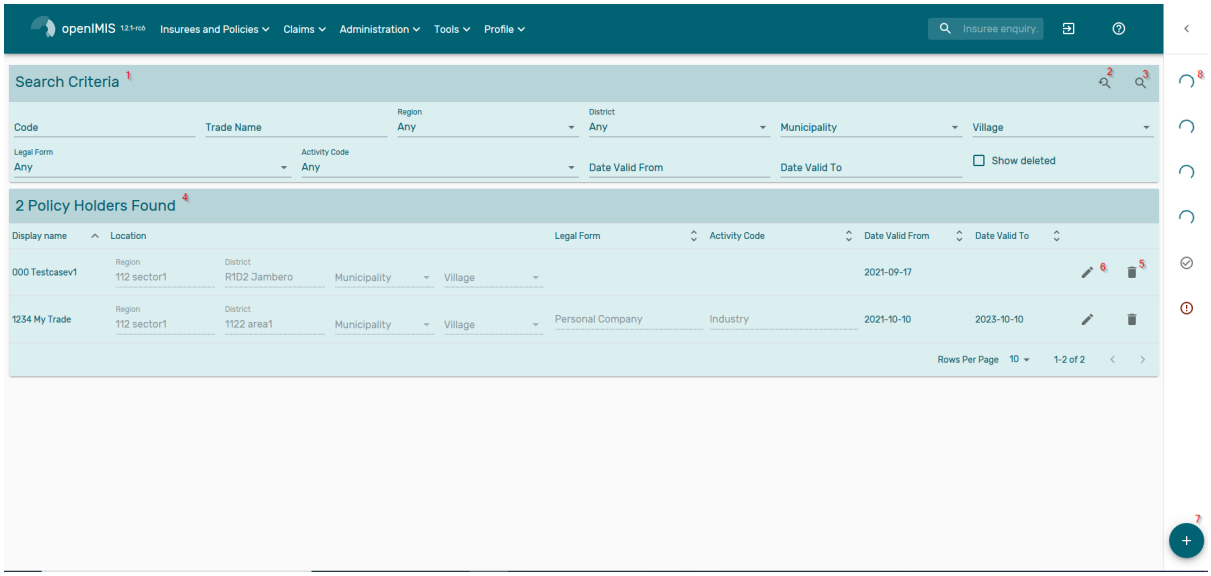
1. Search criteria

   Code Code of the policyholder, often given during the registration process

   Trade name Name of the policyholder



Img. 1.4.35: *Navigation Policyholders*



Img. 1.4.36: *Search Policyholders*

Region/District/Municipality/Village Location of the policyholder

Legal Form Legal form of the policyholder

Activity code Code of the policyholder activity

Date Valid from/to Period on which the policyholder is considered as valid for the scheme (eg. creation date / liquidation date)

Show deleted Show deleted policyhodler

2. Reset search criteria
3. Apply the search criteria
4. Result pane

The columns name definitions match with the search criteria definitions. The rows are the serach results.

5. Delete policyholder

Confirmation pop up is displayed

6. Edit policyholder

As doubleclick on the line, clicking on that button will open the policyholder Page

7. standard notification panel for async message (deletion / creation / updates . . .)

Form

General Information

Code Code of the policyholder, often given during the registration process

Trade name Name of the policyholder

Region/District/Municipality/Village Location of the policyholder

Legal Form Legal form of the policyholder

Activity code Code of the policyholder activity

Validity date from/to Period on which the policyholder is considered as valid for the scheme (eg. creation date / liquidation date)

Address Address of the policyholder

Phone Phone of the policyholder

Fax Fax of the policyholder

Email Email of the policyholder

Contact Name Name of the contact

Accountancy code

Bank Account

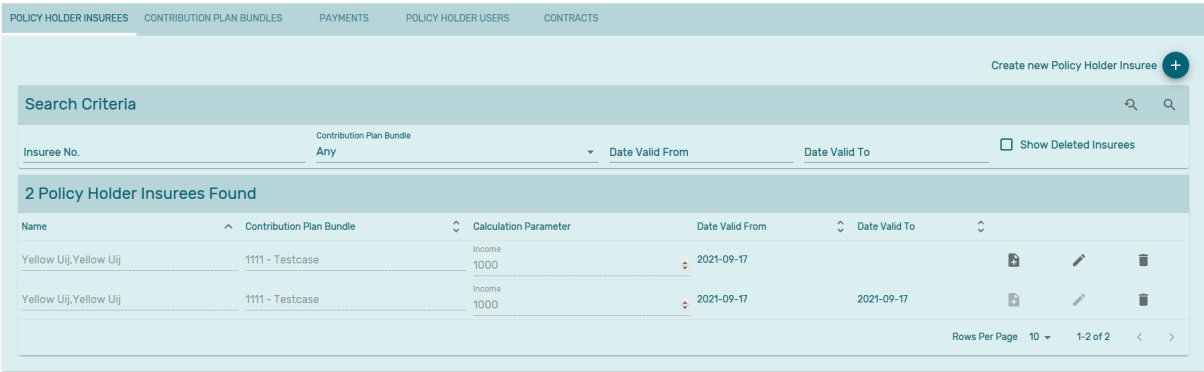
Payment reference

Policyholder insuree tab

This tab shows the insuree linked to the policyholder

Search

- Insuree number



Img. 1.4.37: *Navigation Policyholders Insuree*

- Contribution bundle plan
- Date Valid from/to: Period on which the insuree is attached to the policyholder
- Show deleted: show deleted link between policyholder and insuree

Reset and aply search button are using the same icon as the policyholder.

"Create new policyholder Insuree" button will open a creation pop up.

Results

See search part of the columns descriptions.

In addition to the standard column, the calcualtion column shows default parameters that are pulled from the calcuation rules, in the picture the income is display in that column. Once a contract is created, the data is duplicated on the contract details and might be modified for a specific contract.

Edit button will open a edit popup

Delete button will open a confirmation popup

Duplicate will open a creation popup

Contribution plan tab

This tab is used to link Contribution plan to policyholder in order to reduce the possible Contribution plan choice for the policyholders.

See contribution plan page for more details on contribution plan.

Payement tab

This tab shows the payments linked to policyholder contract.

See payment page for more details on payment.

Policyholder user

This tab is used to see User that that dedicated rights for this policyholder (that user might not be able to see other policyholder).

See policyholder page.

Contract

This tabs show the policyholder contract.

See contract page for more details on contract.

1.4.8 Contract

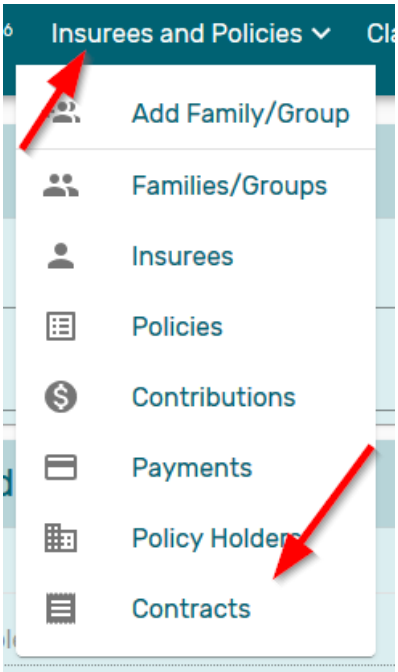
The contract define the wished coverage for a given list of isuree for a defined period

Pre-conditions

Contract works only with group insurance so far but this might evolve in the futur

Navigation

All functionality for use with the administration of contract can be found under the main menu `Insurees and Policies`, sub menu `Contract`.



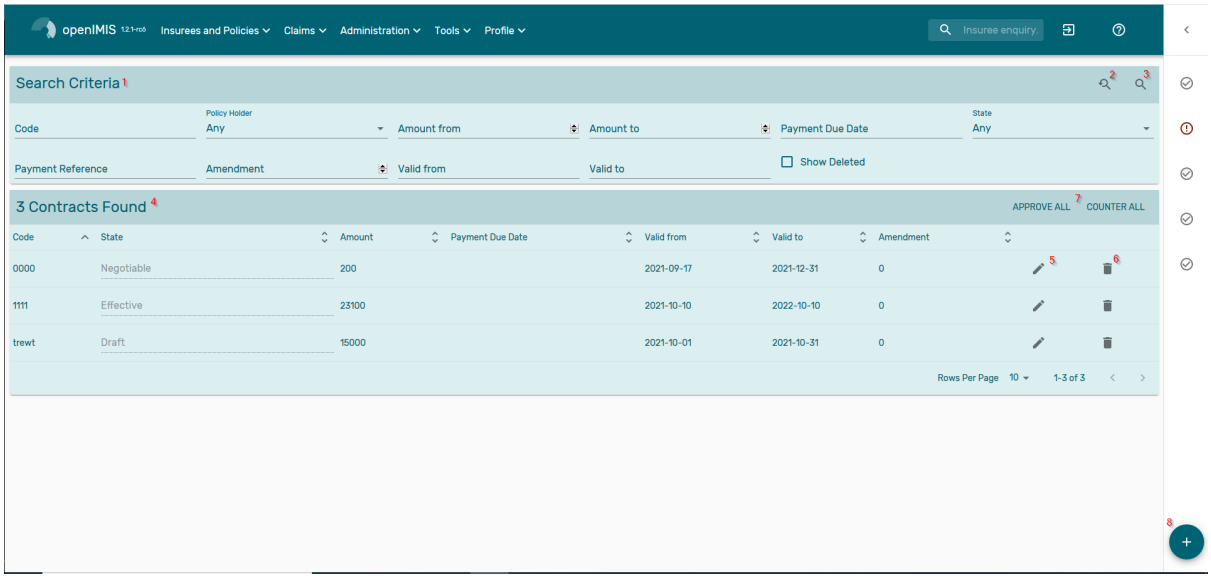
Img. 1.4.38: *Navigation Contract*

Clicking on the sub menu `contract` re-directs the current user to the Find contract Page.

Search Page

1. Search criteria

- Code: code of the policyholder, often given during the registration process
- Policyholder: contract for a given policyholder
- Amount from/to: serach contract by amount
- Payment due date
- Payment reference
- Amendement: search for amendement (0 is none)
- Date Valid from/to: Period covered by the contract



Img. 1.4.39: *Search Contract*

- State: status of the contract
- show deleted: show deleted policyhodler

2. reset search criteria
3. apply the search criteria
4. Result pane

   the columns name definiction matches with the search criteria definitions

   the rows are the search results
5. Edit policyholder

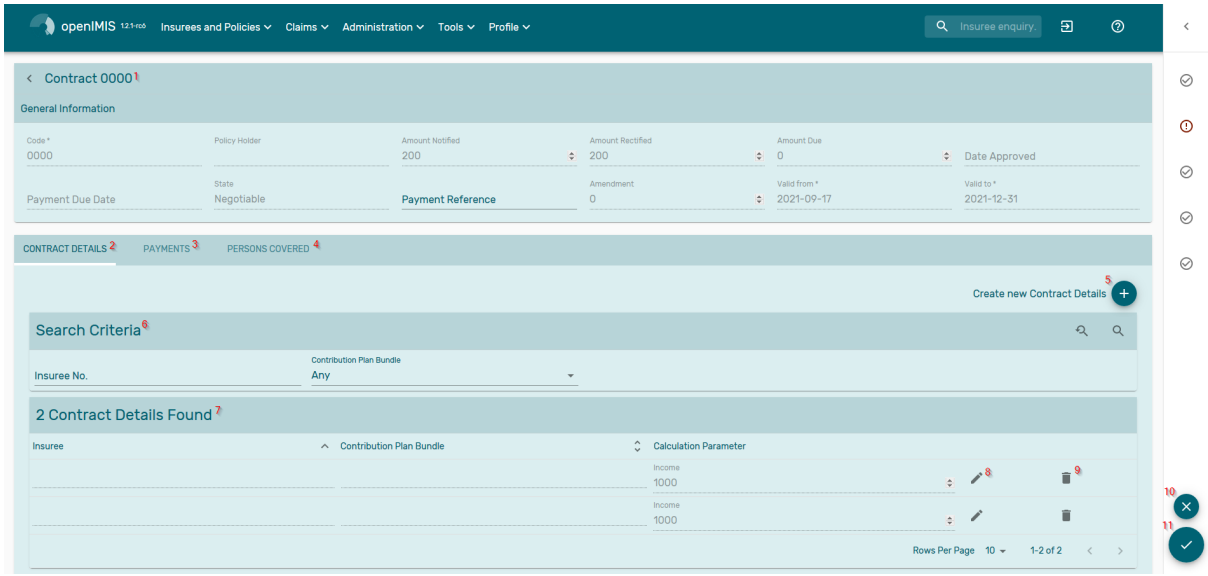
   as doubleclick on the line, clicking on that button will open the policyholder Page
6. Delete policyhodler

   Confirmation pop up is displayed
7. standard notification panel for async message (deletion / creation / updates . . .)

Card

General inforamation

- Code: code of the contract
- Policyholder: contract for the given policyholder
- amounts
  - notified : the amount when the contract was created, based on insuree default calculation parameters
  - rectified: the amount after modification of the contract (add/remove insuree, change of the calculation params ..)
  - Due: amount after validation of the schem admin
- Date approved: date when the scheme admin approaved the contract



Img. 1.4.40: *Navigation Contract*

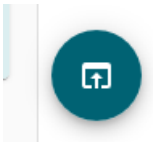
- Payment due date
- State: status of the contract
- Payment reference
- Amendement: amendement number (0 is none)
- Date Valid from/to: Period covered by the contract

button

The button in 10 is reject a contract, required the approve rights and the contract to be in "negociable" state

The button in 11 is approve a contract, required the approve rights and the contract to be in "negociable" state

The button submit a contract, required the submit rights and the contract to be in "draft" or "Counter" state



Img. 1.4.41: *Search submit*

The button submit a contract, required the amend rights and the contract to be in "effective" state

Img. 1.4.42: *Search amend*

contract details tab

This tab shows the insuree linked to the contract

Search

- Insuree number
- Contribution bundle plan

Reset and aply search button are using the same icon as the PH

"Create new policyholder Insuree" button will open a creation pop up

Results

see search part of the columns descriptions

in addition to the standard column, the calcualtion column shows parameters that are pulled from the calcuation rules, in the picture the income is display in that column

edit button will open a edit popup

delete button will open a confirmation popup

duplicate will open a creation popup

Contribution plan tab

this tab is used to link Contribution plan to policyholder in order to reduce the possible Contribution plan choice for the policyholders

See contribution plan page for more details on contribution plan

payement tab

This tab shows the payments linked to policyholder contract

See payment page for more details on payment

person covered user

this tab shows the persons covered by the contract it can the the insuree but also the dependant if the contribution plan foresee it

see policyholder page

1.4.9 Bills

Pre-conditions

In order to generate bills make sure beneficieries have been added with active policies and at least one claim has been processed. Run the batch for the desired period. In order to know how to run a batch head over to *Batch Run*

Navigation

Navigate to `Bills` under `Legal and Finance` menu

1.4.10 Invoices

Table of Contents

- *Invoices*

- *Pre-conditions*
- *Navigation*
  - *Search Panel*
  - *Result Panel*
  - *Invoice Page*
    - *General information*
    - *Line Items*
    - *Search criteria*
  - *Payments*
    - *Search criteria*
    - *Create new Payment*
  - *Events*
    - *Search criteria*
    - *Create new Comment*

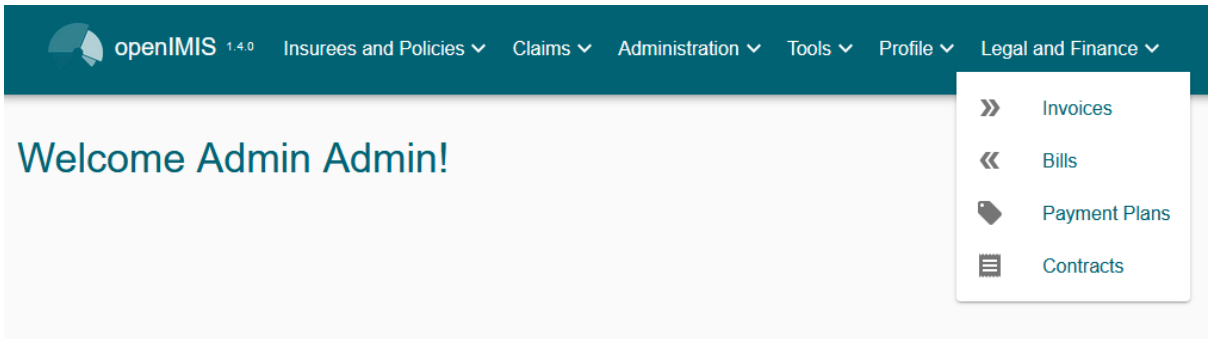
Pre-conditions

In order to create an invoice a family must be enrolled. Navigate to the `Families/Groups` under `Insurees and Policies` menu and find the family you wish to create an invoice for.

Ones the family is located create a new policy. In order to know how to create a new policy head over to the *Policy* page.

Navigation

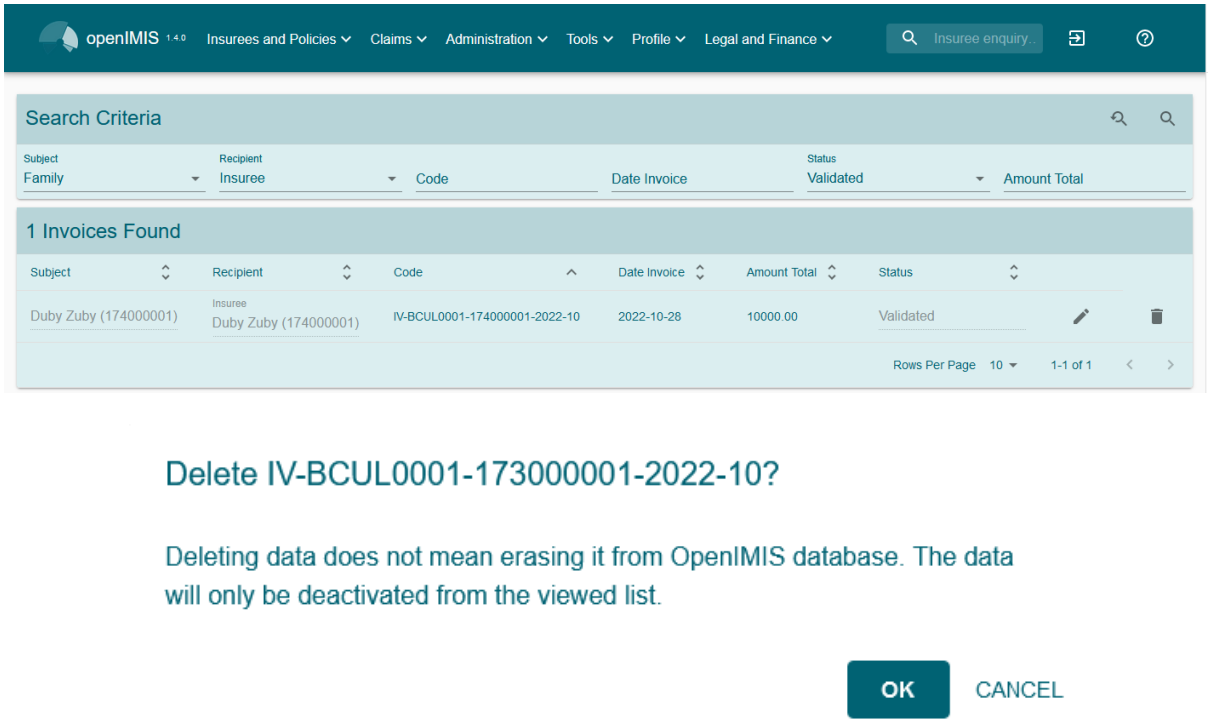
Ones the policy is created navigate to the `Invoices` under `Legal and Finance` menu



Newly created invoices can be found here.

The `Invoices` is the first step in the process of finding an invoice and thereafter accessing an invoice. This initial page can be used to search for specific invoices based on specific criteria. The panel is divided into two main panels.

An invoice can be deleted by clicking on the trash icon from the right side of the list. Ones the user click on the trash icon, they will be prompted with a confirmation dialog. The payment will be either deleted or the operation will be cancelled depending on the action selected from the confirmation dialog.



Img. 1.4.43: *Confirmation dialog to delete an invoice*

Search Panel

The Search Panel allows a user to select specific criteria to minimise the search result. In the case of invoices the following search options are available which can be used alone or in combination with eath other.

Subject Select the `Subject`; from the list of subjects by clicking on the arrow on the right of the sector to select invoices from a specific subject.

Invoices can be filtered by the following subjects

- **Contract** (Invoices created for contracts)
- **Family** (Invoices created for families by creating policies)

Recipient Select the `Recipient`; from the list of recipients by clicking on the arrow on the right of the sector to select invoices from a specific recipient.

Invoices can be filtered by the following recipients

- **Insuree** (Invoice for a specific insuree)
- **Policy Holder** (Invoice for a specific organization)

Code Enter the `Code` of the either Insuree or Policy Holder depending on the Recipient to select invoices for a specific code.

Date Invoice Use the *date selector* to enter the `Date Invoice` to search for invoices with an `Invoice Date` equal or earlier than the specified date.

Status Select the `Status`; from the list of statuses by clicking on the arrow on the right of the sector to select invoices from a specific subject.

An invoice can have the following statuses

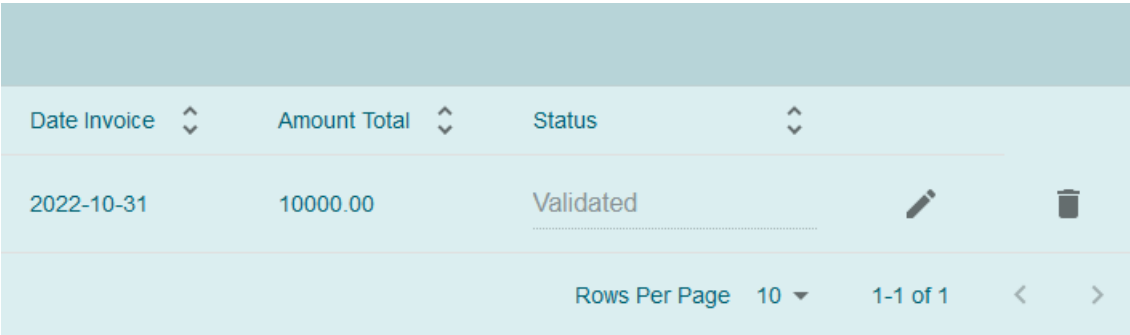
- **Draft**
- **Validated** (When the invoice is generated)

- **Paid** (When the invoice is fully paid)
- **Canceled** (When the invoice is canceled)
- **Deleted** (When the invoice is deleted from the system)
- **Suspended**

Amount Total Type in a positive `Invoice Amount` to search for invoices with a total amount equal or greater than the typed amount. For example if 1000 is entered, then only invoices with an amount equal or greater than 1,000 will be displayed.

Result Panel

The result panel displays a list of all invoices found matching the selected criteria in the search panel. The current selected record is highlighted. On the right side of the row you can find all the actions available. You can also double click on an invoice to view the invoice deatils.



Img. 1.4.44: *Edit invoice, Delete invoice*

Invoice Page

General information

General information about the selected invoice

Line Items

Search criteria

List of the items in an invoice can be filtered by search criteria panel. Here are the possible search parameters. The result of the search can be seen in the panel below.

Code Enter the item code to filter the items by code

Description Enter the full description or a part of the description to filter the item list

Ledge Account Enter the full or part of the ledger account to filter the item list

Quantity Enter the quantity to filter the item list by quantity

Unit Price Enter the unit price to filter the item list by unit price

Discount Enter the discount amount to filter the item list by discount

Deduction Enter the deduction amount to filter the item list by deduction amount

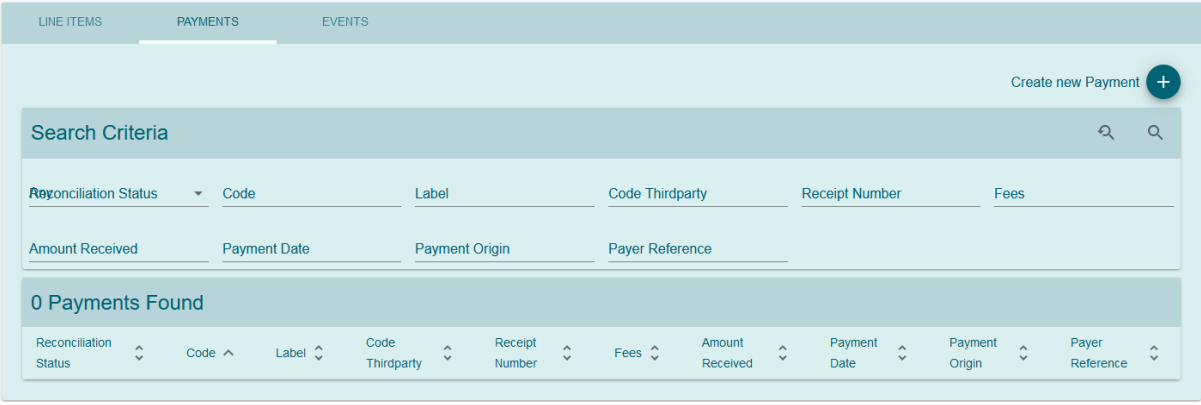
Amount Total Enter the total amount to filter the item list by amount

Img. 1.4.45: *Invoice detail*

Img. 1.4.46: *Items in the invoice*

Amount next Enter the net amount to filter the list by net amount

Payments

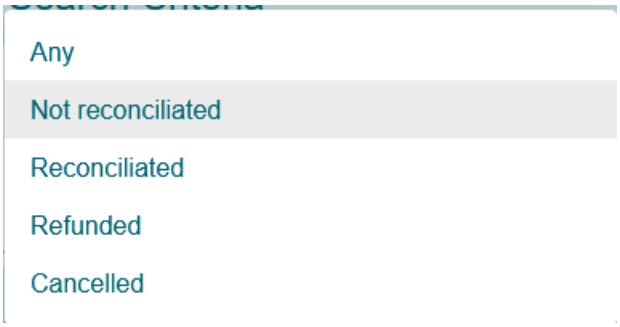


Img. 1.4.47: *Payments for the selected invoice*

Search criteria

List of the payments for the selected invoice can be filtered by search criteria panel. Here are the possible search parameters. The result of the search can be seen in the panel below.

Reconciliation Status



Img. 1.4.48: *Reconciliation status filter*

Select the reconciliation status of the payments to filter the payment. Following are the possible statuses.

- **Not reconciliated** (The payment has not been reconciliated yet)
- **Reconciliated** (The payment has been reconciliated in the system)
- **Refunded** (The payment has beed refunded)
- **Cancelled** (The payment has been cancelled)

Code Enter the payment code to filter the payment list

Label Enter the label to filter the payment list by label text

Code Thirdparty Enter the Code thirdparty to filter the payment list by third party code text

Receipt number Enter the receipt number to filer the payment list by the receipt number

Fees Enter the fees amount to filter the payment list by fees amount

Amount Receieved Enter the amount receieved to filter the payment liset by received amount

Payment Date Use the *date selector* to enter the `Payment Date` to search for payments with a `Payment Date` equal or earlier than the specified date.

Payment origin Enter the payment origin to filter the payment list by the origin of the payment

Payer Reference Enter the payer reference to filter the payment list by payer

Create new Payment

To enter a new payment for the selected invoice. Click on the Add (+) icon

This will open up the following form to enter the payment detail

Reconciliation Status Select the reconciliation status of the payment. Mandatory. Different types of statuses can be found Img. 1.4.48

Status: Select the status of the payment. Mandatory. Following are the possible status of the payment

- **Rejected** (The payment is rejected)
- **Accepted** (The payment is accepted)
- **Refunded** (This is the refund)
- **Cancelled** (The payment has been cancelled)

Payer Reference Enter the payment reference. Mandatory

Payer Name Enter the name of the payer. Mandatory

Code Enter the unique payment code. Mandatory

Label Enter the label text for the payment. Mandatory

Code Thirdparty Enter the third party code for the payment. Mandatory

Receipt number Enter the unique receipt number for the payment. Mandatory

Fees Enter the fees amount for the payment. Mandatory

Amount received Enter the amount received. Mandatory

Payment Date Use the *date selector* to enter the `Payment Date`. Mandatory

Payment origin Enter the origin of the payment. Mandatory

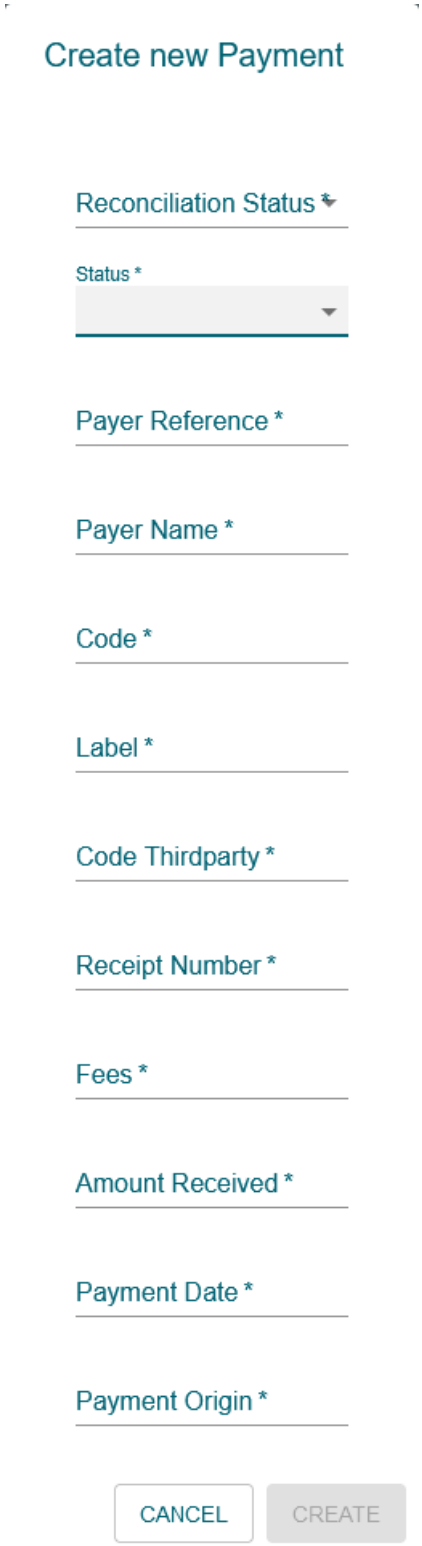
Ones all the details are filled out, click on the `CREATE` button to create a new payment for the selected invoice. User can click on the `CANCEL` button to cancel the operation.

Ones a new payment is created successfully, it can be found under the `Payments` tab.

The payment can be deleted by clicking on the trash icon from the right side of the list. Ones the user click on the trash icon, they will be prompted by a confirmation dialog. The payment will be either deleted or the operation will be cancelled depending on the action selected from the confirmation dialog.

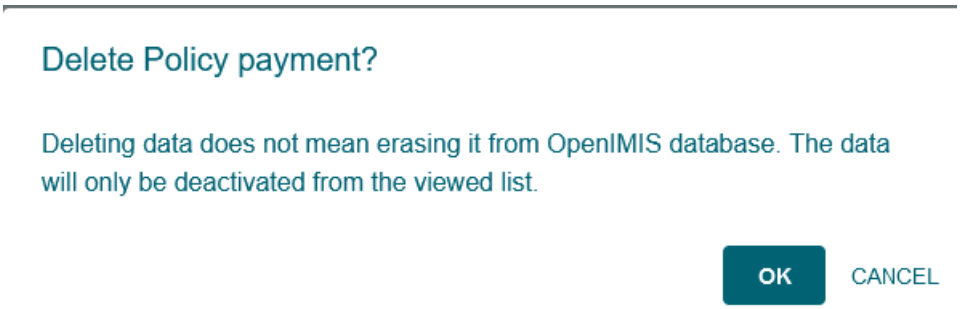
Events

Events tab conitans all the events happened during the payment process. The entry in this tab can come in two different ways. First is generated automatically by the backend and second is manually added by a user.

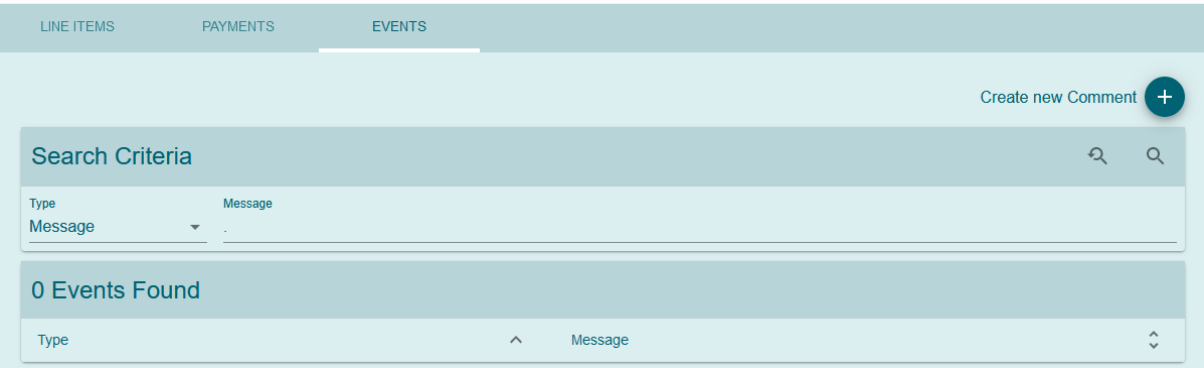


Img. 1.4.49: *New payment*

Img. 1.4.50: *Payment List*



Img. 1.4.51: *Confirmation dialog to delete the payment*



Img. 1.4.52: *Messages/Comments for the payment*

Search criteria

List of the events for the selected invoice can be filtered by search criteria panel. Here are the possible search parameters. The result of the search can be seen in the panel below.

Type Select the Type of the event. Following are the possible Types of the events

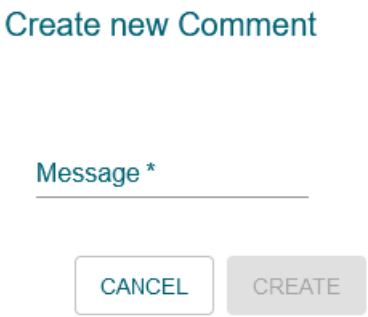
- **Message** (Indicates the information message generated either manually or by the backend)
- **Status** (Indicates the status change in payment by the backend)
- **Warning** (Indicates any warning during the payment processing)
- **Payment** (Indicates the payment has been processed)
- **Payment Error** (Indicates the error during processing the payment)

Message Enter the keyword in message to filter the event list.

Create new Comment

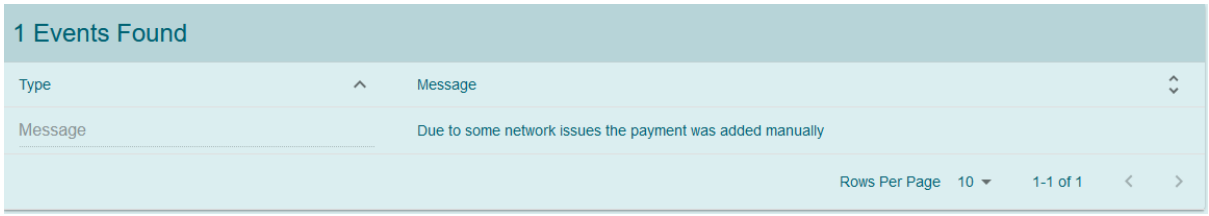
To enter a new message for the selected invoice. Click on the Add (+) icon

This will open up the following form to enter a new comment/message



Message Enter the message. Mandatory

Ones the message is entered click on the `CREATE` button to create a new comment for the selected invoice. User can click on the `CANCEL` button to cancel the operation.



Img. 1.4.53: *Comment list*

Ones a new comment is added successfully, it can be found under the `EVENTS` tab.

1.4.11 Payment Plans

Payment plans is responsible for generating bills.

Table of Contents

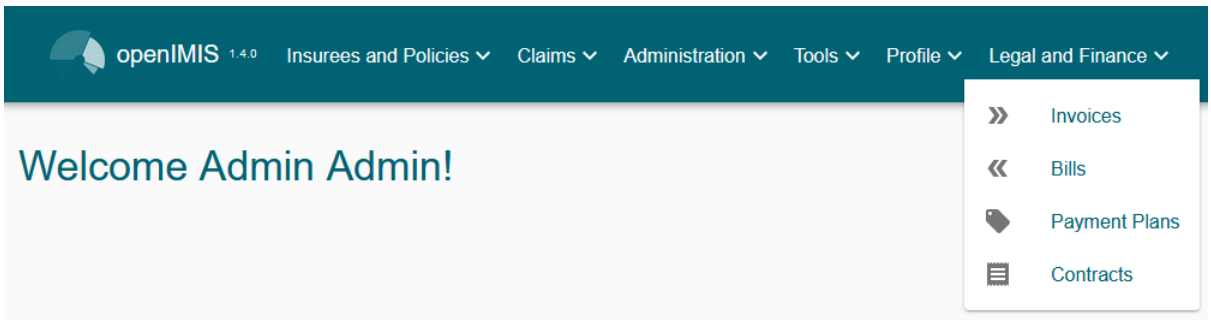
- *Payment Plans*
  - *Pre-conditions*
  - *Navigation*
    - *Search Panel*
  - *Create new Payment Plan*
    - *Result Panel*

Pre-conditions

In order to create a payment plan there must be at least one product needs to be created.

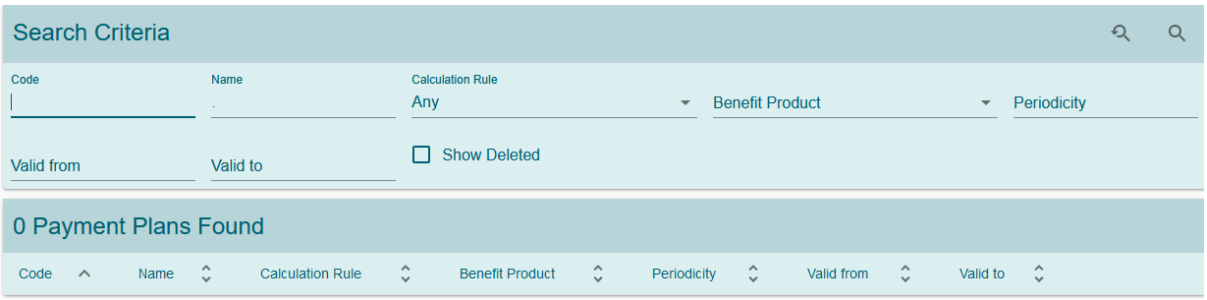
Navigation

Ones a product is available navigate to the `Payment Plans` under `Legal and Finance` menu



Img. 1.4.54: *Navigate to Payment plans menu*

All the existing payment plans can be found here.



Img. 1.4.55: *Payment plans*

Search Panel

Code Enter a code to filter the payment plans

Name Enter the full name or the part of the name to filter the payment plans

Calculation resultpanel Select a calculation rule by clicking on the righ arrow in the dropdown. Here are the possible choices.

- **Payment: Fee for Service** (Payment plans for fee for service)
- **Payment: Capitation** (Payment plans for capitation)
- **Payment: Commission** (Payment plans for commission)
- **Payment: Fees** (Payment plans for fees)
- **Payment: Unconditional Cash Payment** (Payment plans for unconditional cash payment)

Benefit product Select a product from the dropdown list by clikcing on the right arrow.

Periodicity This field represents a number of months a payment plan needs to be executed.

Valid from Use the *date selector* to enter the `Valid from` to search for payment plans with a `Valid from` date equal or later than the specified date.

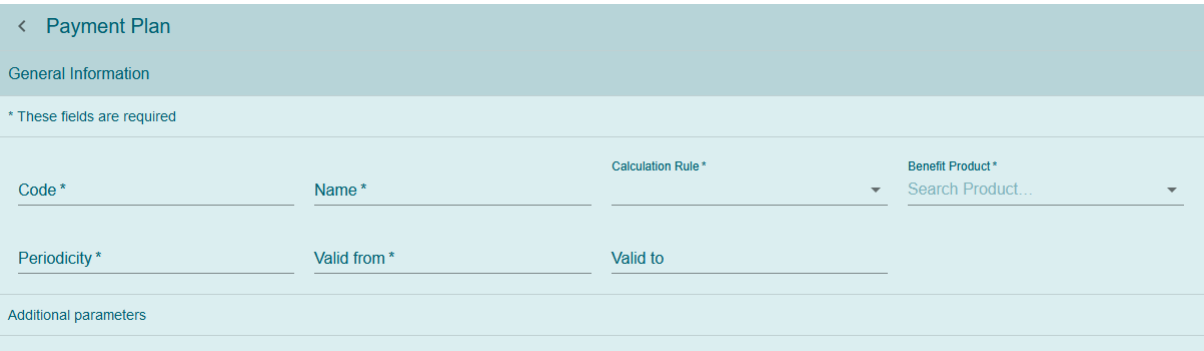
Valid to Use the *date selector* to enter the `Valid to` to search for payment plans with a `Valid to` date equal or earlier than the specified date.

Show Deleted By clicking this checkbox a user can list all the deleted payment plans along with the valid ones.

Create new Payment Plan

To create a new payment plan click on the Add (+) icon in the bottom right of the page.

This will open up the following form to enter the payment plan deatils



Img. 1.4.56: *Create a new payment plan*

Code Enter a unique code for the payment plan. Mandatory

Name Enter a name for the payment plan. Mandatory

Calculation Rule Select a calculation rule from the dropdown list by clicking on the arrow on the right hand side. Here are the possible choices. Mandatory

- **Payment: Fee for Service** (Payment plans for fee for service)
- **Payment: Capitation** (Payment plans for capitation)
- **Payment: Commission** (Payment plans for commission)
- **Payment: Fees** (Payment plans for fees)
- **Payment: Unconditional Cash Payment** (Payment plans for unconditional cash payment)

Benefit Product Select a product from the dropdown list by clicking on the arrow on the right hand side. Mandatory

Periodicity Enter the periodicity in terms of months. This means how often do you want to generate bills for the payment plans. For instance, entering 1 will generate a bill every month. Mandatory

Valid from Use the *date selector* to enter the `Valid from`. This indicates from which date this payment plan comes in effect. Mandatory

Valid to Use the *date selector* to enter the `Valid to`. This indicates until which date this payment plan is valid.

Additional parameters Additional parameters change based on the calculation rule selected.

- **Payment: Fee for Service**

Img. 1.4.57: *Additional parameters for the Calculation rule Payment: Fee for Service*

Claim Type

Here you can select for which claims this payment plan is valid. The options are All, Hospital/In-patient and None-hospital/Out-patient

Level 1

Here a user can define the first level. Options are Hospital, Dispensary and Health center.

Sublevel 1

Here a user can define the first sublevel. Options are District and Region

Level 2

Here a user can define the second level. Options are Hospital, Dispensary and Health center.

Sublevel 2

Here a user can define the second sublevel. Options are District and Region

Level 3 Here a user can define the third level. Options are Hospital, Dispensary and Health center.

Sublevel 3

Here a user can define the third sublevel. Options are District and Region

Level 4

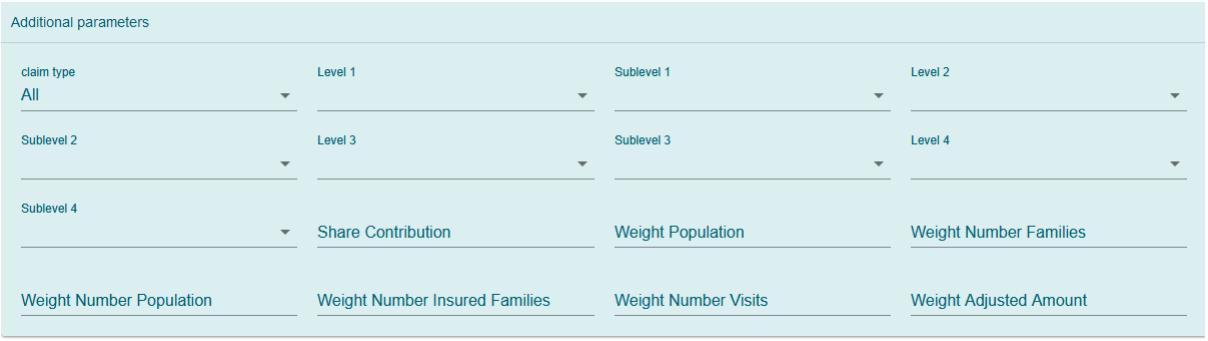
Here a user can define the fourth level. Options are Hospital, Dispensary and Health center.

Sublevel 4

Here a user can define the fourth sublevel. Options are District and Region

- **Payment: Capitation**

Claim Type



Img. 1.4.58: *Additional parameters for the Calculation rule Payment: Capitation*

Here you can select for which claims this payment plan is valid. The options are All, Hospital/In-patient and None-hospital/Out-patient

Level 1

Here a user can define the first level. Options are Hospital, Dispensary and Health center.

Sublevel 1

Here a user can define the first sublevel. Options are District and Region

Level 2

Here a user can define the second level. Options are Hospital, Dispensary and Health center.

Sublevel 2

Here a user can define the second sublevel. Options are payment_newDistrict and Region

Level 3

Here a user can define the third level. Options are Hospital, Dispensary and Health center.

Sublevel 3

Here a user can define the third sublevel. Options are District and Region

Level 4

Here a user can define the fourth level. Options are Hospital, Dispensary and Health center.

Sublevel 4

Here a user can define the fourth sublevel. Options are District and Region

Share Contribution

Enter the valid integer from 0 to 100 to define the percentage (%) of the share of allocated contribution for given insurance product and the period specified. payment_newentage (%) of the numner of insured population by given insurance product and living in the catchment area of the individual health facility.

Weight number insured families

Enter the valid integer from 0 to 100 to define the percentage (%) of the numner of insured families by given insurance product and living in the catchment area of the individual health facility.

Weight number visits

Enter the valid integer from 0 to 100 to define the percentage (%) of the number of contacts of insured by given insurace product and living in the catchment area of the individual health facility.

Weight amount adjusted

Enter the valid integer from 0 to 100 to define the percentage (%) of the adjusted amount on claims for insured by given insurance product and living in the catchment area of the individual health facility.

Note: The capitation formula is defined as follow:

$\text{CapitationPayment}_i = \sum_a \left(\text{Indicator}_i^a \times \frac{AllocatedContribution \times ShareContribution \times \text{Share}^a}{\sum_i \text{Indicator}_i^a} \right)$

Where

$\text{CapitationPayment}_i$ *is the amount of capitation payment for i-th health facility*

Indicator_i^a *is the value of the indicator of the type a for the i-th health facility.* Indicator_i^a *may be:*

- *Population living in catchments area of the health payment_newfacility*
- *Number of families living in catchments area of the health facility*
- *Insured population living in catchments area of the health facility*
- *Insured number of families living in catchments area of the health facility*
- *Numbpayment_new of claims (contacts) with the health facility by insured in the catchment area*
- *Adjusted amount*

AllocatedContribution *is the amount of contributions for given insurance product for given period*

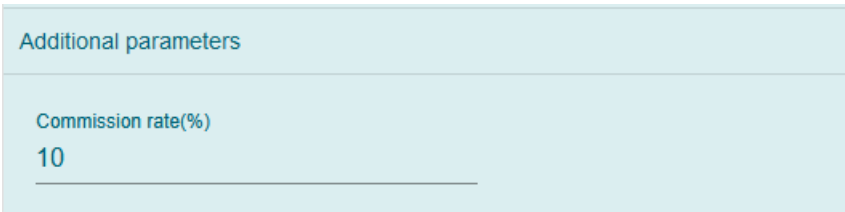
ShareContribution *is the formula parameter Share of contribution*

Share^a *is the weight of the indicator of the type a .*

Share^a *may be:*

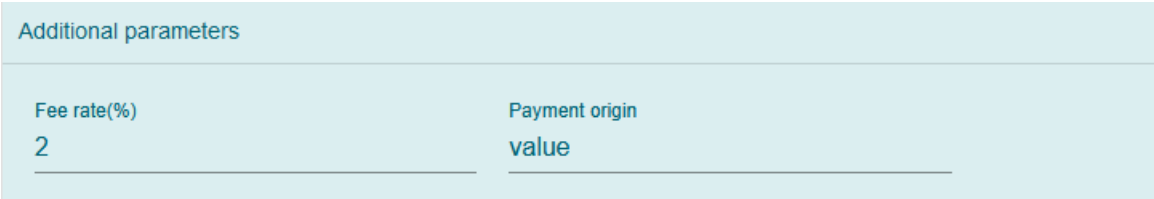
- *Weight of Population*
- *Weight of Number of Families*
- *Weight of Insured Population*
- *Weight of Number of Insured Families*
- *Weight of Number of Visits*
- *Weight of Adjusted Amount*

- **Payment: Commission**



Img. 1.4.59: *Additionl parameters for the Calculation rule Payment: Commission*

Commission Rate(%) Enter the valid number to define the percentage to be paid.



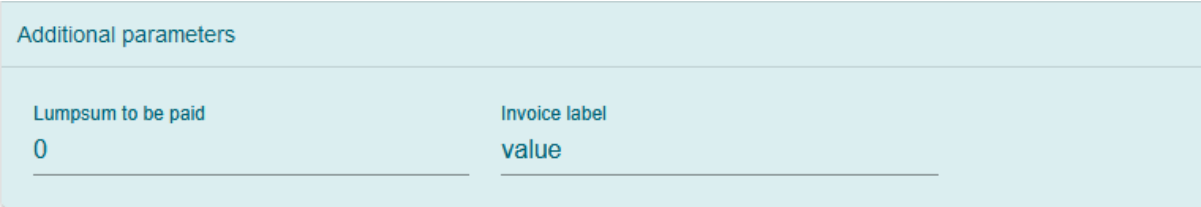
Img. 1.4.60: *Additional parameters for the Calculation rule Payment: Fees*

- **Payment: Fees**

Fee rate(%) This is the total percentage of the amount needs to be paid.

Payment origin Enter the name of the origin of the payment. For instance, if the name of the payment gateway is ABC then the value should be ABC in this field.

- Payment: Unconditional cash payment



Img. 1.4.61: *Additional paramters for the calculation rule Payment: Unconditional cash payment*

Lumpsum to be paid Enter a valid number to be paid as a lumpsum amount

Invoice label Enter the label of the invoice to which the lumpsum amount applies

Ones all the the mandatory fields are entered, click on the `SAVE` button in the bottom right of the page. The user will be redirected to the Payment plans page with the newly created record displayed and selected in the result panel.

Result Panel

1.5 Tools

1.5.1 Upload / Download selected registers

Access to uploading/downloading of selected registers is restricted to the users with the the system role of IMIS Administrator (the register of locations) or with a role including an access to Tools/Registers.

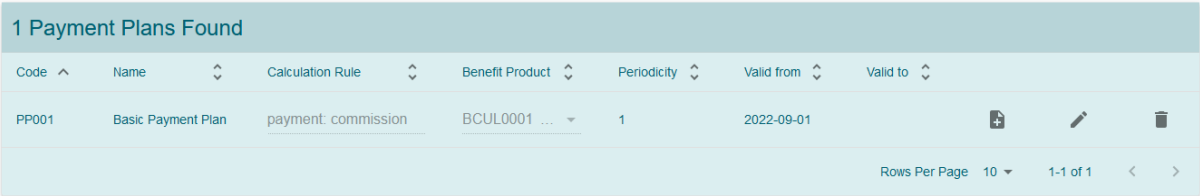
Navigation

All functionality for use with the administration of uploading/downloading of selected registers can be found under the main menu `Tools`, sub menu `Registers`.

Clicking on the sub menu `Registers` re-directs the current user to the *Registers Page*: (Img. 1.5.1)

Registers page

The Registers Page is divided into eight sections: (Img. 1.5.2)



Img. 1.4.62: *List of all the payment plans created in the system*

Click on the new version menu icon on the payment plan you want to create a new version. This will open the selected payment plan in an edit mode. Make the necessary changes and click on the save button. This will create a new record in the system with the changes applied. A user will be redirected to the previous page and a new version of the payment plan will be displayed in the result panel. This will also inactive the previous record.

- **Edit**

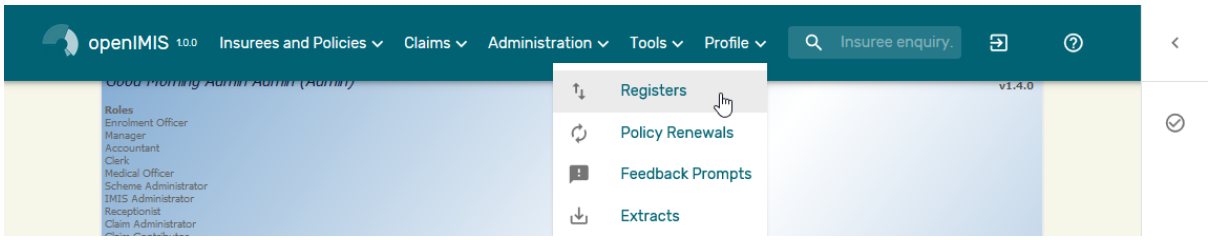
  Click on the pencil icon on the payment plan you want edit. This will open the selected payment plan in edit mode.

  A user can modify the payment plan and then click on the save button at the bottom right of the page to save the changes.

- **Delete**

  Click on the trash icon on the payment plan you want to delete. This will open up a confirmation dialog.

  Confirm the action by clicking on the `OK` button and this will delete the payment plan. A user can click on the `CANCEL` button to abort the operation.



Img. 1.5.1: *Navigation to Registers*

Img. 1.5.2: *Upload Registers*

A. Upload of the list of diagnoses

- `Browse`

  Select from a file in the XML format serving as a source for uploading of the list of diagnoses. Mandatory.

- `Strategy`

  Select a desired strategy for uploading of the list of diagnoses. The following options are available:

- `Insert Only`

  Uploads only diagnoses that are not yet included in the list of diagnoses

- `Update Only`

  Updates only diagnoses that are already included in the list of diagnoses

- `Insert and Update`

  Uploads diagnoses that are not yet included in the list of diagnoses and updates diagnoses that are already included in the list of diagnoses

- `Insert, Update and Delete`

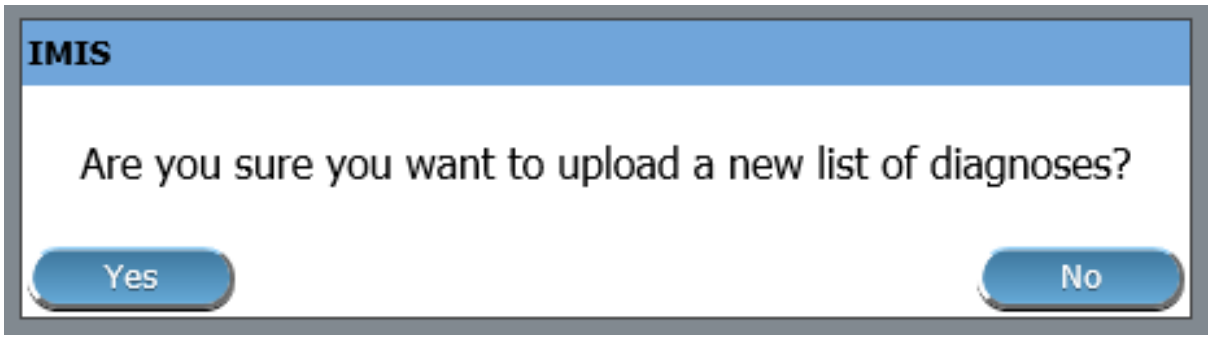
  Uploads diagnoses that are not yet included in the list of diagnoses, updates diagnoses that are already included in the list of diagnoses and deletes diagnose that are not included in the source file

- `Dry Run`

  If checked, only diagnostics is provided without real uploading.

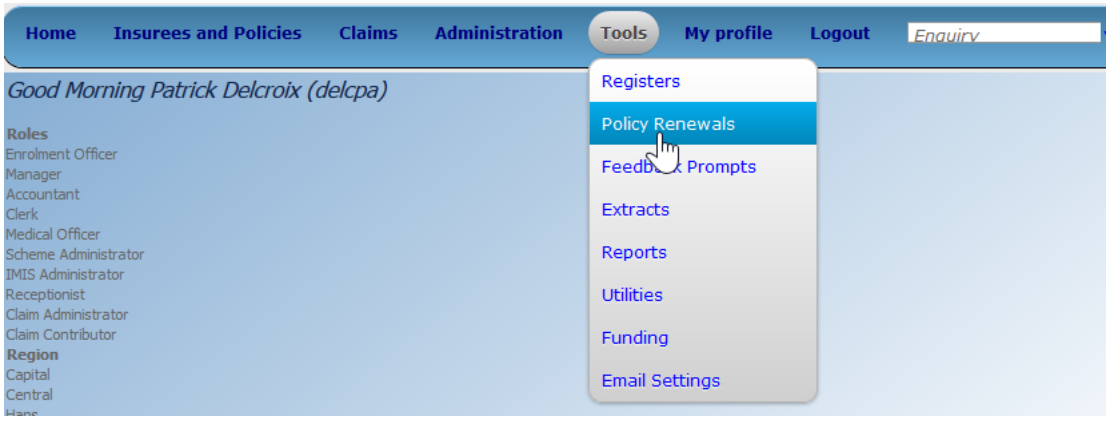
- `Upload`

  By clicking on the `Upload` button, a prompt popup message will appear, require a user to a
  If user agrees the selected file containing diagnoses will be uploaded.



Img. 1.5.3: *Upload Diagnoses*

A statistics on the number of inserted/updated diagnoses appears:
(*Statistics on uploaded diagnoses*).



Img. 1.5.4: *Statistics on uploaded diagnoses*

If there are errors an error protocol appears: (*Error protocol on uploaded diagnoses*)

DTD definition of the XML file for uploading/downloading of diagnoses:

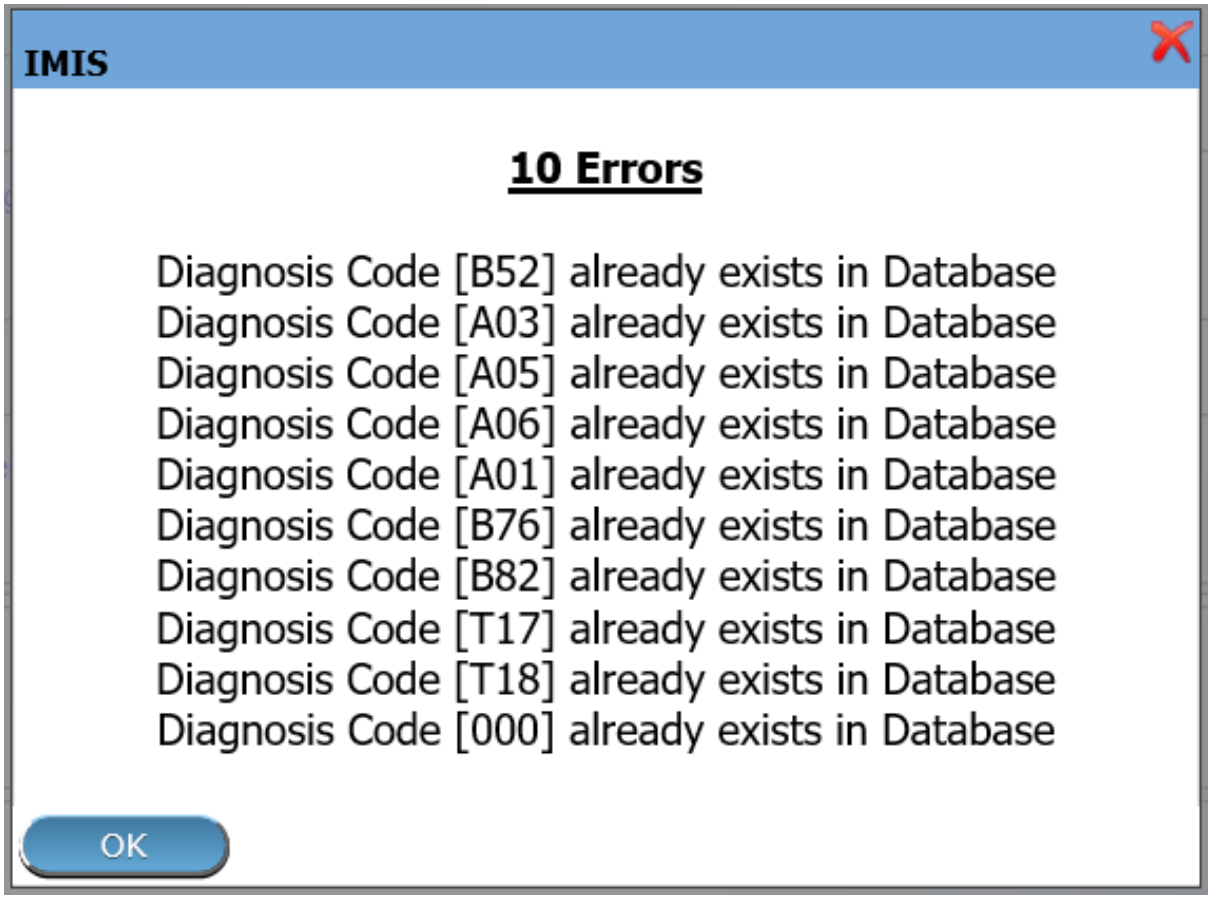
```
<!DOCTYPE Diagnoses> [
<!ELEMENT Diagnoses (Diagnosis)*>
<!ELEMENT Diagnosis (DiagnosisCode, DiagnosisName)>
< !ELEMENT DiagnosisCode (#CDATA)>
< !ELEMENT DiagnosisName (#CDATA)>
]>
```

B. Upload of the register of locations

- `Browse`

  Select from a file in the XML format serving as a source for uploading of the register of locations. Mandatory.

- `Strategy`



Img. 1.5.5: *Error protocol on uploaded diagnoses*

Select a desired strategy for uploading of the register of locations. The following options are available:

- `Insert Only`

  Uploads only locations that are not yet included in the register of locations

- `Update Only`

  Updates only locations that are already included in the register of locations

- `Insert and Update`

  Uploads locations that are not yet included in the register of locations and updates locations that are already included in the register of locations

- `Dry Run`

  If checked only diagnostics is provided without real uploading.

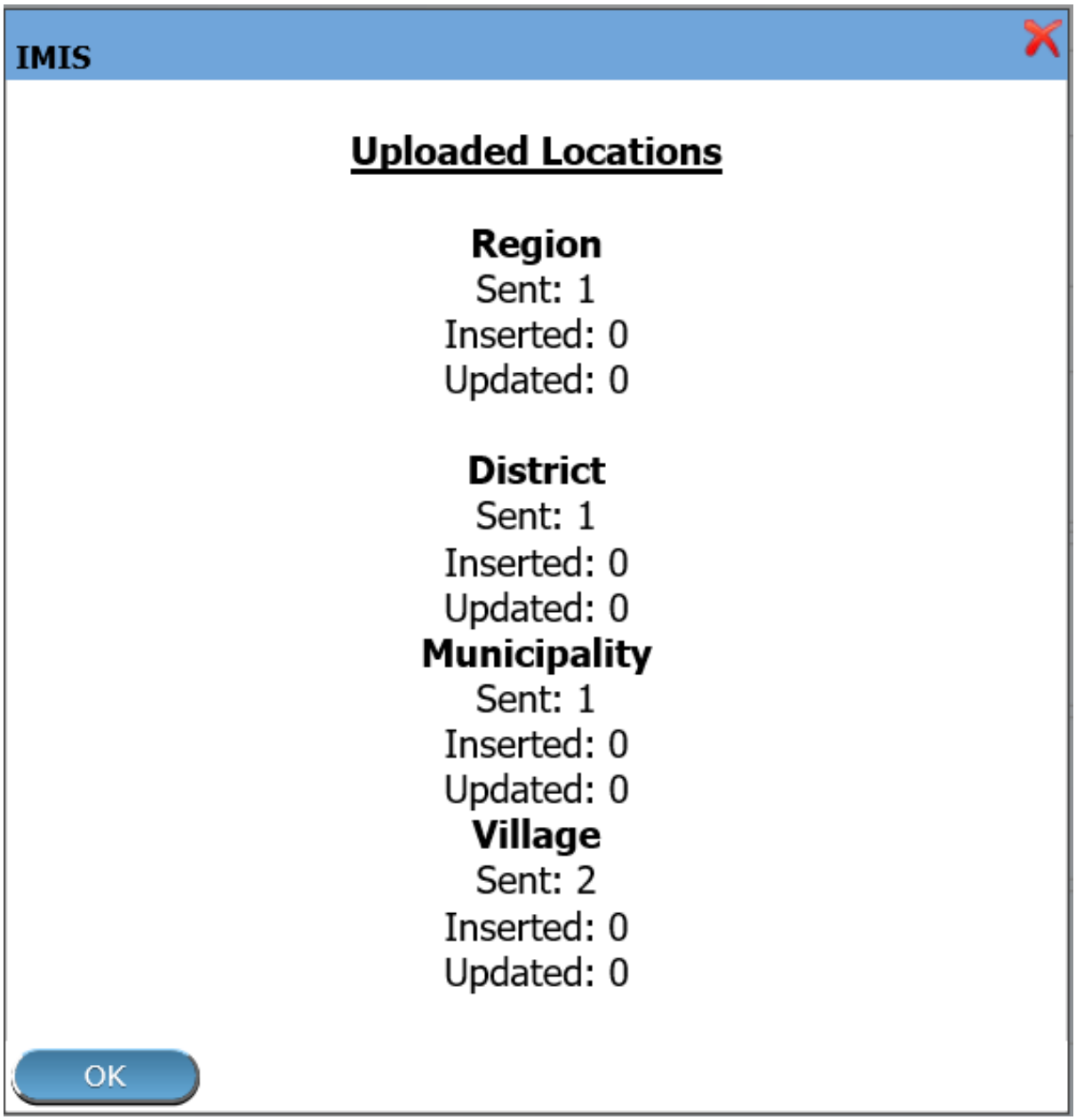
- `Upload`

  By clicking on the Upload button, a prompt popup message will appear, require a user to agree or disagree (*Upload Locations*). If user agrees the selected file containing locations will be uploaded.

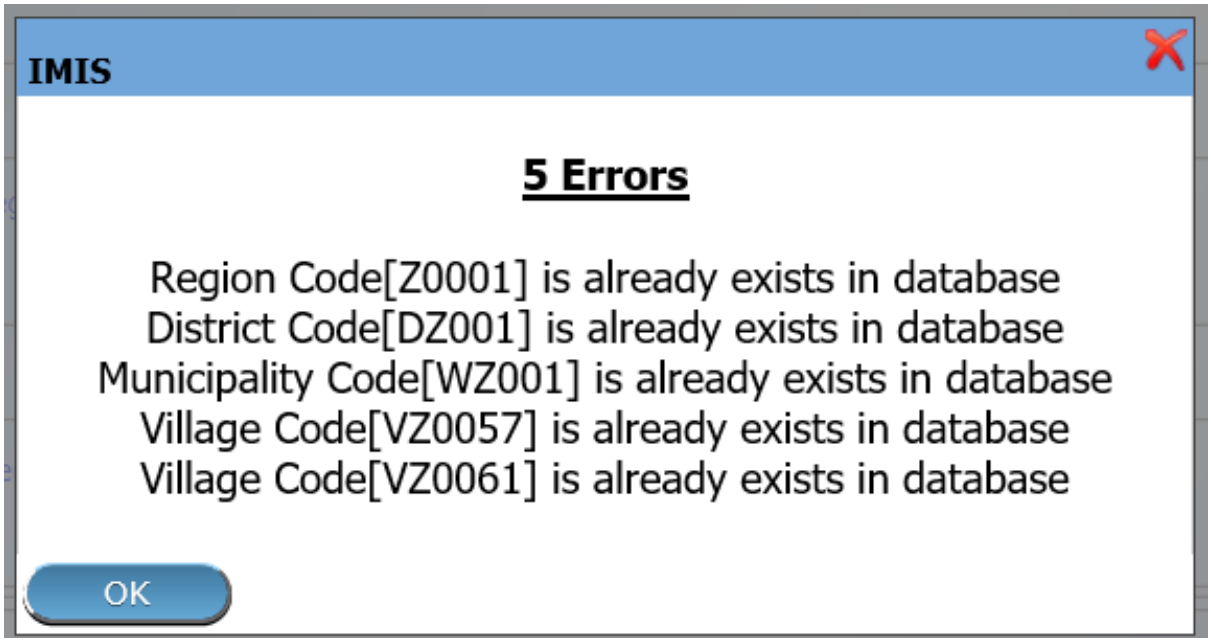
Img. 1.5.6: *Upload Locations*

A statistics on the number of inserted/updated locations appears (*Upload Locations statistics*)

If there are errors an error protocol appears (*Upload Locations error*)



Img. 1.5.7: *Upload Locations statistics*



Img. 1.5.8: *Upload Locations error*

DTD definition of the XML file for uploading/downloading of locations:

```
<!DOCTYPE Locations> [
<!ELEMENT Locations (Regions, Districts, Municipalities, Villages)>
<!ELEMENT Regions (Region*)>
<!ELEMENT Region (RegionCode, RegionName)>
< !ELEMENT RegionCode (#CDATA)>
< !ELEMENT RegionName (#CDATA)>
<!ELEMENT Districts (District*)>
<!ELEMENT District (RegionCode,DistrictCode, DistrictName)>
< !ELEMENT RegionCode (#CDATA)>
< !ELEMENT DistrictCode (#CDATA)>
< !ELEMENT DistrictName (#CDATA)>
<!ELEMENT Municipalities (Municipality*)>
<!ELEMENT Municipality (DistrictCode,MunicipalityCode, Municipality-
Name)>
< !ELEMENT DistrictCode (#CDATA)>
< !ELEMENT MunicipalityCode (#CDATA)>
< !ELEMENT MunicipalityName (#CDATA)>
<!ELEMENT Villages (Village*)>
<!ELEMENT Village (MunicipalityCode,VillageCode, Village-
Name,MalePopulation ?, FemalePopulation ?, OtherPopulation,Families ?)>
< !ELEMENT MunicipalityCode (#CDATA)>
< !ELEMENT VillageCode (#CDATA)>
< !ELEMENT VillageName (#CDATA)>
< !ELEMENT MalePopulation (#CDATA)>
< !ELEMENT FemalePopulation (#CDATA)>
< !ELEMENT OtherPopulation (#CDATA)>
< !ELEMENT Families (#CDATA)>
]>
```

C. Upload of the register of health facilities

- `Browse`

Select from a file in the XML format serving as a source for uploading of the register of health facilities. Mandatory.

- `Strategy`

  Select a desired strategy for uploading of the register of health facilities. The following options are available:

- `Insert Only`

  Uploads only health facilities that are not yet included in the register of health facilities

- `Update Only`

  Updates only health facilities that are already included in the register of health facilities

- `Insert and Update`

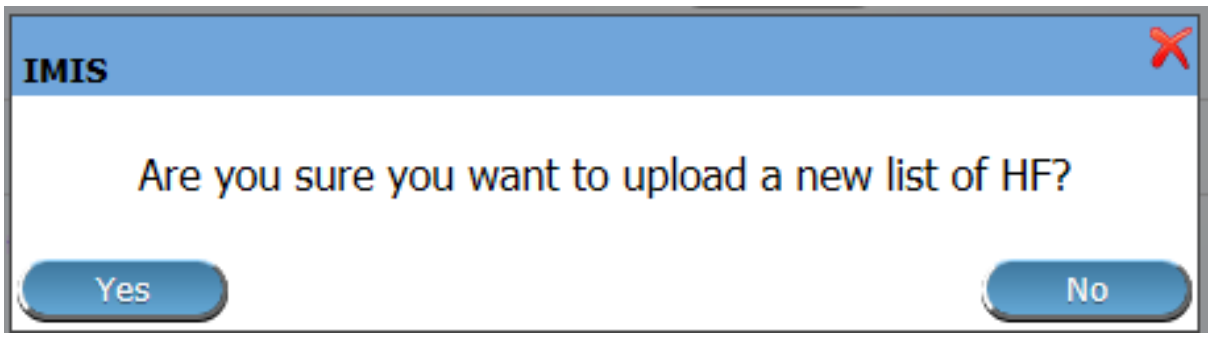
  Uploads health facilities that are not yet included in the register of health facilities and updates health facilities that are already included in the register of health facilities

- `Dry Run`

  If checked only diagnostics is provided without real uploading.

- `Upload`

  By clicking on the Upload button, a prompt popup message will appear, require a user to agree or disagree: (*Upload Health Facilities*) If user agrees the selected file containing locations will be uploaded.



Img. 1.5.9: *Upload Health Facilities*

A statistics on the number of inserted/updated health facilities appears.

If there are errors an error protocol appears.

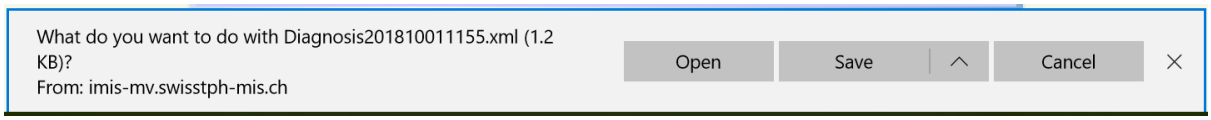
DTD definition of the XML file for uploading/downloading of health facilities:

```
<!DOCTYPE HealthFacilities> [
<!ELEMENT HealthFacilities (HealthFacilityDetails,CatchmentsDetails)>
<!ELEMENT HealthFacilityDetails (HealthFacility)*>
<!ELEMENT HealthFacility (LegalForm, Level, Sublevel, Code, Name, Address, DistrictCode, DistrictName, Phone, Fax, Email, CareType, AccountCode, ItemPriceListName. ServicePricelistName)>
<!ELEMENT LegalForm (D| C|G|P)>
<!ELEMENT Level (D|C|H)>
<!ELEMENT SubLevel (I|N|R)>
<!ELEMENT Code (#CDATA)>
<!ELEMENT Name (#CDATA)>
<!ELEMENT Address (#CDATA)>
<!ELEMENT DistrictCode (#CDATA)>
<!ELEMENT DistrictName (#CDATA)>
<!ELEMENT Phone (#CDATA)>
<!ELEMENT Fax (#CDATA)>
<!ELEMENT Email (#CDATA)>
<!ELEMENT CareType (I|N|B)>
<!ELEMENT AccountCode (#CDATA)>
<!ELEMENT ItemPriceListName (#CDATA)>
<!ELEMENT ServicePriceListName (#CDATA)>
<!ELEMENT CatchmentsDetails(Catchment*)>
<!ELEMENT Catchment (HFCode,VillageCode, VillageName, Percentage)>
<!ELEMENT HFCode (#CDATA)>
<!ELEMENT VillageCode (#CDATA)>
<!ELEMENT VillageName (#CDATA)>
<!ELEMENT Percentage (#CDATA)>
]>
```

D. Download of the list diagnoses

- `Download`

  By clicking on the Download button, a prompt popup message will appear, require a user to specify whether the XML file with downloaded list of diagnoses should be opened or saved or canceled: (*Download Diagnoses*)



Img. 1.5.10: *Download Diagnoses*

E. Download of the register of locations

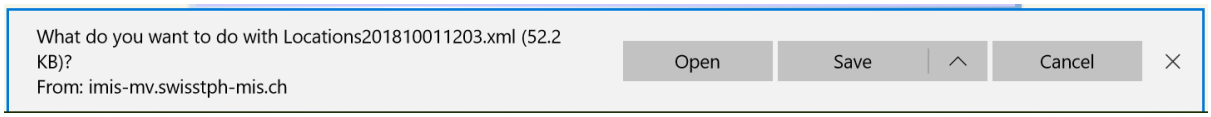
- `Download`

  By clicking on the Download button, a prompt popup message will appear, require a user to specify whether the XML file with downloaded register of locations should be opened or saved or canceled (*Download locations*)

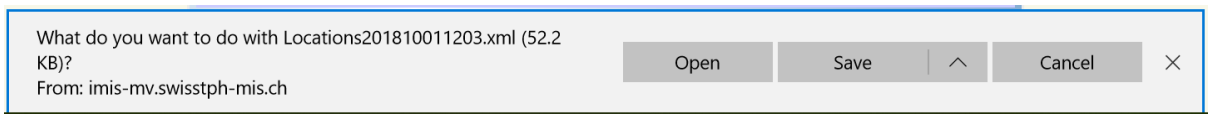
F. Download of the register of health facilities

- `Download`

  By clicking on the Download button, a prompt popup message will appear, require a user to specify whether the XML file with downloaded canceled (*Download facilities*)



Img. 1.5.11: *Download locations*



Img. 1.5.12: *Download facilities*

G. Buttons

- `Cancel`

  By clicking on `Cancel` button, user will be re-directed to the Home page.

H. Information Panel

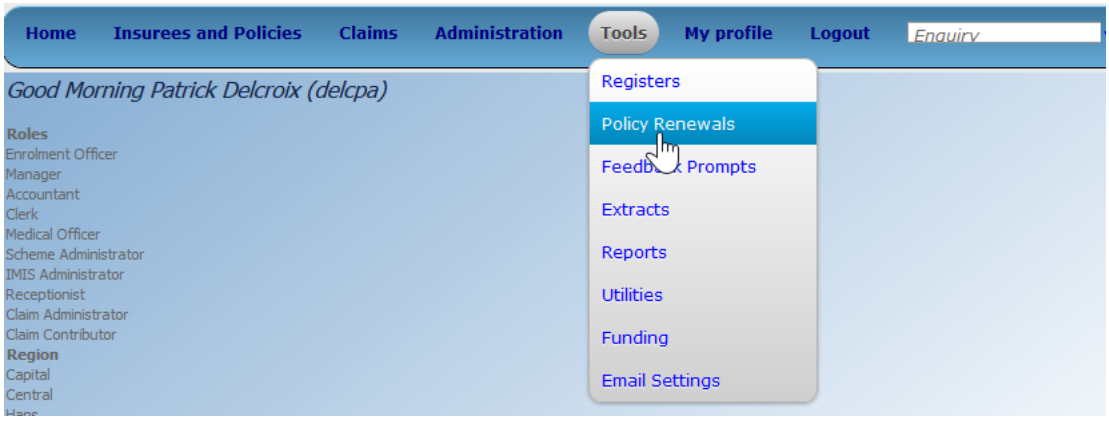
The Information Panel is used to display messages back to the user.

1.5.2 Policy Renewals

Access to management of policy renewals is restricted to the users with the role of Clerk.

Navigation

All functionality for use with the administration of policy renewals can be found under the main menu `Tools`, sub menu `Policy Renewals`

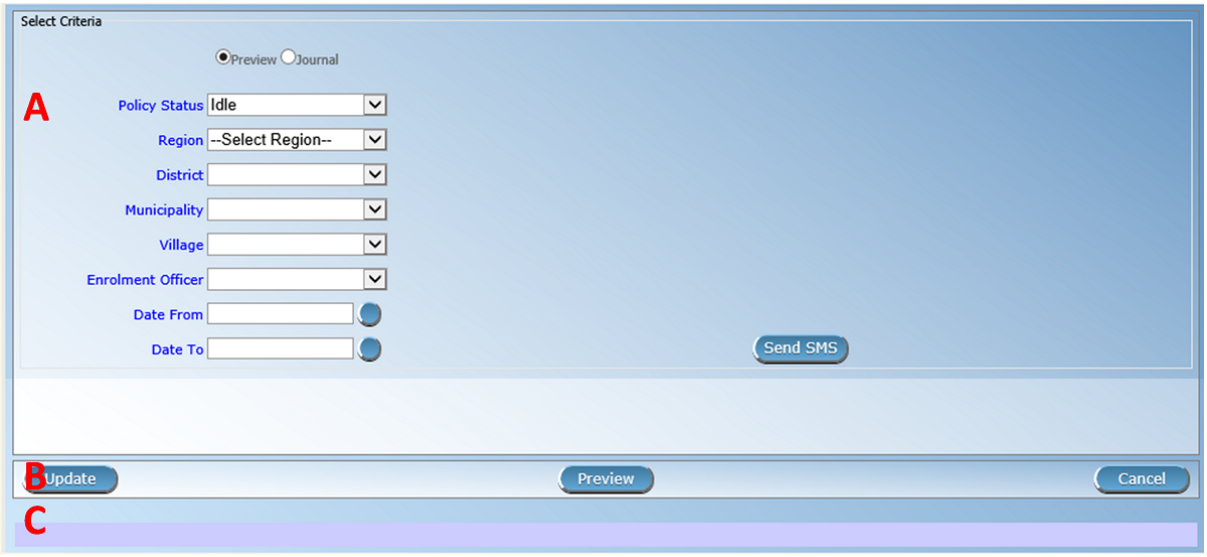


Img. 1.5.13: *Navigation Policy Renewals*

Clicking on the sub menu `Policy Renewals` re=directs the current user to the *Policy Renewal Page*.

Policy Renewal Page

By having access to this page, it is possible preview the report on policy renewals, preview the journal on policy renewals and update the status of a policy. The journal will contain information on actual prompts being generated by the system. These prompt could already have been sent to the mobile phones of enrolment



Img. 1.5.14: *Policy Renewal Page*

officers. The report on policy renewals will contain information on the expiration of policies for any given period. The page is divided into two panels (Img. 1.5.14).

1. **Select Criteria Panel**

   The Select Criteria Panel or the filter panel allows a user to select specific criteria to minimise the report on policy renewals.

   Two tasks are carried out by this form. 1) Preview the report on policy renewal and 2) Preview the journal on policy renewal. Depending on the selected option, filter will be changed accordingly.

   If Preview option is selected then a user has the following filters.

   - `Policy Status`

     Select the policy status from the drop down list by clicking on the right arrow. By selecting any of the options a user can filter the report on particular status of the policy. This filter is not mandatory. User can leave it blank to preview the report on any status.

   - `Region`

     Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select policies from a specific region. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

   - `District`

     Select the `district`; from the list of districts by clicking on the arrow on the right of the selector to select policies from a specific district. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.*

   - `Municipality`

     Select the `Municipality`; from the list of municipalities by clicking on the arrow on the right of the selector to preview report from a specific district. *Note: The list will only be filled with the municipalities that belong to the selected district. If this is only one then the municipality will be automatically selected.*

   - `Village`

Select the `village`; from the list of villages by clicking on the arrow on the right of the selector to preview report from a specific village. *Note: The list will only be filled with the villages that belong to the selected municipality.*

- `Enrolment Officer`

  Select the `Enrolment Officer`; from the list of enrolment officers by clicking on the arrow on the right of the selector to preview the report for the specific officer. *Note: The list will only be filled with the enrolment officers belonging to the districts assigned to the current logged in user. If this is only one then the enrolment officer will be automatically selected.*

- `Date From`

  By clicking on the button next to the `Date From` data field a calendar will pop up. Click on his desired date and the textbox will be filled with the selected date. This is a mandatory field. Only the policies for renewal date greater than or equal to the `Date From` will be previewed.

- `Date To`

  By clicking on the button next to the `Date To` data field a calendar will pop up. Click on his desired date and the textbox will be filled with the selected date. This is a mandatory field. Only the policies for renewal date less than or equal to the `Date To` will be previewed.

  When previewing the journal; the `Policy Status` filter will be replaced with `SMS Status` and there will be one more additional filter, `Journal On`.

- `SMS Status`

  Select the `SMS status` from the drop down list by clicking on the right arrow. By selecting any of the options the user can filter the journal on a particular `SMS status`. This filter is not mandatory. By leaving it blank all journals will be displayed.

- `Journal On`

  Select the `journal On` from the drop down *list* by clicking on the right arrow, to filter the journal either on prompt or on expiry of the prompt.

2. **Button Panel**

   `Cancel:` Re-directs to the *Home Page*

   `Preview:` Click on the preview button to display the report based on the filters.

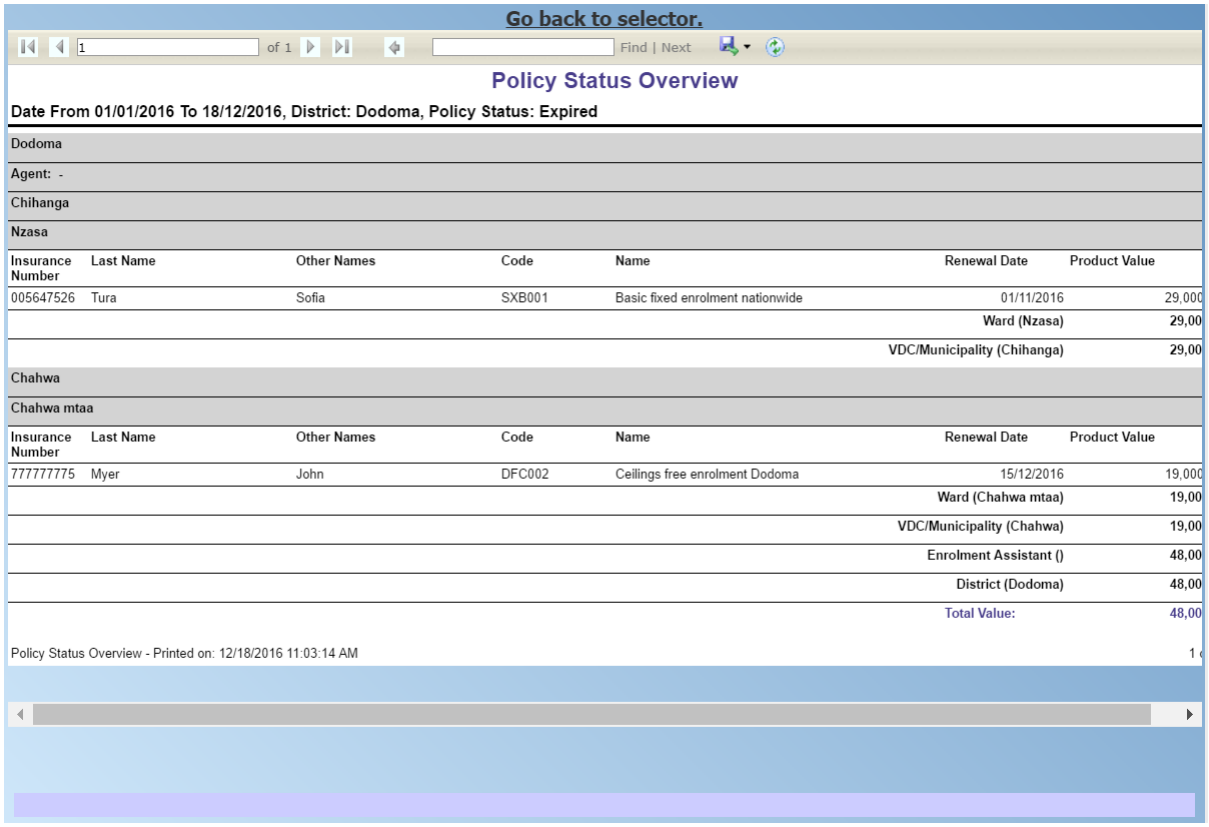
   `Update:` Click on this button to manually update the status of the policy on the current day. Although this task is carried out by the **IMIS Policy Renewal Service** running on the server at specific intervals of time, this button enables the task to be run manually.

3. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur once a user has updated the policy status or if there was an error at any time during the process of these actions.

Preview Report on Renewals

After selecting specific criteria; preview the report (Img. 1.5.15) by clicking on the preview button.



Go back to selector.

1 of 1 Find | Next

Policy Status Overview

Date From 01/01/2016 To 18/12/2016, District: Dodoma, Policy Status: Expired

Dodoma

Agent: -

Chihanga

Nzasa

Insurance Number	Last Name	Other Names	Code	Name	Renewal Date	Product Value
005647526	Tura	Sofia	SXB001	Basic fixed enrolment nationwide	01/11/2016	29,000
					Ward (Nzasa)	29,00
					VDC/Municipality (Chihanga)	29,00

Chahwa

Chahwa mtaa

Insurance Number	Last Name	Other Names	Code	Name	Renewal Date	Product Value
777777775	Myer	John	DFC002	Ceilings free enrolment Dodoma	15/12/2016	19,000
					Ward (Chahwa mtaa)	19,00
					VDC/Municipality (Chahwa)	19,00
					Enrolment Assistant ()	48,00
					District (Dodoma)	48,00
					Total Value:	48,00

Policy Status Overview - Printed on: 12/18/2016 11:03:14 AM 1

Img. 1.5.15: *Preview Report on Renewals*

Preview Journal on Renewals

Just like preview of the policy renewals the journal report can also be previewed. The difference between the Policy Renewal report and the Journal is; one forecasts the renewal while the other gives a report on the status of the renewal. Below is an example of a Journal Report.

1.5.3 Feedback Prompts

Access to administration of feedback prompts is restricted to the users with the role system role of Medical Officer or with a role including an access to Claims/Claim/Feedback.

Navigation

All functionality for use with the administration of feedback prompt can be found under the main menu `Tools`, sub menu `Feedback Prompts`

Clicking on the sub menu `Feedback Prompts` re-directs the current user to the Feedback Prompt Page (Img. 1.5.17).

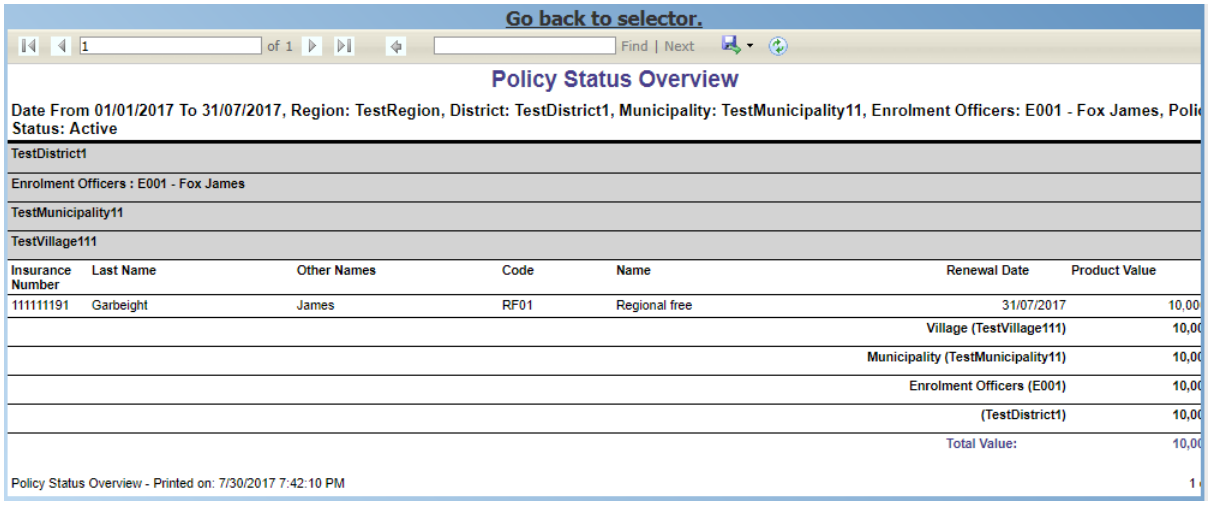
The Feedback Prompt Page is divided into three panels (Img. 1.5.18).

1. **Select Criteria Panel**

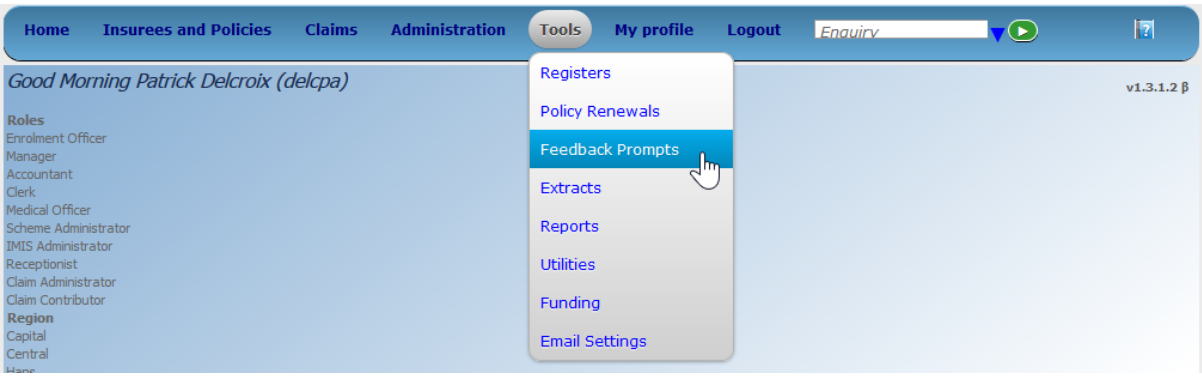
   The Select Criteria Panel or the filter panel allows a user to select specific criteria for feedback.

   - `SMS Status`

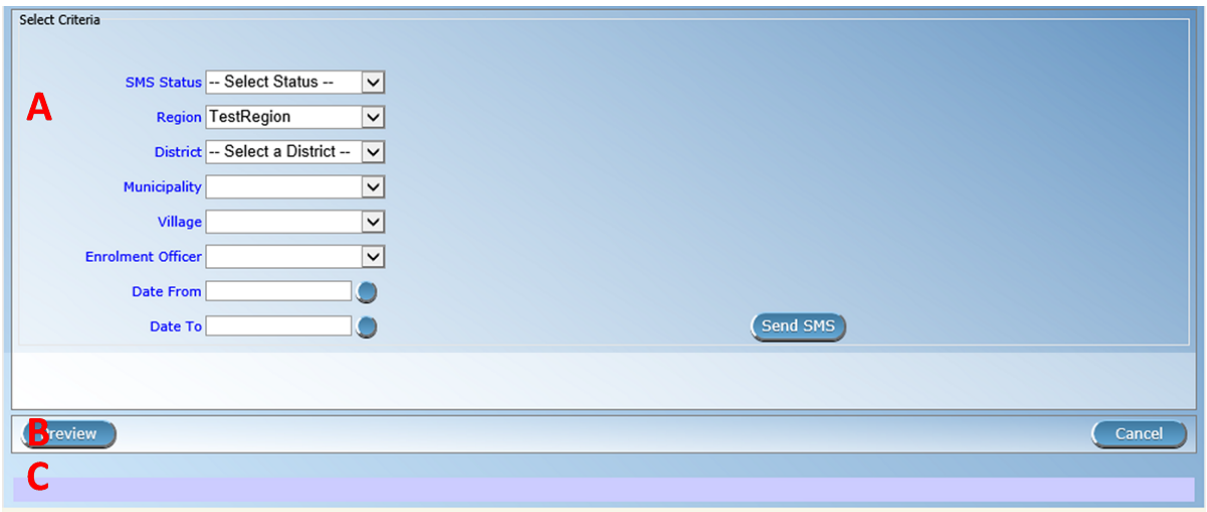
     Select `SMS Status` from the list



Img. 1.5.16: *Preview Journal on Renewals*



Img. 1.5.17: *Navigation Feedback Prompts*



Img. 1.5.18: *Feedback Prompts Page*

- `Region`

  Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select a specific region for feedbacks. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

- `District`

  Select the `district` from the list of districts by clicking on the arrow on the right of the selector to select district for feedbacks. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user. If this is only one then the District will be automatically selected.*

- `Municipality`

  Select the `Municipality` from the list of municipalities you wish to prompt for feedbacks. *Note: The list will only be filled with the municipalities that belong to the selected district. If this is only one then the municipality will be automatically selected.*

- `Village`

  Select the `village`; from the list of villages you wish to prompt for feedbacks. *Note: The list will only be filled with the villages that belong to the selected municipality.*

- `Enrolment Officer`

  Select the `Enrolment Officer`; from the list of enrolment officers by clicking on the arrow on the right of the selector to preview the report for the specific officer. *Note: The list will only be filled with the enrolment officers belonging to the districts assigned to the current logged in user. If this is only one then the enrolment officer will be automatically selected.*

- `Start Date`

  Type in a date; or use the Date Selector Button, to enter the `Start Date` for feedbacks. *Mandatory. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- `End Date`

  Type in a date; or use the Date Selector Button, to enter the `End Date` for feedbacks. *Mandatory. Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- `Send SMS`

  By Clicking `Send SMS` button, user actually sends an SMS. When an SMS is sent successfully as message will be given. If failed to be sent, a failure message will appear.

2. **Buttons Panel**

   - `Preview`

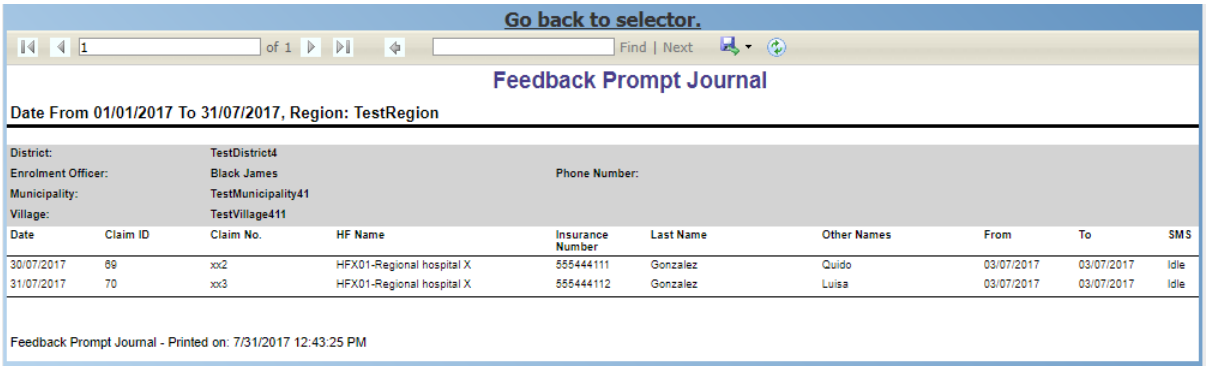
     By clicking on the `Preview` button, a report (journal) of feedbacks prompted will get generated and displayed (Img. 1.5.19).

   - `Cancel`

     By clicking on `Cancel` button, user will be re-directed to *Home Page*.

3. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur if there was an error at any time during the processing of the reports.



Img. 1.5.19: *Feedback Prompt Journal*

1.5.4 IMIS Extracts

Access to the openIMIS Extracts page is restricted to users with the system role of Scheme Administrator (IMIS Central online) or HF Administrator (IMIS offline installations) or with a role including an access to Tools/Extracts. This page will contain all functionality for data synchronization between IMIS Central and IMIS offline installations as well as the generation of extract files for the mobile phones (Android). Depending on the type of installation, the interface will enable and disable certain functions.

Pre-conditions

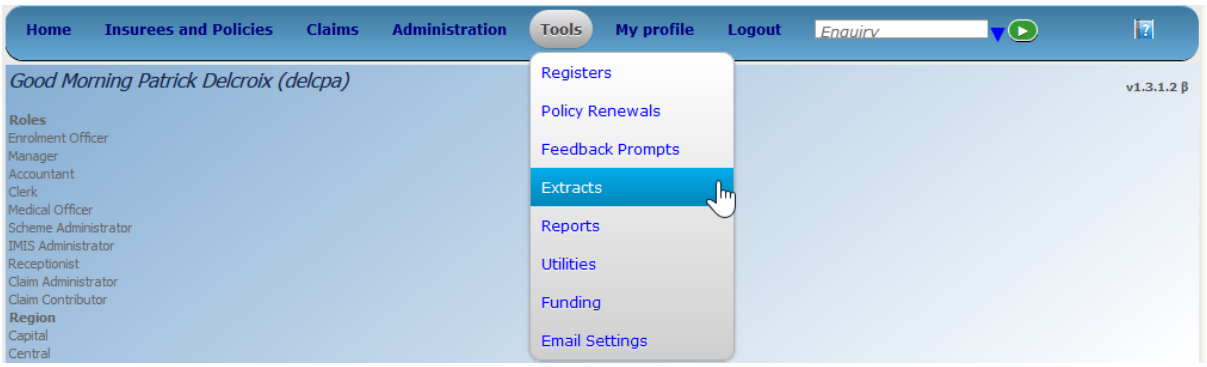
The extract functionality is covering extracts for the mobile phone applications and the openIMIS 'offline' installations. Offline extracts are only to be generated in case a district has so called 'off-line' installations in areas where no Internet connectivity is available.

Extracts are to be downloaded to the local PC that is initiating the creation of the extract.

Standard procedures should be formulated to stipulate the time interval between Extract creations and the management of transporting and installing/transferring these extracts into the target environment: mobile phones or offline openIMIS clients.

Navigation

All functionality related to openIMIS extracts can be found under the main menu `Tools`, sub menu `IMIS Extracts`

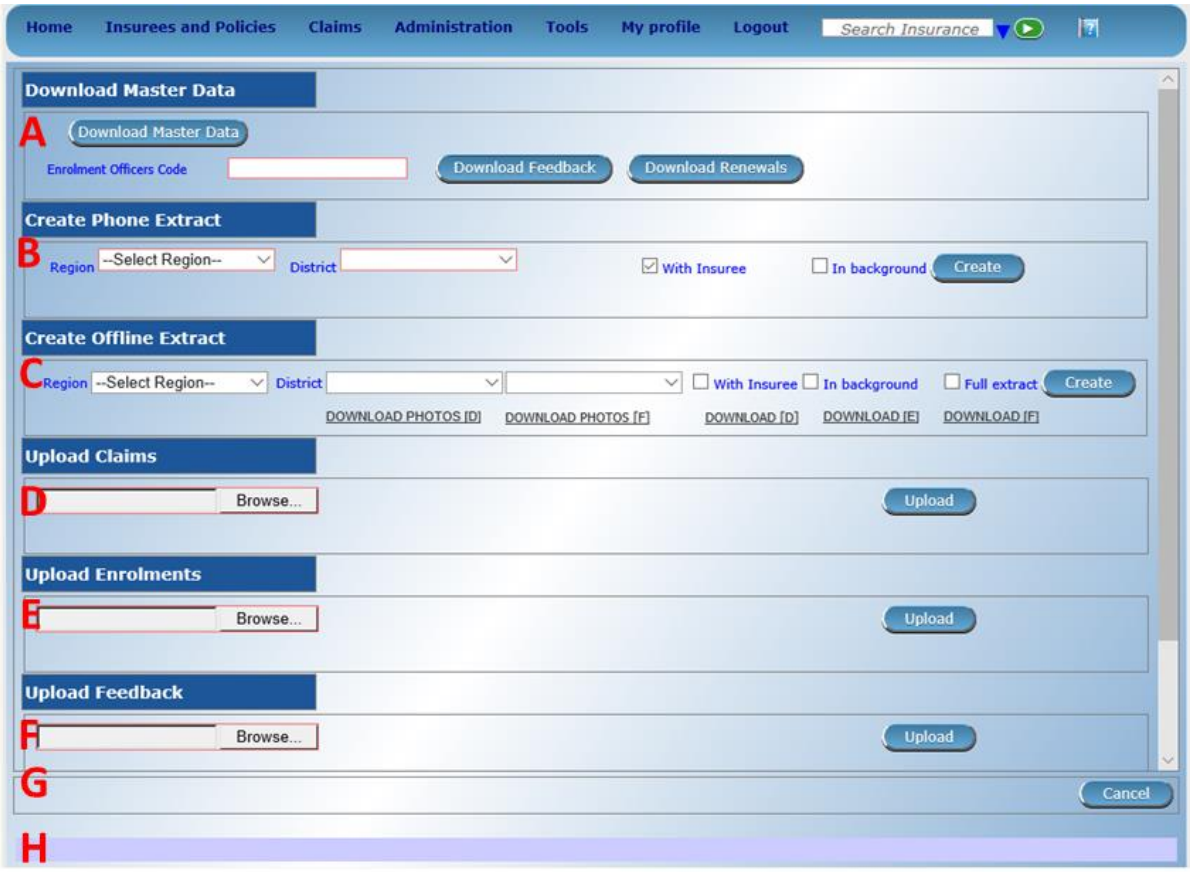


Img. 1.5.20: *Navigation openIMIS Extracts*

Clicking on the sub menu `IMIS Extracts` re-directs the current user to the `IMIS Extracts Page`.

This page opens in two different modes depending on the type of openIMIS installation: openIMIS Central (live server) or openIMIS offline (installed on local network in a health facility or an office of the scheme administration).

IMIS Extracts (online mode)



Img. 1.5.21: *openIMIS Extracts*

The Extracts Page is divided into eight sections *(Image 6.23)*.

A - Download Master Data section

The Master Data section is used for generation of the data needed for off-line operation of IMIS (Policies) application run on Android platforms. The following data files can be downloaded:

- Master data for running IMIS (Policies) application **(Download Master Data)**
- Prompts for renewal of policies **(Download Renewals)**
- Prompts for acquiring of feedbacks **(Download Feedbacks)**
- **Enrolment Officers Code**: Enter the code of an enrolment officer for whom the master data and prompts should be generated.

B - Create Phone Extract section

The Phone extract panel is used for the generation of so called SQLite database files for the mobile phone applications. Each district will have its own phone extract file that needs to be distributed to the mobile phones within the district. To generate a phone extract file, the operator has to select a region and a district from the list of available districts. In case the user is having access to its own district only, the district will be automatically selected and shown on the display.

By clicking the `Create` button in panel the section, a phone extract will be created. This process might take a while. As long as the hour glass (as a cursor) is shown, openIMIS is still processing the file. The file size depends on the amount of photographs included in the extract. The file size could range into hundreds of MBs. To alleviate this problem two options are available:

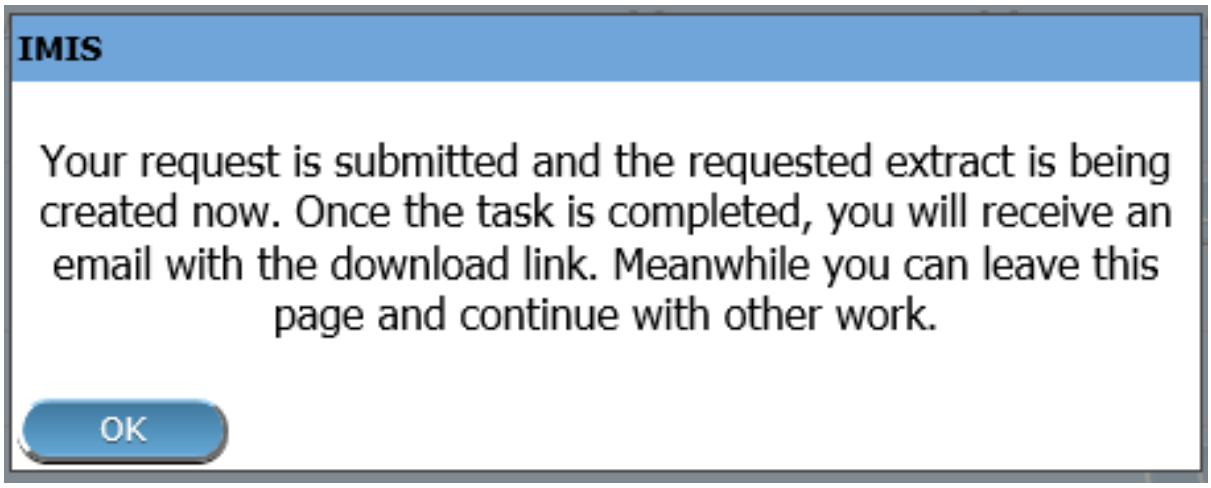
- `With Insurees`

  Checking this box means that a complete phone extract (including photos) will be generated. Leaving it unchecked a shortened phone extract without photos will be generated.

- `In background`

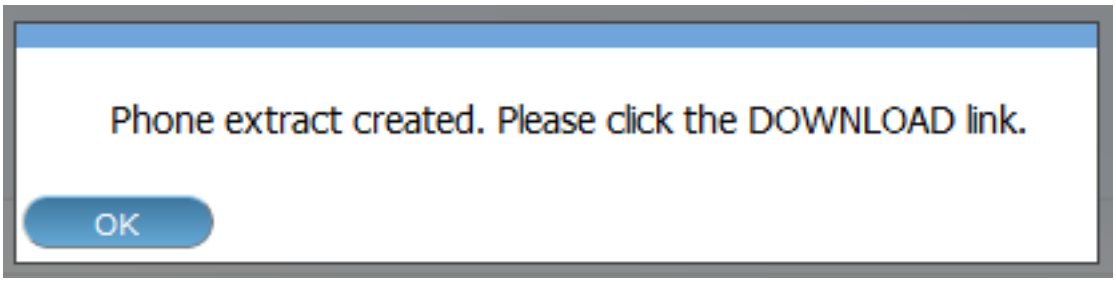
  Checking this box means that the phone extract will be created in background and the user will be notified by e-mail (provided his/her e-mail is entered in the register of users).

In case the extract is created in the background, the following dialog box appears:



Img. 1.5.22: *Image 179*

If the extract is not created in background the user is notified about successful creation by the following message as shown below.

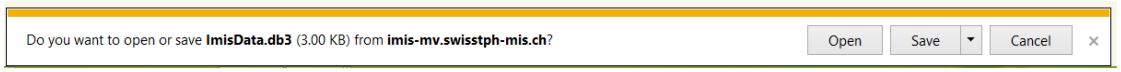


Img. 1.5.23: *Image 180*

The extract will be downloaded to your local computer by clicking the `Download` link that will appear after the creation of the extract, as shown below.

Img. 1.5.24: *Image 181*

The extract file is called **IMISDATA.DB3** and needs first to be copied (downloaded) to the local machine. After clicking the `Download` button, the operator is able to select the destination folder (locally) for the file to download as shown below.



Img. 1.5.25: *Image 182*

The extract is now ready to be transferred/copied to the mobile phones. This process is performed manually by connecting the mobile phone to the computer with the provided USB cable. The user needs to copy, manually, the file from the local machine into the 'IMIS' Folder on the mobile phone.

C - Offline Extract section

The offline extract section is used to generate the openIMIS 'offline' extract files for the health facilities or offices of the scheme administration that run openIMIS offline. To generate an offline extract file, the operator has to select a region and a district from the list of available districts. In case the user is having access to its own district only, the district will be automatically selected and shown on the display. When an operator belongs to one specific district, the district box is already selected with the district of the user. To create a new extract, the operator needs to click the `Create` button.

Three types of extracts could be generated:

- Differential Extract `(Download D)`

  Differential extracts will only contain the differences in data compared with the previous extract. The first differential extract (sequence 000001) will contain all data as it will be the first extract. Thereafter, this type of the extract, will only contain any differences after the previous extract. This will result in smaller files sent to the health facilities in off-line mode. When we click the create button, the differential extract is always generated and will be assigned the next sequence number. A separate Photo extract will be created containing only photographs linked to changes compared with the previous extract. Differential extracts with insure and policy data are only generated in case the `With Insuree` checkbox is checked as shown below.

Img. 1.5.26: *Image 183*

- Full extract `(Download F)`

  The Full extract will always contain all information in the database. These extracts are only generated in case the `Full extract` and the `With Insuree` checkbox are checked as shown below.

Img. 1.5.27: *Image 184*

By clicking the `Create` button, in case of `Full extract` is checked, two extracts will be generated, one differential extract and one full extract. Both extracts will have the same sequence number. This implies that full extracts are not always needed/generated. A separate photo extract will be created containing all photographs.

- Empty Extract (`Download E`)

  Empty extracts will only contain the data from registers and no data on insurees and their policies/photos. If a full set of register data should be included in the extract, the checkbox `Full extract` has to be checked as shown below.

Img. 1.5.28: *Image 185*

After clicking the `Create` button, the system will create the extract file and will on completion display the following message:

The message is only shown to provide some details on how much information is exported to the extract file.

Depending on the `Full extract` option, we will be re-directed to the extract page and will see the newly generated extract sequence in the list or will get a new message as shown below:

After clicking OK the statistics of the full extract will be shown:

We are now ready to download the extract to our computer.

The combo box next to the district selector contains information on all generated extracts with the sequence number and date. (e.g. Sequence 000007 – Date 06-09-2012). If the extract selector does not show any entries (blank) it means that no previous extracts were created. At least one full extract needs to be generated. This is needed to initialise a new offline openIMIS installation.

To download the actual extracts, the operator needs to select the desired extract sequence from the list of available extracts.

Four different types of extracts could be downloaded by clicking one of the following buttons:

- `Download D` (Differential extract)
  - Will download the selected differential extract with the following filename

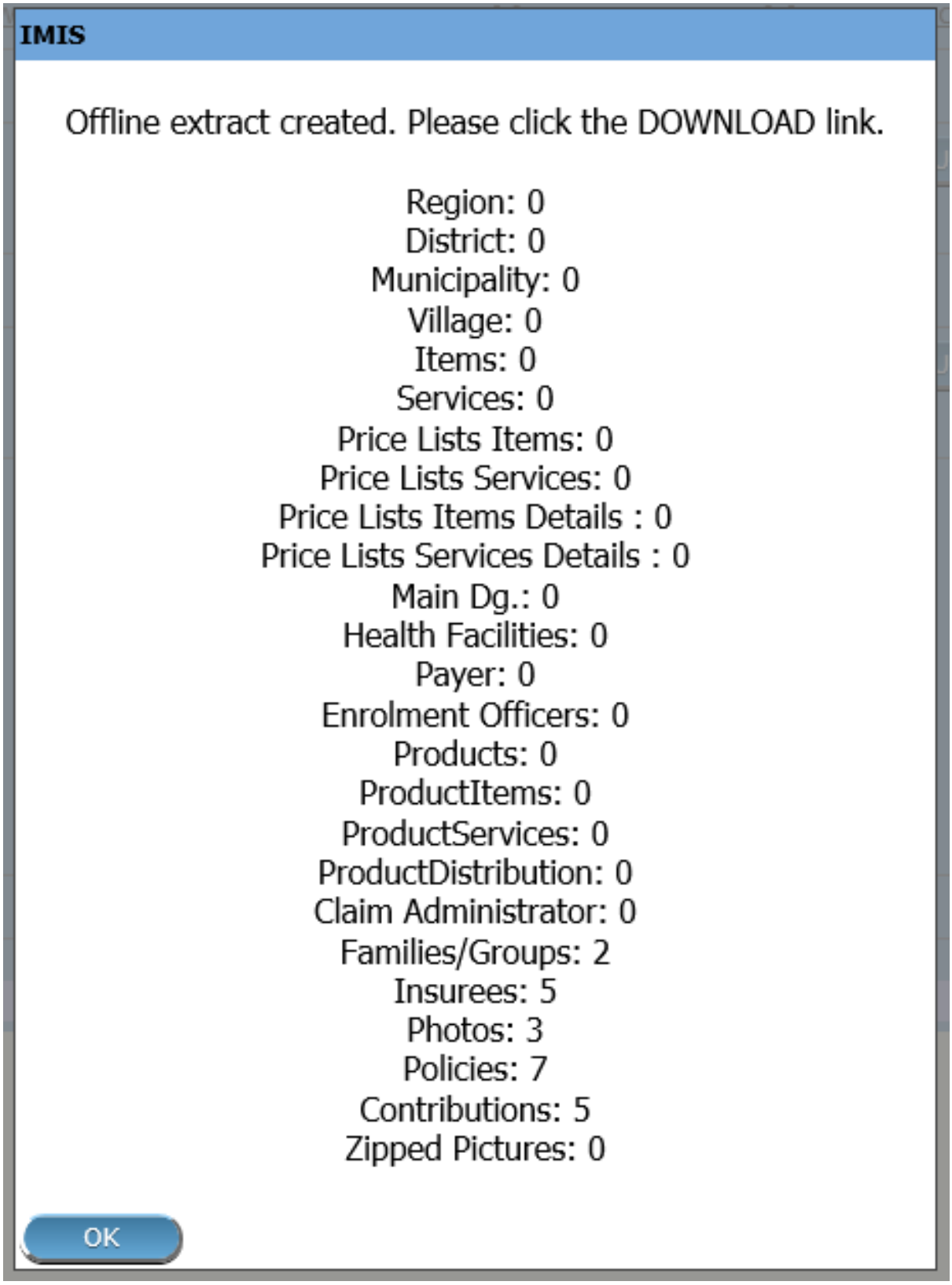
    Filename: OE_D_<DistrictID>_<Sequence>.RAR (e.g. OE_D_1_8.RAR)
- `Download F` (Full extract)
  - Will download the latest full extract with the following filename

    Filename: OE_F_<DistrictID>_<Sequence>.RAR (e.g. OE_F_1_8.RAR)
- `Download E` (Empty extract)
  - Will download the latest full extract with the following filename

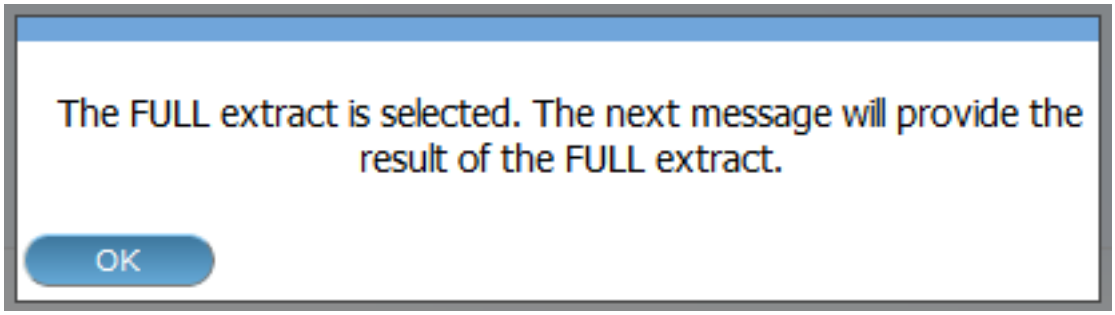
    Filename: OE_E_<DistrictID>_<Sequence>.RAR (e.g. OE_F_1_8.RAR)
- `Download Photos D` (Differential Photo extract)
  - Will download the selected differential photo extract with filename:

    Filename: OE_D_<DistrictID>_<Sequence>.RAR (e.g. OE_D_1_8_Photos.RAR)
- `Download Photos F` (Full Photo extract)
  - Will download the latest FULL photo extract with the following filename

    Filename: OE_D_<DistrictID>_<Sequence>.RAR (e.g. OE_F_1_8_Photos.RAR)



Img. 1.5.29: *Image 186*



Img. 1.5.30: *Image 187*

After clicking the desired extract download button, the file download dialog box appears to select the destination folder for the extract file as shown below:

In case the extract file is not available (anymore) on the server, the following dialog box might appear:

The reason for this box to appear could be that the file to be downloaded has been removed from the server or that you have attempted the download a full extract but no full extract was generated (only the differential extracts exist). It is also possible that you have attempted to download a photo extract but no photos were added since the last extract.

Checking the checkbox `In background` means that the off-line extract will be created in background and the user will be notified by e-mail (provided his/her e-mail is entered in the register of users) as shown below:

In case the extract is created in the background, the following dialog box appears:

D - Upload Claims section

- **Browse**

  Browse for the file from the IMIS-Offline or IMIS (Claims) application containing claims to be uploaded.

- Upload

  Upload claims contained in the selected file.

E - Upload Enrolment section

- **Browse**

  Browse for the file from the IMIS-Offline or IMIS (Policies)application containing newly enrolled or renewed policies to be uploaded.

- Upload

  Upload policies contained in the selected file.

F - Upload Feedback section

- **Browse**

  Browse for the file from the IMIS-Offline or IMIS (Policies)application containing feedbacks to be uploaded.

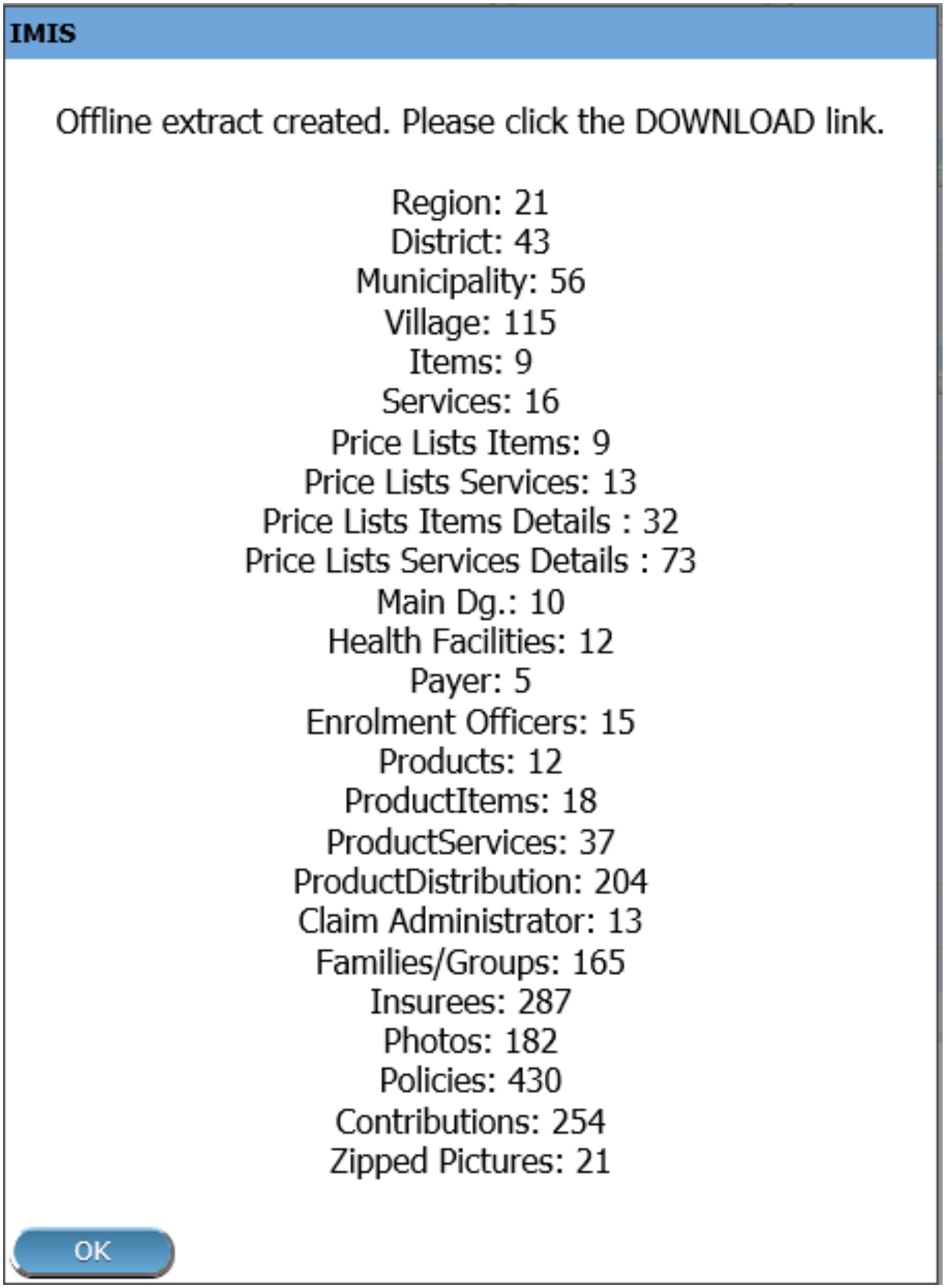
- Upload

  Upload feedbacks contained in the selected file.

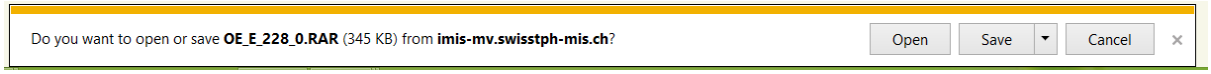
G - Button section

The `Cancel` button brings the operator back to the *Home Page*.

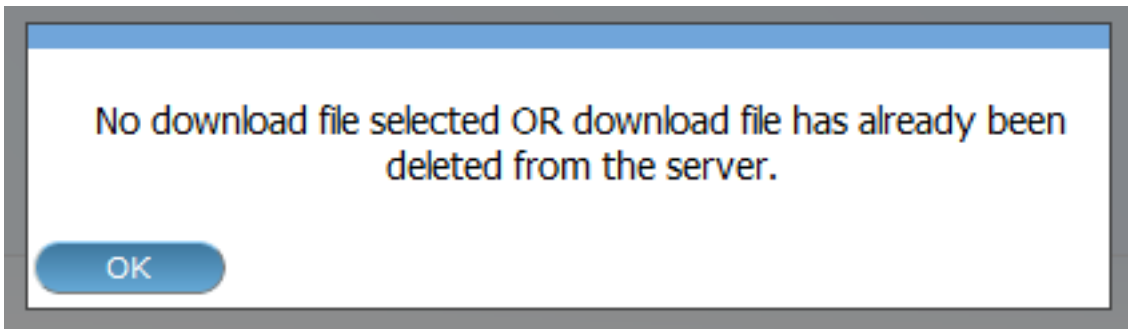
H - Information panel



Img. 1.5.31: *Image 188*

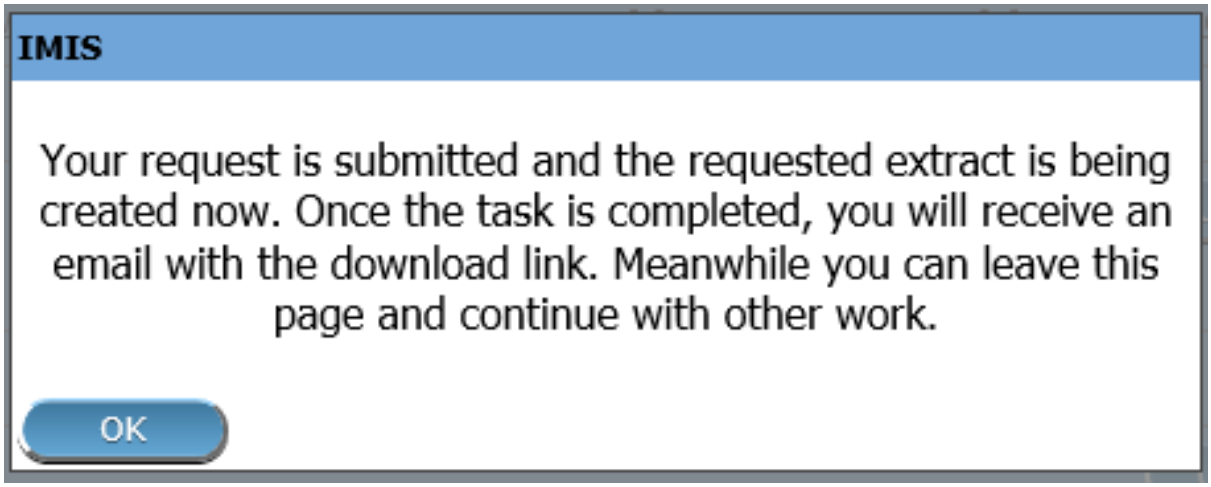


Img. 1.5.32: *Image 189*



Img. 1.5.33: *Image 190*

Img. 1.5.34: *Image 191*

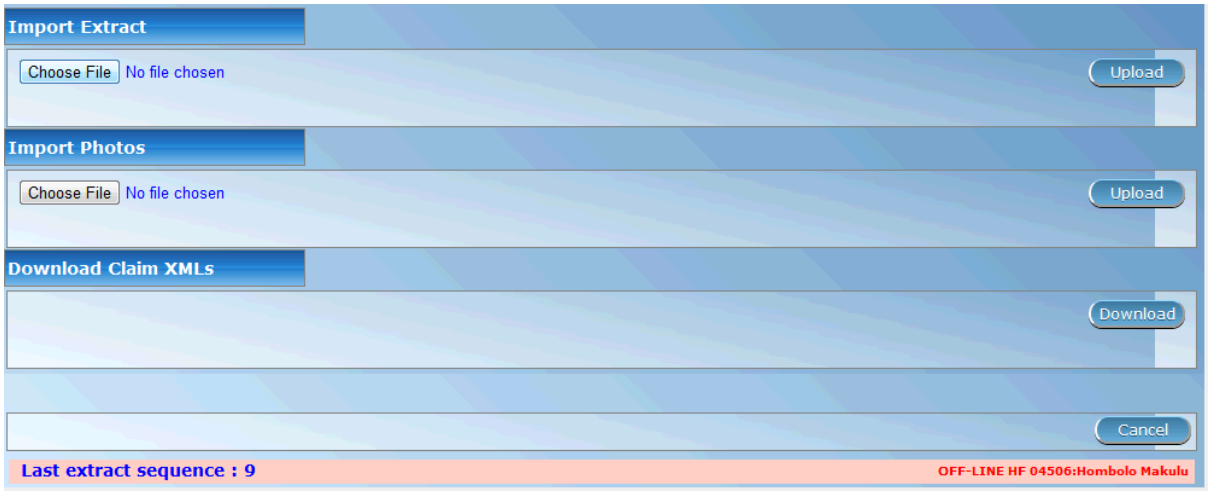


Img. 1.5.35: *Image 192*

The Information Panel is used to display messages back to the user. Messages will occur once an action has completed or if there was an error at any time during the process of these actions.

IMIS Extracts (OFFLINE MODE)

Offline HF



Img. 1.5.36: *Image 193*

A - Import Extract

Used to extract photos obtained from online IMIS

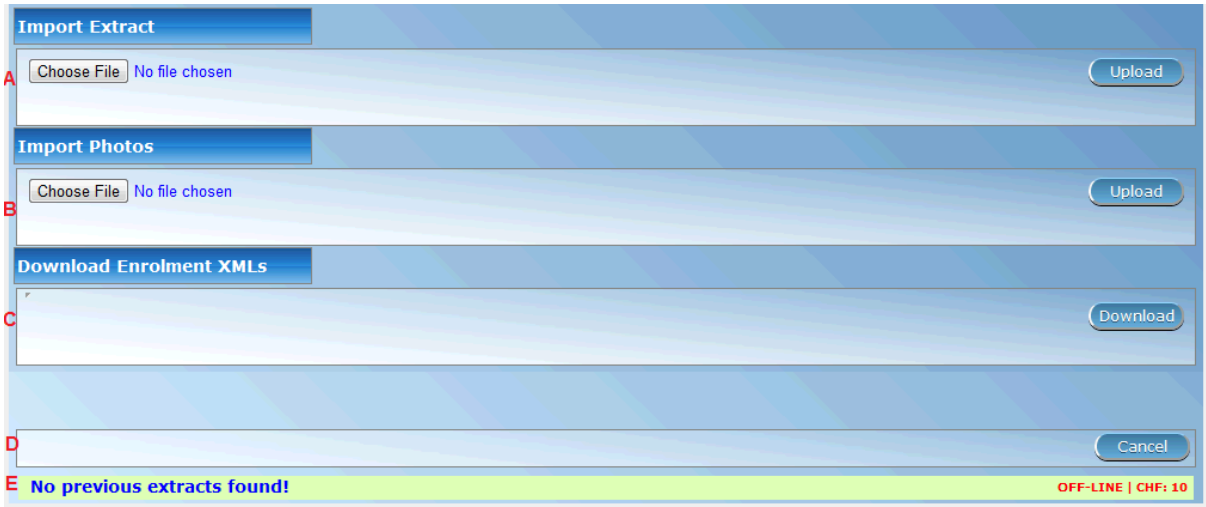
B - Import Photos

Used to upload photos obtained from online IMIS

C - Download Claim XMLs

Used to download claims made in the offline health facility prior to be sent to online IMIS

Offline Insurer



Img. 1.5.37: *Image 194*

A - Import Extract

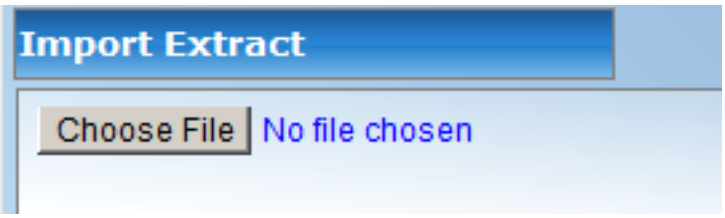
Used to upload extract obtained from online IMIS

B - Import Photos

Used to upload photos obtained from online IMIS

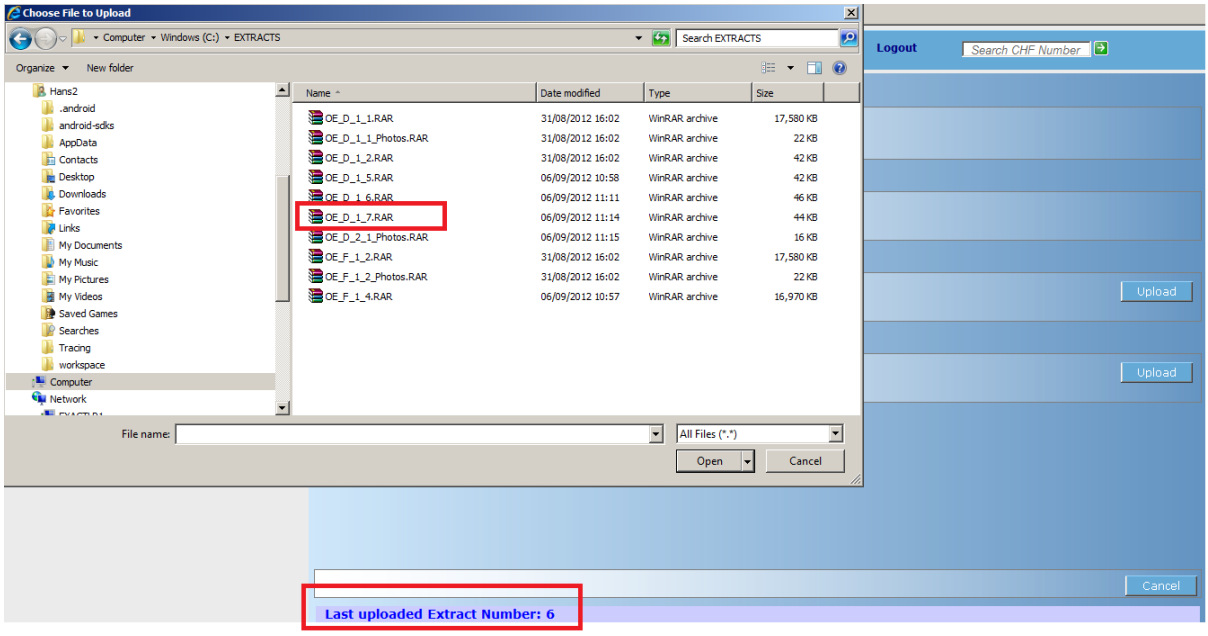
C - Import Extract

The Choose file section should be clicked to select an extract file to upload/import. The following file selector appears for Internet explorer (the appearance might differ for different internet browsers):



Img. 1.5.38: *Image 195*

On clicking the `Choose File` button, the file selector dialog appears as shown below:



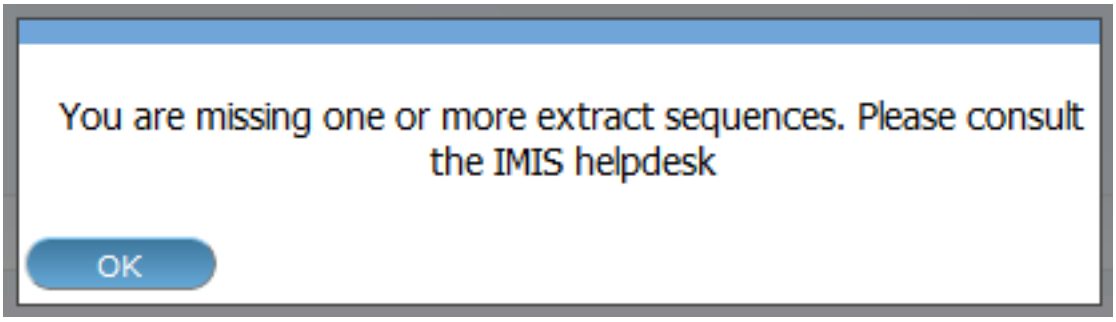
Img. 1.5.39: *Image 196*

With the import/upload of an extract it is important to understand that each extract has its sequence number. This sequence number is found in the filename of the extract. We would in case of differential imports/uploads have to follow the sequence. In the example screen above, it shows in the status bar, that the last import was number 6. Therefore we should select in this case the differential extract number 7 as highlighted in the file selection dialog.

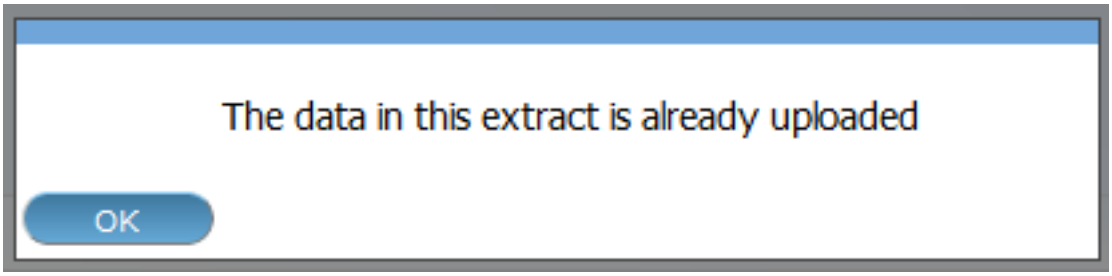
Alternatively the operator could select any full extract with a sequence number higher than 6. In case a wrong extract is selected, warning messages will appear as shown below:

In case you are missing extract sequences, additional extracts are needed to be uploaded before the extract selected. The extract selected, in this case, does not directly follow the last sequence as indicated in the status bar of the screen. The additional extracts are to be provided by NSHIP district office.

In case the extract file selected is valid, the system will import the data. New data will be added and existing data might be modified. After a successful import of an extract



Img. 1.5.40: *Image 197*



Img. 1.5.41: *Image 198*

(Differential and FULL), a form is displayed with the statistics of the import as shown below:

The above statistics are provided to give some quick overview of how many records were inserted or updated during the import process. In case we would for example update the phone number of an enrolment officer, it would result in one update and one insert as we always keep historical records. The photos inserts and updates are related to information on the photos, but are not the actual photographs. The actual photographs (*.jpg) are uploaded separately.

D - Import Photos

The import of photos is optional and will have no further checking on sequence numbers. NSHIP should provide (if available) with each extract the photo extract as well.

E.g. (for Differential extract)

OR (for FULL extract)

The photo extract will contain all photographs associated with the actual extract in a zipped format. The Upload procedure will simply unzip the extract and copy the image files to the photo folder of IMIS.

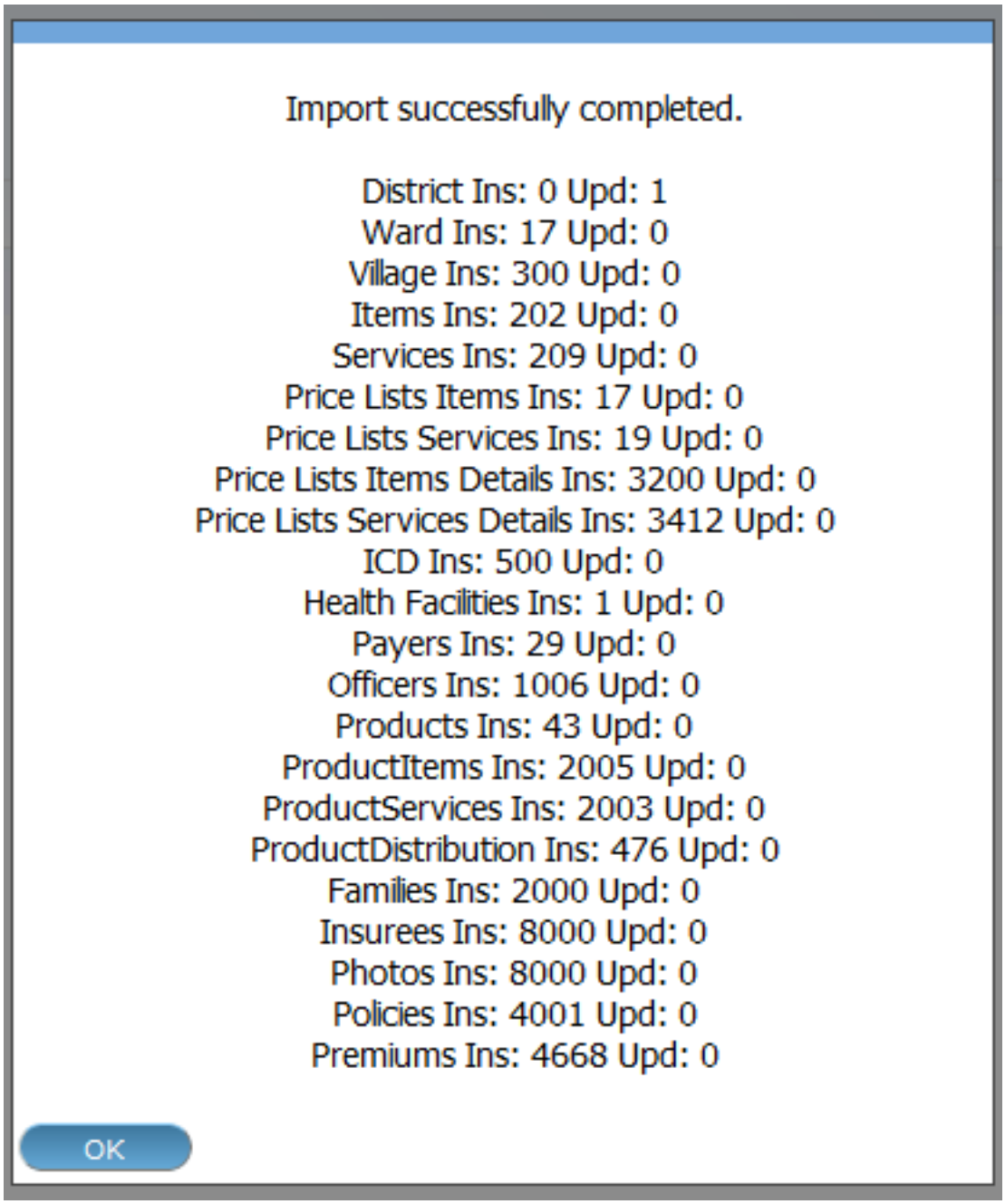
After successful upload of the photographs the following message appears:

E - Button panel

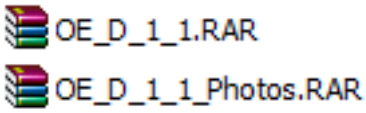
The 'Cancel' button brings the operator back to the main page of IMIS.

F - Information panel

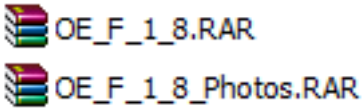
The Information Panel is used to display messages back to the user. Messages will occur once an action has completed or if there was an error at any time during the process of these actions. If the user opens the openIMIS extracts page (in offline mode only), the status bar will show the last sequence number uploaded.



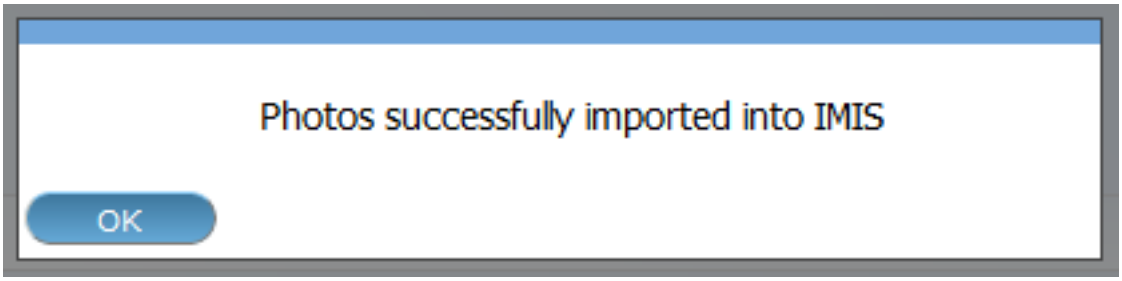
Img. 1.5.42: *Image 199*



Img. 1.5.43: *Image 200*



Img. 1.5.44: *Image 201*



Img. 1.5.45: *Image 202*

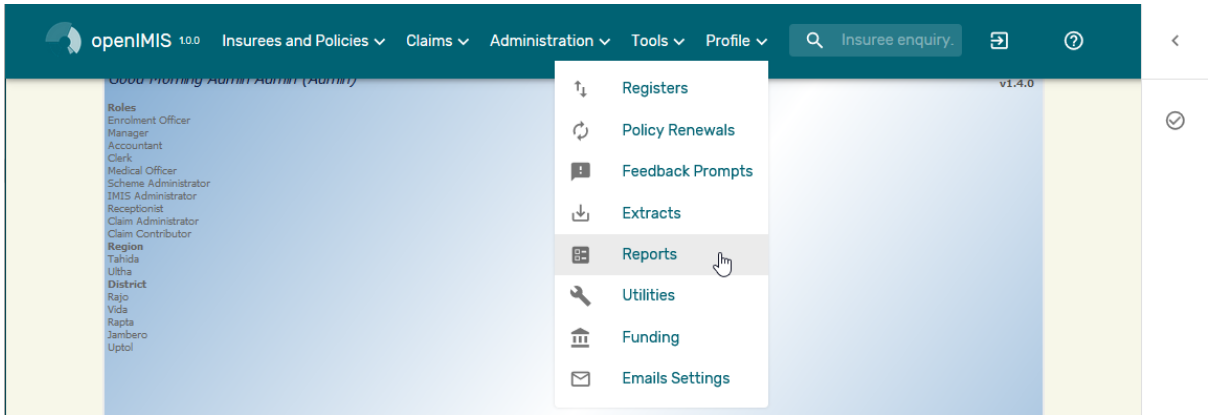
1.5.5 Reports

Access to the reports is generally restricted to the users with the role of Manager, Accountant, Scheme Administrator and openIMIS Administrator. By having access to the `Reports Page`, it is possible to generate several operational reports. Each report can be generated by users with a specific system role (Manager, Accountant, Scheme Administrator and IMIS Administrator) only or with a role including an access to Tools/Reports.

Pre-Conditions

Navigation

All functionality for use with the administration of Reports can be found under the main menu `Tools`, sub menu `Reports`.



Img. 1.5.46: *Navigation Reports*

Clicking on the sub menu `Reports` re-directs the current user to the Reports Page (Img. 1.5.47).

The Reports Page is divided into four panels (Img. 1.5.47).

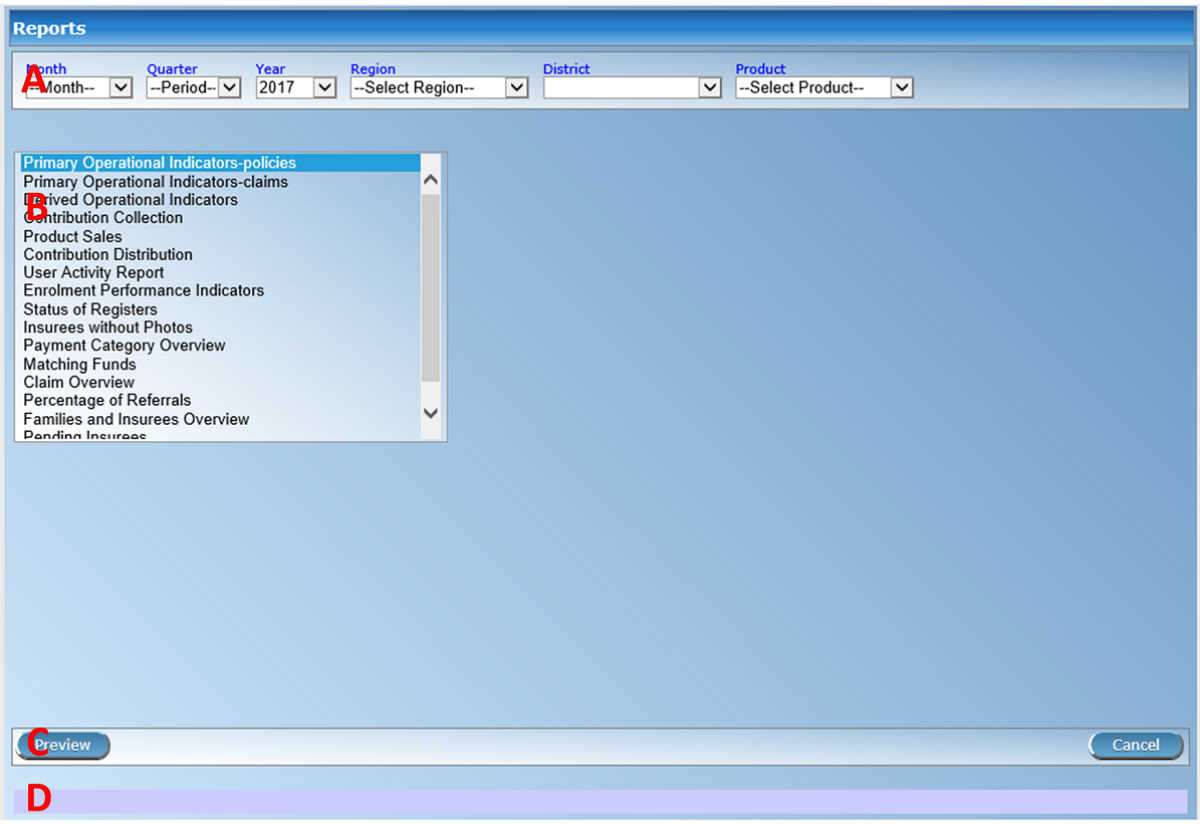
1. **Select Criteria**

   The Select Criteria panel or the filter panel allows a user to select specific criteria determining the scope of data included in the report. The criteria (Img. 1.5.75 – Img. 1.5.79) will change depending on the selected type of the report.

   The general meaning of selection criteria for creating of a report is as follows:

   - `Date From`

     Type in a date; or use the Date Selector Button, to enter the beginning of a period, in which policies have their enrolment, effective, expire or renewal days,



Img. 1.5.47: *Reports Page*

contributions were paid or in claimed health care was provided. If used with a report, it is mandatory. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- `Date To`

  Type in a date; or use the Date Selector Button, to enter the end of a period, in which policies have their enrolment, effective, expire or renewal days or in which claimed health care was provided. If used with a report, it is mandatory. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- `Payment Type`

  Select the `Payment Type` from the drop down list by clicking on the right arrow. By selecting any of the options a user can filter the report on a particular type of the payment. This filter is not mandatory, leave it blank to preview the report on all the payment modes.

- `Region`

  Select the `Region`; from the list of regions by clicking on the arrow on the right of the selector to select a region, data of which should be included for the report. *Note: The list will only be filled with the regions assigned to the current logged in user. If this is only one then the region will be automatically selected.*

- `District`

  Select the `District`; from the list of districts by clicking on the arrow on the right of the selector to select a district, data of which should be included for the report. *Note: The list will only be filled with the districts belonging to the*

selected region and assigned to the current logged in user. If this is only one then the district will be automatically selected.

- `Product`

  Select the `Product`; from the list of products by clicking on the arrow on the right of the selector to include in the report data for the specific product. *Note: The list will only be filled with the products belong to the districts assigned to the current logged in user. If this is only one then the product will be automatically selected.*

- `Month`

  Select the `Month` from the list of months by clicking on the arrow on the right of the selector to include in the report data relating to that month selected.

- `Year`

  Select the `year` from the list of years by clicking on the arrow on the right of the selector to include in the report data relating to that year selected.

- `Quarter`

  Select the `quarter` from the list of quarters by clicking on the arrow on the right of the selector to include in the report data relating to that quarter selected.

- `HF Code`

  Select the `HF Code`; from the list of heath facility codes by clicking on the arrow on the right of the selector to create the report for the specific health facility. *Note: The list will only be filled with health facility codes of health facilities belonging to the districts assigned to the current logged in user. If this is only one then the health facility code will be automatically selected.*

- `Enrolment Officer`

  Select the enrolment officer; from the list of enrolment officers by clicking on the arrow on the right of the selector to select enrolment officer data of whom should be included in the report. *Note: The list will only be filled with the enrolment officers assigned to the current selected district. If this is no district selected the enrolment officers list will be filled by all districts' enrolment officers*

- `Payer`

  Select the payer from the drop down list by clicking on the right arrow. By selecting any of the options a user can filter the report on a particular payer. This filter is not mandatory; leave it blank to preview the report on all the payers.

- `Claim Status`

  Select the claim status from the drop down list by clicking on the right arrow. By selecting any of the options a user can filter the report on a particular claim status. This filter is not mandatory, leave it blank to preview the report on all the claim statuses.

- `Sorting`

  Select the way of sorting of records in the report from the list of available ways of sorting **(Renewal Date, Receipt Number, Enrolment Officer)**.

- `Previous`

  Select the previous reports from the drop down list by clicking on the right arrow. By selecting any of the options a user can fetch a report which was produced before. *Note: This filter is available only for Matching Funds Report.*

- `CONTROL NO.`

  Enter a control number to get a payment corresponding to the entered control number. This filter is not mandatory. *Note: This filter is available only for Contribution Payment Report.*

- `PAYMENT STATUS`

  Select either Matched or Unmatched as the payment status. *Note: This filter is available only for Contribution Payment Report.*

- `POSTING STATUS`

  Select the status of posting of requests for control numbers. This filter is not mandatory. *Note: This filter is available only for Control Number Assignment.*

- `ASSIGNMENT STATUS`

  Select the status of results of requests for control number. This filter is not mandatory. *Note: This filter is available only Control Number Assignment Report.*

- `INSURANCE NUMBER`

  Enter the insurance number of an insuree. This filter is not mandatory. Note: This filter is available only Claim History Report.

- `MODE`

  Select the mode (Prescribed Contributions, Actually Paid Contributions) of calculation of commissions. This filter is mandatory. Note: This filter is available only Overview of Commissions.

- `COMMISSION RATE`

  Enter a commission rate as % of an assessment base. This filter is mandatory. Note: This filter is available only Overview of Commissions

- `SCOPE`

  Select the details level of the report (Claims and All Details, Claims and Rejection Details, Claims Only)

- `Date Selector Button`

  Clicking on the `Date Selector Button` will pop-up an easy to use, calendar selector (Tab. 1.5.4) by default the calendar will show the current month, or the month of the currently selected date, with the current day highlighted.

  - At anytime during the use of the pop-up, the user can see the date of **today**.
  - Clicking on *today* will close the pop-up and display the today's date in the corresponding date entry box.
  - Clicking on any day of the month will close the pop-up and display the date selected in the corresponding date entry box.
  - Clicking on the arrow to the left displays the previous month.
  - Clicking on the arrow on the right will displays the following month.
  - Clicking on the month will display all the months for the year.
  - Clicking on the year will display a year selector.

1. **Report Type Selector**

   This panel contains a list of available report types. A user can select to create a desired report by clicking on the report type list item (Img. 1.5.89) and narrow

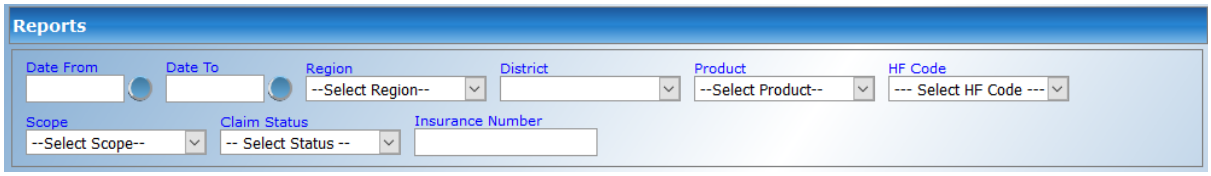
the report using the criteria being shown on the panel above, and then click the `preview` button to create the report. Available report types are:

Claim History Report

The Claim Overview report is an essential tool for communication between an insurer and health facilities. This report assumes that a health facility is given and all claims according to other specific criteria are included in the report.

The required Claim History report is very similar to the Claim Overview report but it is centred around a given insuree. All claims belonging to an insuree according to other specific criteria are included in the Claim History report. The way of displaying of claims is similar to the Claim Overview report

1. Parameters for selection for the report:



Img. 1.5.48: *Claim History Report*

1. Input parameters of the report:

- Date From -the start date of period, in which a visit was accomplished or a discharge took place-obligatory
- Date To- the end date of the period –obligatory
- Region – the region of health facilities for which the claim history should be included
- District– the district of health facilities for which the claim history should be included
- Insurance Product – the insurance product for which the claim history should be included
- Health Facility-the health facility for which the claim history should be included
- Insurance Number- the insurance number of an insure(patient) for whom the claim history should be included - obligatory
- Claim Status –the status of claims that should be included in the report (from a drop down list of possible states of a claim)
- Scope-the level of details that are included with a claim in the report (Claims Only, Claims and Rejection Details, Claims and All Details – see RfC 95)

1. The title of the report

   See Input paramaters

   - Date From - first claim date to be considered in the report **Mandatory**

- Date To - last claim date to be considered in the report **Mandatory**
- Region – if it was entered
- District –if it was entered
- Health Facility (the code and the name)- if it was entered
- Insurance product (the code and the name)-if it was entered
- Scope (claim only, Claims and rejection details, Claimn and all details)
- Claim Status (Entered, Checked, Processed, Valuated, Rejected)
- Insurance number, the name of the insuree (Other Name, Last Name) and his/her birth date **Mandatory**

1. Content of the report

   The report contains the list of items with the following structure:

   - If a region, a district or specific health facility are not entered in the corresponding input parameter then claims displayed are broken down according to these attributes in sections:
     - Region
     - District
     - Health facility (the code and the name)
   - If an attribute given above is entered the corresponding section is missing (and the parameter is moved into the title of the whole report). Example: If only a region is given the claim history relates only to health facilities in the region. The region is in the title of the report and the body of the report is split into sections:
     - District
     - Health facility (the code and the name)

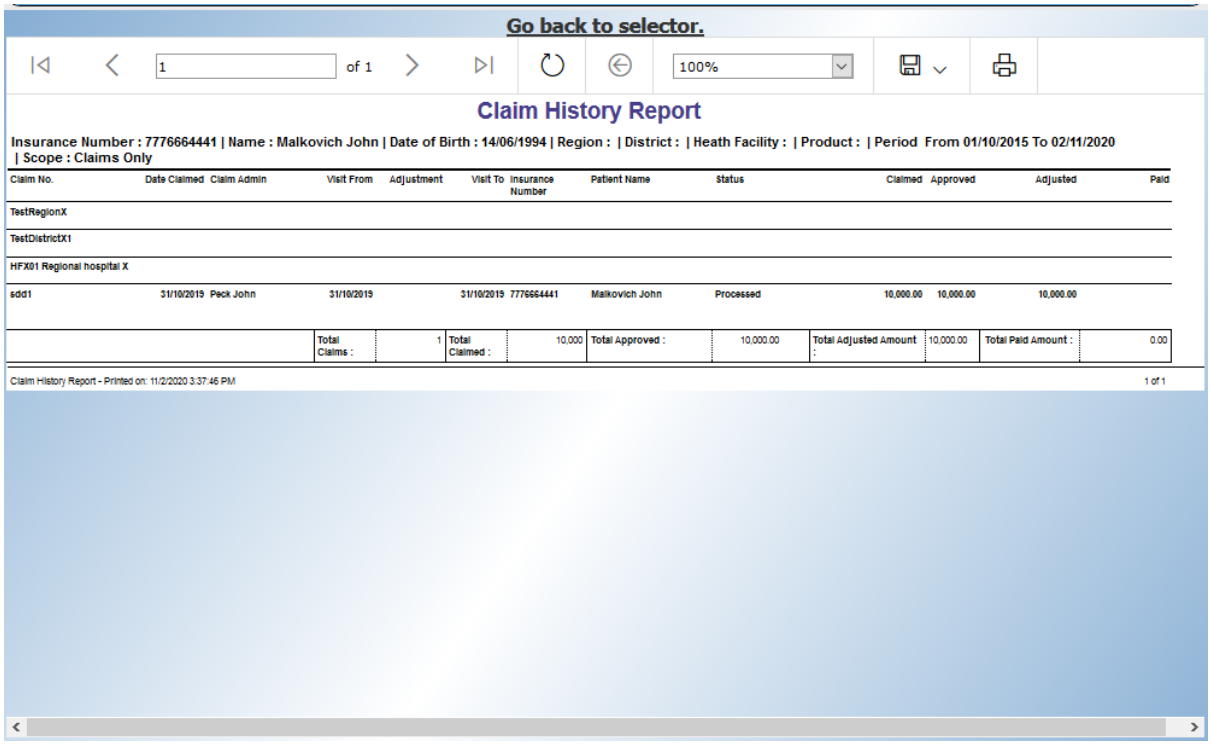
   At the bottom of the report the total number of rejected photos in the report is included.

1. Example

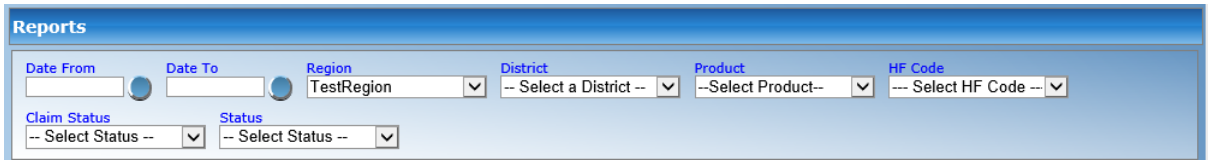
Claim overview

The report provides detailed data about results of processing of claims in openIMIS according to insurance products and health facilities. The report can be used as a tool for communication between a health insurance scheme and its contractual health facilities. The report can be run by users with the rsystem role Accountant or with a role including an access to Tools/Reports/Claim Overview. Claims are assigned to the specified period according to date of provision of health care (in case of in-patient care according to the date of discharge). (*Image 236*)

1. Parameters for selection for the report:



Img. 1.5.49: *Claim History Report*



Img. 1.5.50: *Image 217 - Claim Overview Report Criteria*

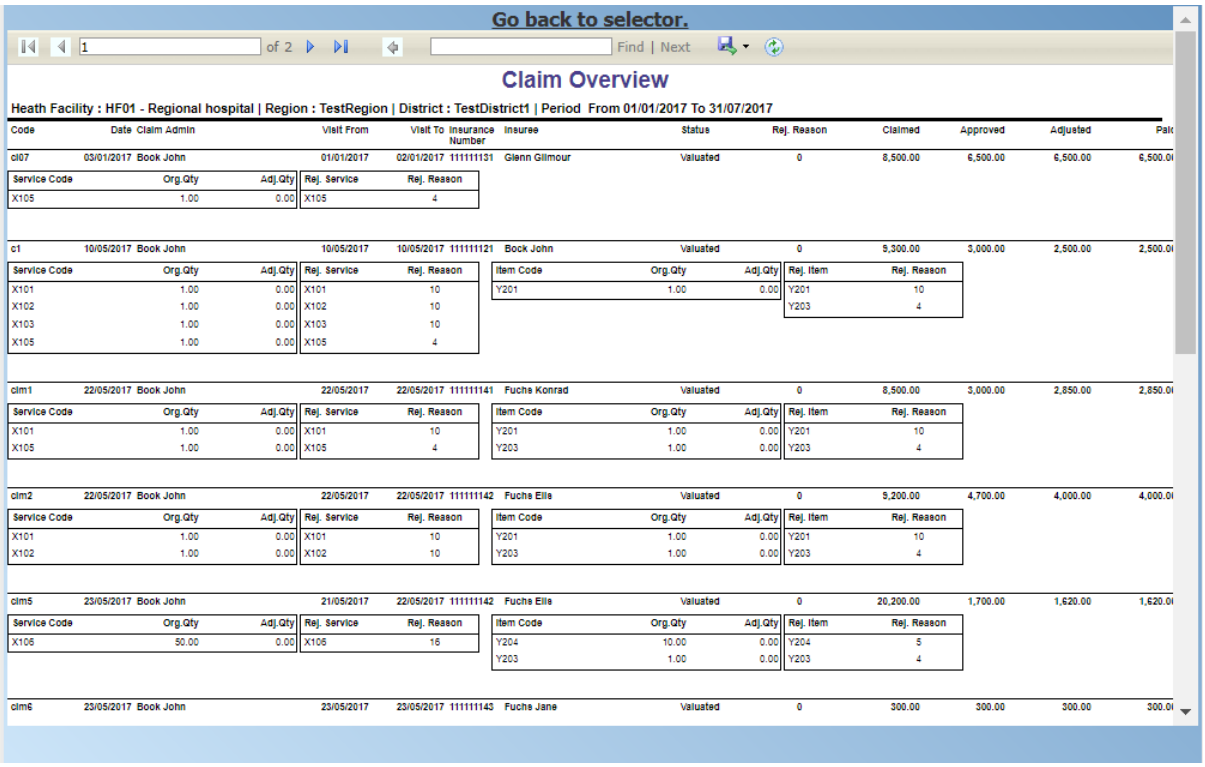
1. Input parameters of the report:
   - Date From - first claim date to be considered in the report **Mandatory**
   - Date To - last claim date to be considered in the report **Mandatory**
   - Region
   - District
   - Health Facility (the code and the name)- if it was entered
   - Insurance product (the code and the name)-if it was entered
   - Scope (claim only, Claims and rejection details, Claimn and all details)
   - Claim Status (Entered, Checked, Processed, Valuated, Rejected)
   - Insuree Number **Mandatory**
1. The title of the report

   See Input paramaters
1. Content of the report

   this reports shows the number of claims per hospitals
   - claim only
     - claim code
     - claim date
     - claim admin
     - Visit From
     - Visit To
     - Insurance number
     - Insuree name
     - claim status
     - amount claimed
     - Amount approved
     - Amount adjusted
     - Amount Paid
   - Claims and rejection details: same as "claim only" plus Rejected Item & service
     - Item & service code and name
     - Quantity
     - Price
     - Approved Price
     - Justificaiton

  - Valuated
  - Rejection reason
- Claims and all details: same as "claim only" plus all Item & service
  - Item & service code and name
  - Quantity
  - Price
  - Approved Price
  - Justificaiton
  - Valuated
  - Rejection reason

1. Example



Go back to selector.

1 of 2 Find | Next

Claim Overview

Heath Facility : HF01 - Regional hospital | Region : TestRegion | District : TestDistrict1 | Period From 01/01/2017 To 31/07/2017

Code	Date	Claim Admin	Visit From	Visit To	Insurance Number	Insuree	Status	Rej. Reason	Claimed	Approved	Adjusted	Pai
cl07	03/01/2017	Book John	01/01/2017	02/01/2017	111111131	Glenn Gilmour	Valuated	0	8,500.00	6,500.00	6,500.00	6,500.0
c1	10/05/2017	Book John	10/05/2017	10/05/2017	111111121	Bock John	Valuated	0	9,300.00	3,000.00	2,500.00	2,500.0
clm1	22/05/2017	Book John	22/05/2017	22/05/2017	111111141	Fuchs Konrad	Valuated	0	8,500.00	3,000.00	2,850.00	2,850.0
clm2	22/05/2017	Book John	22/05/2017	22/05/2017	111111142	Fuchs Elis	Valuated	0	9,200.00	4,700.00	4,000.00	4,000.0
clm5	23/05/2017	Book John	21/05/2017	22/05/2017	111111142	Fuchs Elis	Valuated	0	20,200.00	1,700.00	1,620.00	1,620.0
clm6	23/05/2017	Book John	23/05/2017	23/05/2017	111111143	Fuchs Jane	Valuated	0	300.00	300.00	300.00	300.0

cl07

Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason
X105	1.00	0.00	X105	4

c1

Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason
X101	1.00	0.00	X101	10
X102	1.00	0.00	X102	10
X103	1.00	0.00	X103	10
X105	1.00	0.00	X105	4

Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason
Y201	1.00	0.00	Y201	10
			Y203	4

clm1

Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason
X101	1.00	0.00	X101	10
X105	1.00	0.00	X105	4

Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason
Y201	1.00	0.00	Y201	10
Y203	1.00	0.00	Y203	4

clm2

Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason
X101	1.00	0.00	X101	10
X102	1.00	0.00	X102	10

Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason
Y201	1.00	0.00	Y201	10
Y203	1.00	0.00	Y203	4

clm5

Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason
X106	50.00	0.00	X106	16

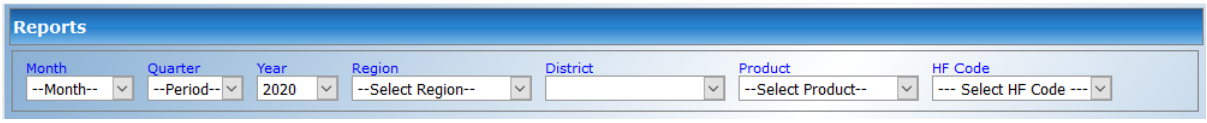
Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason
Y204	10.00	0.00	Y204	5
Y203	1.00	0.00	Y203	4

Img. 1.5.51: *Image 236 Preview – Claim Overview*

Primary operational indicators - claims report

The report provides aggregate data relating to policies and insurees according to insurance products. The report can be run by users with the system role Manager or with a role including an access to Tools/Reports/Primary Operational Indicators-claims. The table below will provide an overview on primary indicators of the report.

1. Parameters for selection for the report:



Img. 1.5.52: *Image 206 - Primary Operational Indicators - Claims Report Criteria*

1. Input parameters of the report:

- Month– the period in which a payment takes place
- Quarter - the period in which a payment takes place
- Year - the period in which a payment takes place – **mandatory**
- Region – region of activity of enrolment officers
- District - region of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**

1. The title of the report

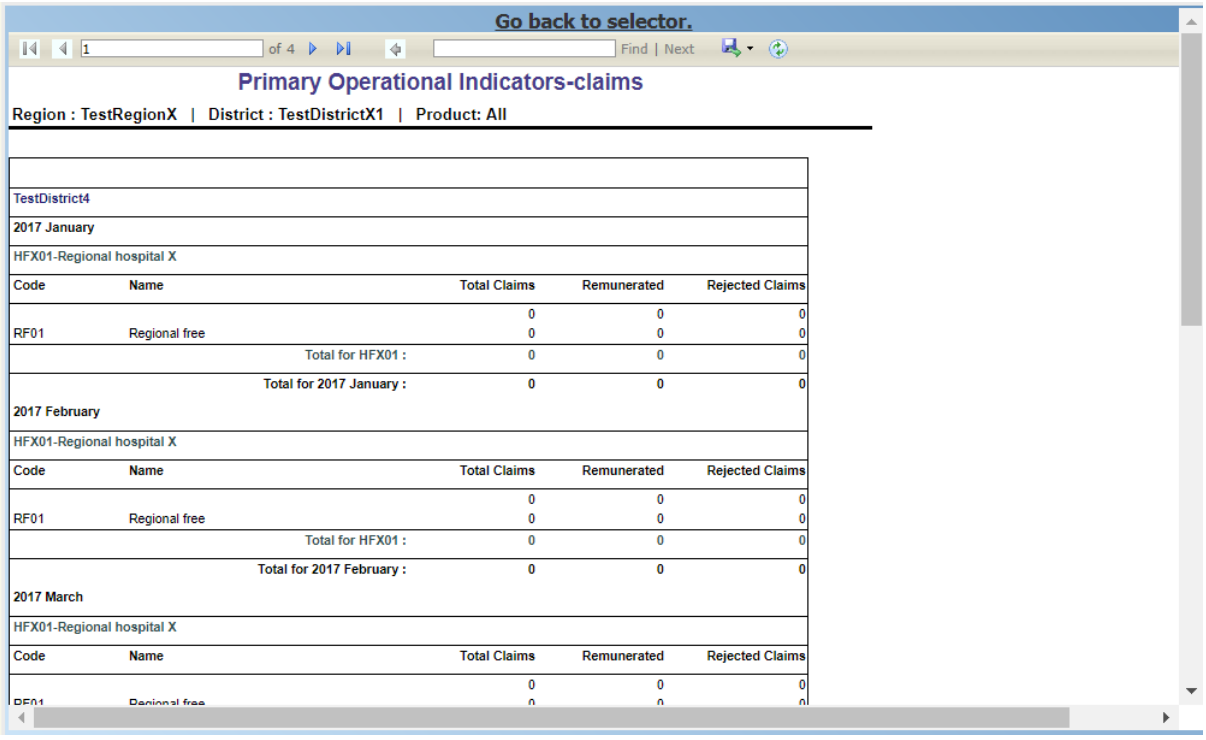
   See Input paramaters

1. Content of the report
2. Structuring of the report

Tab. 1.5.1: Table Overview of operational indicators

Code	Primary indicators	Dimension	Description
P10	Number of claims	Time, Health facility, Insurance product	The number of claims for given insurance product that emerged during a respective period (Start dateof a claim is within the respective period)
P11	Amount remunerated	Time, Health facility, Insurance product	Amount remuneratedfor claims for given insurance product that emerged during a respective period (Start dateof a claim is within the respective period)
P12	Number of rejected claims	Time, Health facility, Insurance product	The number of claims for given insurance product that emerged during a respective period and were rejected (Start dateof a claim is within the respective period and the Status approval ofthe claim is Rejected)

1. Example



Img. 1.5.53: *Image 226 - Preview – Primary Operational Indicators - Claims Report*

Percentage of Referrals report

The report lists all primary health care facilities (the category is Dispensary and Health Centre) in the selected district and for each such health facilities provides the following indicators:

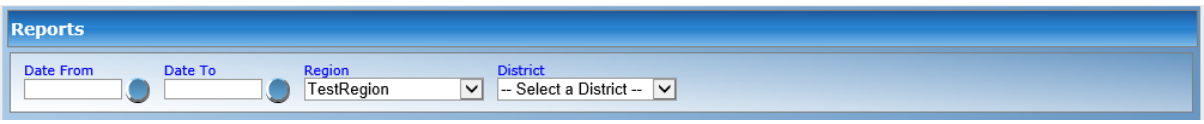
a) The number of visits (claims) of the primary health care facility in the selected period.

b) The number of out-patient visits that have Visit Type equal to Referral in all other health facilities (irrespective of the district) for insurees with the First Service Point in the respective primary health care facility.

c) The number of in-patient stays that have Visit Type equal to Referral in all health facilities-hospitals (irrespective of the district) for insurees with the First Service Point in the respective primary health care facility.

The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Percentage of Referrals. (*Image 239*)

1. Parameters for selection for the report:



Img. 1.5.54: *Image 218 - Percentage of Referrals Report Criteria*

2. Input parameters of the report:

- Date From - first claim date to be considered in the report **Mandatory**
- Date To - last claim date to be considered in the report **Mandatory**
- Region – if it was entered
- District –if it was entered

1. The title of the report

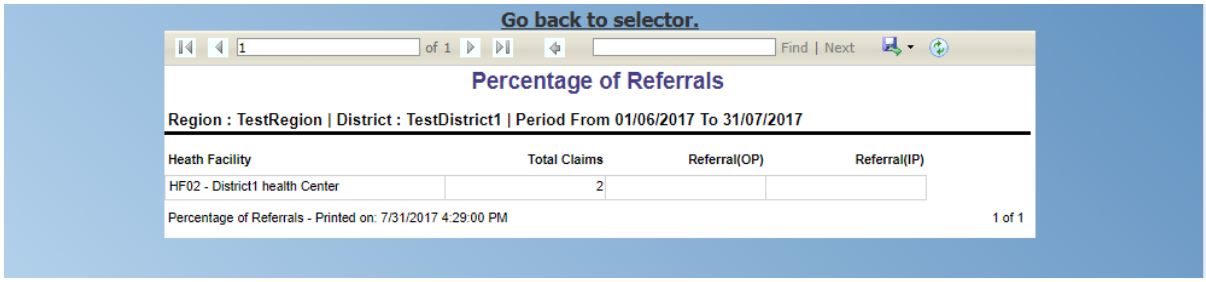
   See Input paramaters

1. Content of the report

   this reports shows claims per health facility

   - Number of claims
   - number of referal claims out patient
   - Number of referal claims in patient

1. Example

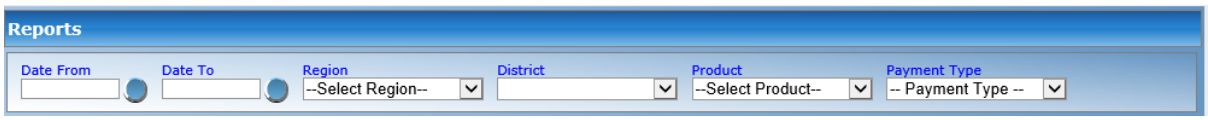


Img. 1.5.55: *Image 239 - Preview – Percentage of Referrals Overview Report*

Contribution collection report

The report lists all actual payments of contributions according to insurance products in the defined period. The report can be used as input to an accounting system. The report can be run by users with the the system role Accountant or with a role including an access to Tools/Reports/Contribution Collection. Payments are assigned to the specified period according to the actual date of payment. (*Image 228*)

1. Parameters for selection for the report:



Img. 1.5.56: *Contribution Collection Report Filters*

1. Input parameters of the report:

- Month– the period in which a payment takes place
- Year - the period in which a payment takes place – **mandatory**
- Region – region of activity of enrolment officers
- District - region of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**

1. The title of the report

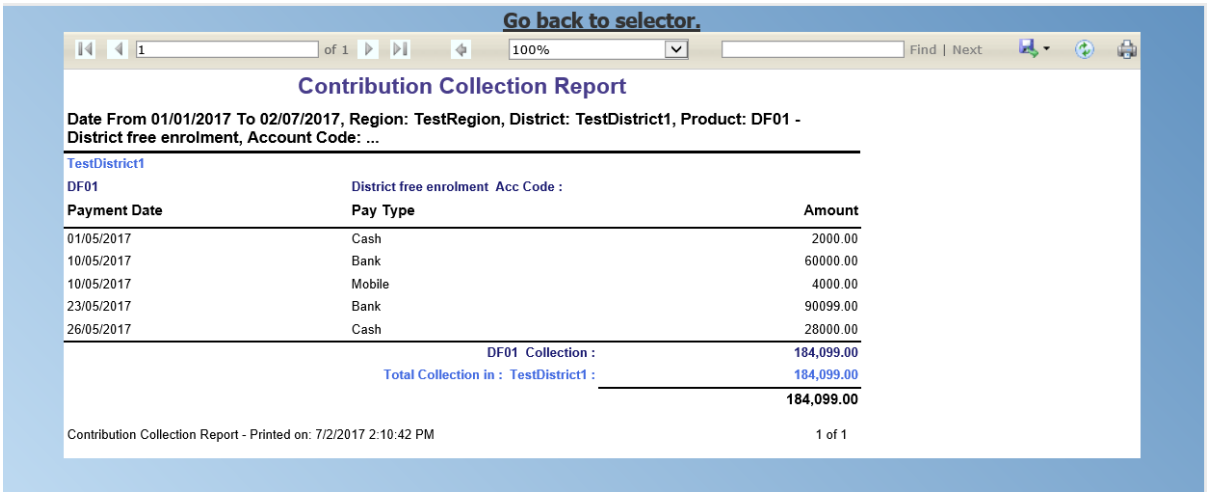
   See Input paramaters

1. Content of the report

   this report is shows the contribution collected per day ordered by District and Product

   - date
   - Payment type
   - Amount

1. Example



Go back to selector.

1 of 1 100% Find | Next

Contribution Collection Report

Date From 01/01/2017 To 02/07/2017, Region: TestRegion, District: TestDistrict1, Product: DF01 - District free enrolment, Account Code: ...

TestDistrict1

DF01 District free enrolment Acc Code :

Payment Date	Pay Type	Amount
01/05/2017	Cash	2000.00
10/05/2017	Bank	60000.00
10/05/2017	Mobile	4000.00
23/05/2017	Bank	90099.00
26/05/2017	Cash	28000.00
	DF01 Collection :	184,099.00
	Total Collection in : TestDistrict1 :	184,099.00
		184,099.00

Contribution Collection Report - Printed on: 7/2/2017 2:10:42 PM 1 of 1

Img. 1.5.57: *Contribution Collection Report*

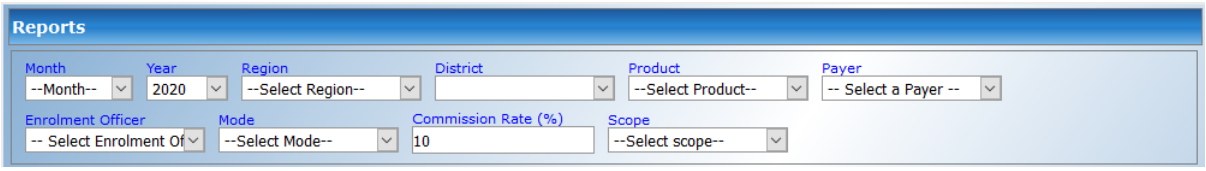
Overview of Commissions

The report Overview of Commissions summarizes prescribed/actually paid contributions for newly enrolled/renewed policies for families/groups.

1. Parameters for selection for the report:

1. Input parameters of the report:

- Month– the period in which a payment takes place-obligatory
- Year - the period in which a payment takes place –obligatory



Img. 1.5.58: *Overview of Capitation Report Criteria*

- Region – region of activity of enrolment officers -obligatory
- District - region of activity of enrolment officers -obligatory
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules-optional
- Enrolment Officer - the drop down list with acting enrolment officers in the district - optional
- Payer-a drop down list with available payers according to standard IMIS rules -optional
- Mode – a drop down list with the following modes:
  - Prescribed Contributions
  - Actually Paid Contributions
- Scope-a drop down list with the following scopes:
  - Overview
  - All details
- Commission Rate – a percentage for calculation of commissions depending on the mode

1. The title of the report:

- Mode
- Commission Rate
- Period (Month/Year)
- Region and District
- Insurance Product (the code and the name of an insurance product) if specified in the input parameters
- Enrolment Officer (the code and the name of an enrolment officer) if specified in the input parameters

1. Content of the report

   The report takes into account policies satisfying the following conditions:

   - mode Prescribed Contributions:
     - The policy is activated (it is active now or it will be active in future)
     - The last contribution for the policy was prescribed within the specified period ((Month/Year)
   - mode Actually Paid Contributions:
     - The policy is activated (it is active now or it will be active in future)

- he last payment of contribution for the policy meets or exceeds the last prescribed contribution and it was matched by the payment module within the specified period ((Month/Year)

1. Structuring of the report

   Overview Scope

   The report is structured in rows dedicated to an enrolment officer and an insurance product. Each row contains the following data items:

   - Enrolment officer code
   - Enrolment officer name (Other names +Last name)
   - Phone Number (for the enrolment officer taken from the register of enrolment officers)
   - Insurance product code
   - Insurance product name
   - Number of policies
   - Amount of contributions
   - Commissions

   Remark 1: if an enrolment officer provides policies of different insurance products then there are several consecutive rows devoted to the enrolment officer according to individual insurance products

   Remark 2: Amount of contributions is the amount of prescribed contribution for the mode Prescribed Contributions and the amount of actually paid (matched) contributions for the mode Actually Paid Contributions.

   The report ends with the following totals:

   - Total number of policies
   - Total amount of contributions
   - Total amount of commissions

   All details scope

   The policies are structured in the following way:

   - If a specific enrolment officer is not specified in the corresponding input parameter the policies are structured in sections (with the sub-tile the code and the name of an enrolment officer) according to enrolment officers
   - If a specific insurance product is not specified in the corresponding input parameter the policies are structured in sections (with the sub-tile the code and the name of an insurance product) according to insurance products
   - If neither a specific insurance product nor a specific enrolment officer is not specified in the corresponding input parameter the policies are structured first

in sections (with the sub-tile the code and the name of an enrolment officer) according to enrolment officers and within them in sub-sections (with the sub-tile the code and the name of an insurance product) according to insurance products

Each section/sub section provides the following totals at its end:

- The total number of the listed policies in the section/sub-section
- The total of all prescribed contributions of the listed policies
- The total of all actual payments of contributions of the listed policies
- The calculated commission as a product of the Commission Rate and the total of all prescribed contributions

For each policy the following data items are included in the report:

- Insurance number of the head of the family
- Full name of the head of the family
- Date of enrolment/renewal of the policy
- Date of prescribed contribution
- Receipt code of the prescribed contribution
- Amount of contribution
- List of all matched actual payments of the prescribed contribution (transaction number of payment, date of receiving of the payment, actual amount of payment)

Remark: If a family/group has several policies satisfying the criteria of inclusion in the report or such policies are included separately.

The following totals are provided at the end of the report:

- The total number of the listed policies
- The total of all prescribed contributions of the listed policies
- The total of all actual payments of contributions of the listed policies
- The calculated commission as a product of the Commission Rate and the total of all prescribed contributions

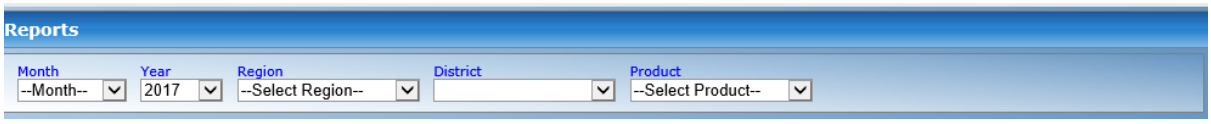
1. Example

Contribution distribution report

The report provides proportional amount of actually paid contributions allocated by openIMIS to specific months according

to insurance products. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Contribution Distribution. This report shows the information about the **Total collection**, **Allocated amount** and **Not allocated** amount for contributions in the specified period.

1. Parameters for selection for the report:



Img. 1.5.59: *Image 210 - Contribution Distribution Report Criteria*

2. Input parameters of the report:

- Month– the period in which contributions took place
- Year - the period in which contributions took place – **mandatory**
- Region – region of activity of enrolment officers
- District - District of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**

1. The title of the report

   See Input paramaters

1. Content of the report

- Code
- Name,
- Month
- Collection
- Allocated amount is the proportionally calculated amounts of contributions paid covering the month. **Not Allocated** amount is the amount collected for contributions that have a start date in the future (after the month in question). (*Image 230*)

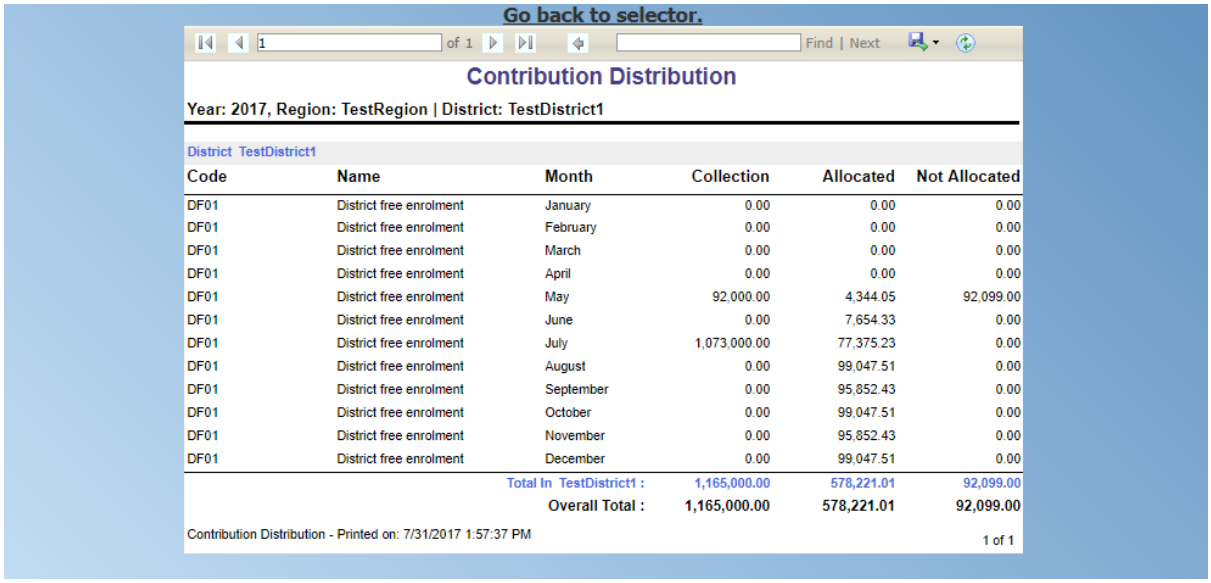
Not Allocated

1. Example

Contribution Payment Report

1. Parameters for selection for the report:

1. Input parameters of the report:



Go back to selector.

1 of 1 Find | Next

Contribution Distribution

Year: 2017, Region: TestRegion | District: TestDistrict1

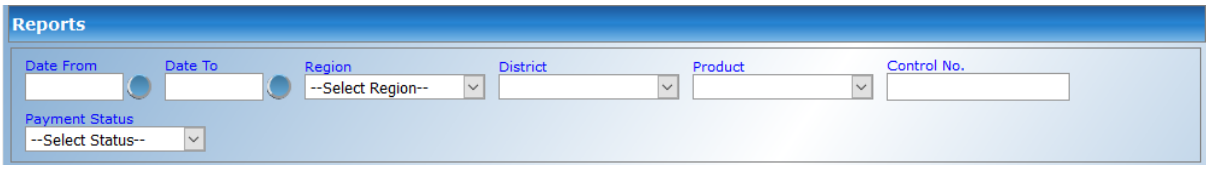
District TestDistrict1

Code	Name	Month	Collection	Allocated	Not Allocated
DF01	District free enrolment	January	0.00	0.00	0.00
DF01	District free enrolment	February	0.00	0.00	0.00
DF01	District free enrolment	March	0.00	0.00	0.00
DF01	District free enrolment	April	0.00	0.00	0.00
DF01	District free enrolment	May	92,000.00	4,344.05	92,099.00
DF01	District free enrolment	June	0.00	7,654.33	0.00
DF01	District free enrolment	July	1,073,000.00	77,375.23	0.00
DF01	District free enrolment	August	0.00	99,047.51	0.00
DF01	District free enrolment	September	0.00	95,852.43	0.00
DF01	District free enrolment	October	0.00	99,047.51	0.00
DF01	District free enrolment	November	0.00	95,852.43	0.00
DF01	District free enrolment	December	0.00	99,047.51	0.00
		Total In TestDistrict1 :	1,165,000.00	578,221.01	92,099.00
		Overall Total :	1,165,000.00	578,221.01	92,099.00

Contribution Distribution - Printed on: 7/31/2017 1:57:37 PM

1 of 1

Img. 1.5.60: *Image 230 - Preview – Contribution Distribution Report*



Img. 1.5.61: *Contribution Payment Report Criteria*

- Date From - first contribution date to be considered in the report **Mandatory**
- Date To - last contribution date to be considered in the report **Mandatory**
- Region – if it was entered
- District –if it was entered
- Insurance product (the code and the name)-if it was entered
- Payment Status

1. The title of the report

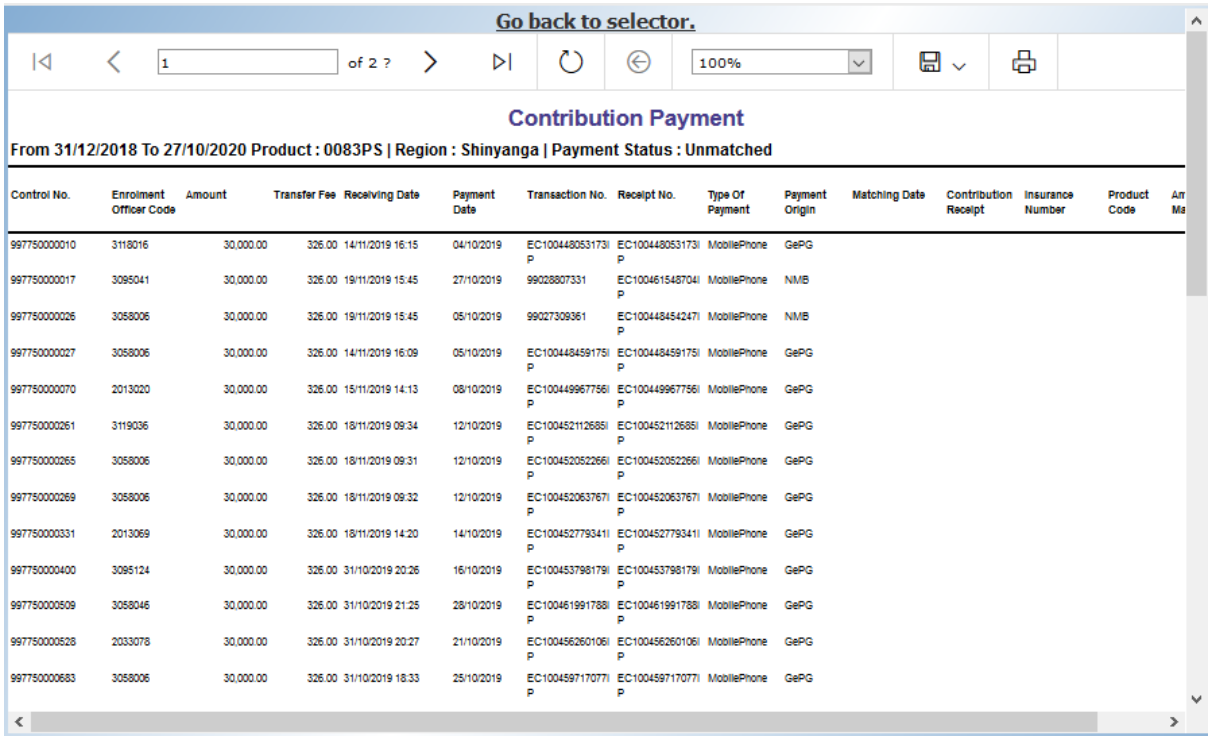
   See Input paramaters

1. Content of the report

- Control No.
- Enrolment Officer Code
- Amount
- Transfer Fee
- Receiving Date
- Payment Date
- Transaction No.
- Receipt No.
- Type Of Payment

- Payment Origin
- Matching Date
- Contribution Receipt
- Insurance Number
- Product Code
- Amount Matched

1. Example



Go back to selector.

1 of 2 ? 100%

Contribution Payment

From 31/12/2018 To 27/10/2020 Product : 0083PS | Region : Shinyanga | Payment Status : Unmatched

Control No.	Enrolment Officer Code	Amount	Transfer Fee	Receiving Date	Payment Date	Transaction No.	Receipt No.	Type Of Payment	Payment Origin	Matching Date	Contribution Receipt	Insurance Number	Product Code	Am Ma
997750000010	3118016	30,000.00	326.00	14/11/2019 16:15	04/10/2019	EC100448053173P	EC100448053173P	MobilePhone	GePG					
997750000017	3095041	30,000.00	326.00	19/11/2019 15:45	27/10/2019	99028807331	EC100461548704P	MobilePhone	NMB					
997750000026	3058006	30,000.00	326.00	19/11/2019 15:45	05/10/2019	99027309361	EC100448454247P	MobilePhone	NMB					
997750000027	3058006	30,000.00	326.00	14/11/2019 16:09	05/10/2019	EC100448459175P	EC100448459175P	MobilePhone	GePG					
997750000070	2013020	30,000.00	326.00	15/11/2019 14:13	08/10/2019	EC100449967756P	EC100449967756P	MobilePhone	GePG					
997750000261	3119036	30,000.00	326.00	18/11/2019 09:34	12/10/2019	EC100452112685P	EC100452112685P	MobilePhone	GePG					
997750000265	3058006	30,000.00	326.00	18/11/2019 09:31	12/10/2019	EC100452052266P	EC100452052266P	MobilePhone	GePG					
997750000269	3058006	30,000.00	326.00	18/11/2019 09:32	12/10/2019	EC100452063767P	EC100452063767P	MobilePhone	GePG					
997750000331	2013069	30,000.00	326.00	18/11/2019 14:20	14/10/2019	EC100452779341P	EC100452779341P	MobilePhone	GePG					
997750000400	3095124	30,000.00	326.00	31/10/2019 20:26	16/10/2019	EC100453798179P	EC100453798179P	MobilePhone	GePG					
997750000509	3058046	30,000.00	326.00	31/10/2019 21:25	28/10/2019	EC100461991788P	EC100461991788P	MobilePhone	GePG					
997750000528	2033078	30,000.00	326.00	31/10/2019 20:27	21/10/2019	EC100456260106P	EC100456260106P	MobilePhone	GePG					
997750000683	3058006	30,000.00	326.00	31/10/2019 18:33	25/10/2019	EC100459717077P	EC100459717077P	MobilePhone	GePG					

Img. 1.5.62: *Contribution Payment Report*

Matching funds report

The report lists all families/groups according to insurance products and (institutional) payers that paid contributions in the specified period. This report is useful for claiming of subsidies for running of health insurance schemes. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Matching Funds. (*Image 235*)

1. Parameters for selection for the report:

Img. 1.5.63: *Image 216 - Matching funds Report Criteria*

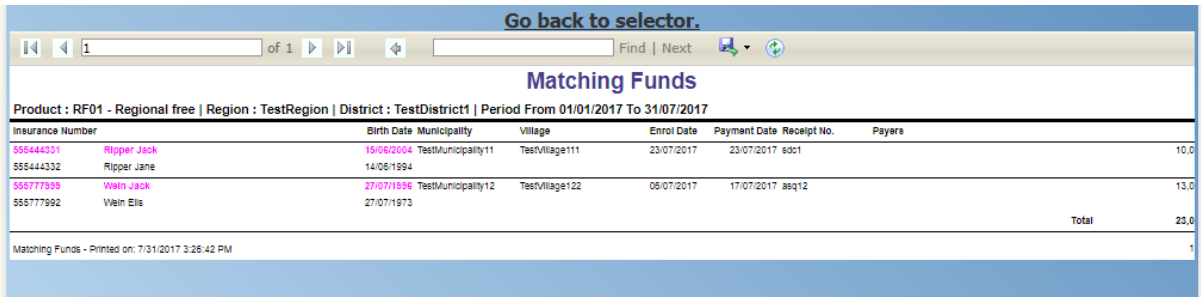
1. Input parameters of the report:

- Date From - first contribution date to be considered in the report **Mandatory**
- Date To - last contribution date to be considered in the report **Mandatory**
- Region – if it was entered
- District –if it was entered
- Insurance product (the code and the name)-if it was entered
- Payer

1. The title of the report

   See Input paramaters

1. Content of the report
2. Example



Img. 1.5.64: *Image 235 - Preview –Matching Funds*

Enrolment performance indicator report

The report provides overview of activity of enrolment officers. The report can be run by users with the system role Manager or with a role including an access to Tools/Reports/Enrolment Performance Indicator. (*Image 232*)

1. Parameters for selection for the report:

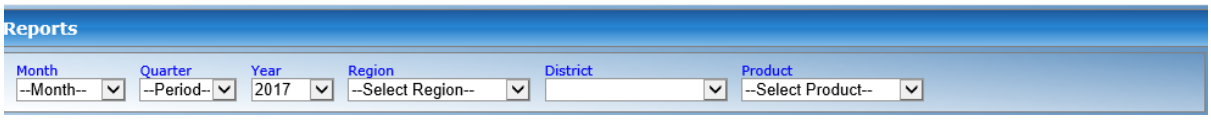


Image 212 - Enrolment Performance Indicators Report Criteria

1. Input parameters of the report:

- Month– the period in which a payment takes place
- Quarter - the period in which a payment takes place
- Year - the period in which a payment takes place – **mandatory**
- Region – region of activity of enrolment officers

- District - region of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**

1. The title of the report

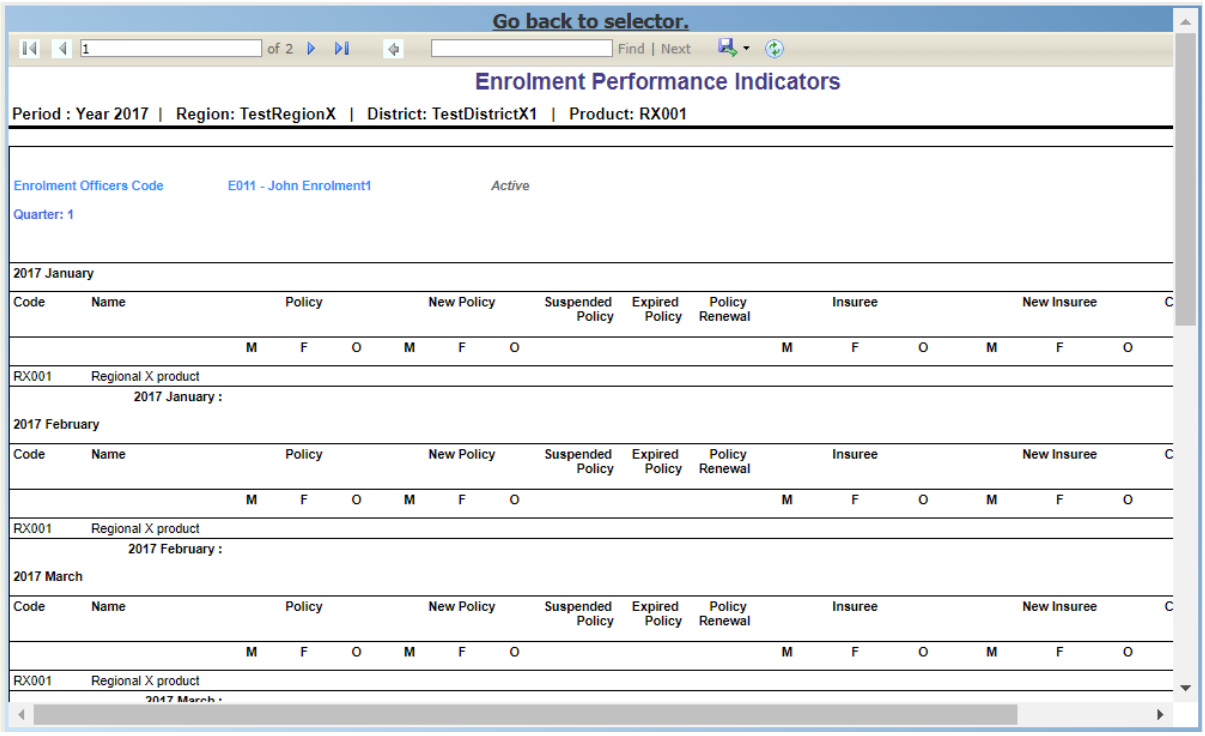
   See Input paramaters

1. Content of the report

   Enrolment per insurance product

   - Insurance product code
   - Insurance product name
   - Policy: Number of policy with an active policy per gender of the head
   - New Policy: Number of policy started per gender of the head
   - Insuree: Number of person with an active policy per gender of the head
   - New Insuree: Number of people enrolled per gender of the head
   - Contribution Collected: Amount Collected
   - Available Contribution: Amount availaible

1. Example

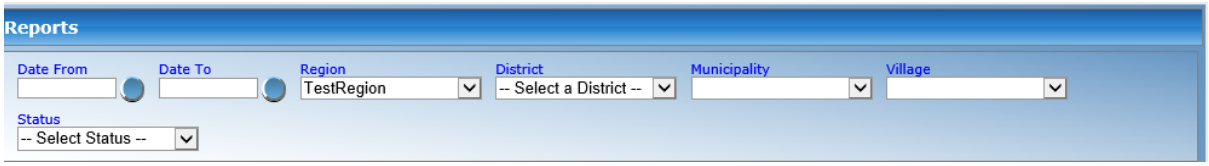


Img. 1.5.65: *Image 232 - Preview – Enrolment Performance Indicator Report*

Families and Insurees Overview report

The report provides an overview of enrolled families/groups and their members in specified location within the specified period. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Families and Insurees Overview. (*Image 238*)

1. Parameters for selection for the report:



Img. 1.5.66: *Image 219 - Families and Insurees Overview Report Criteria*

1. Input parameters of the report:

- Date From - start date of the report **Mandatory**
- Date To - stop date of the report **Mandatory**
- Region – the region of health facilities for which should be included
- District – the district of health facilities for which should be included
- Municipality - the municipality of health facilities for which should be included
- Vilage - the vilage of health facilities for which should be included
- Status - Status of the families policies

1. The title of the report

   See Input paramaters

1. Content of the report

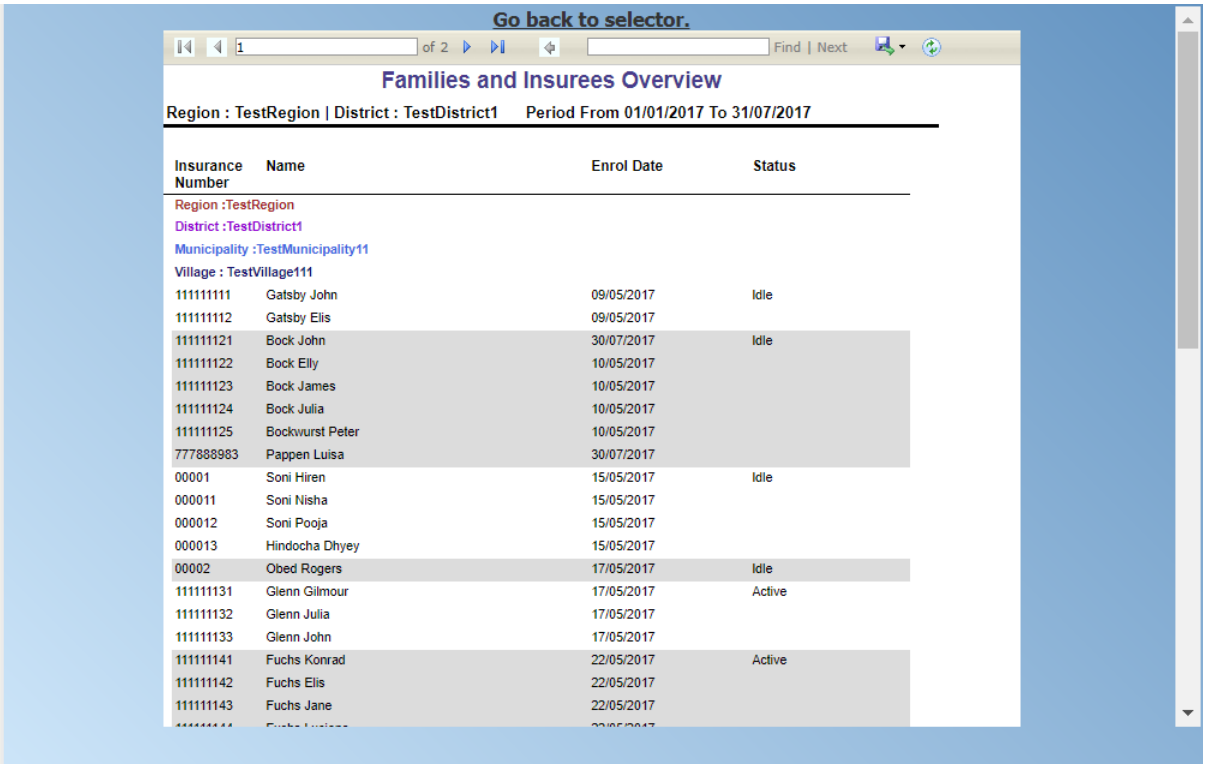
   List of the insuree grouped by family

   - Insurance Number of the family
   - Name of the insuree
   - status of the policy (only if front of head)

1. Example

Pending Insurees report

The report lists all insurees whose photos have been sent to openIMIS but who has no record in openIMIS yet. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Pending Insurees. (*Image 240*)



Go back to selector.

1 of 2 Find | Next

Families and Insurees Overview

Region : TestRegion | District : TestDistrict1 Period From 01/01/2017 To 31/07/2017

Insurance Number	Name	Enrol Date	Status
Region :TestRegion			
District :TestDistrict1			
Municipality :TestMunicipality11			
Village : TestVillage111			
111111111	Gatsby John	09/05/2017	Idle
111111112	Gatsby Elis	09/05/2017	
111111121	Bock John	30/07/2017	Idle
111111122	Bock Elly	10/05/2017	
111111123	Bock James	10/05/2017	
111111124	Bock Julia	10/05/2017	
111111125	Bockwurst Peter	10/05/2017	
777888983	Pappen Luisa	30/07/2017	
00001	Soni Hiren	15/05/2017	Idle
000011	Soni Nisha	15/05/2017	
000012	Soni Pooja	15/05/2017	
000013	Hindocha Dhyey	15/05/2017	
00002	Obed Rogers	17/05/2017	Idle
111111131	Glenn Gilmour	17/05/2017	Active
111111132	Glenn Julia	17/05/2017	
111111133	Glenn John	17/05/2017	
111111141	Fuchs Konrad	22/05/2017	Active
111111142	Fuchs Elis	22/05/2017	
111111143	Fuchs Jane	22/05/2017	

Img. 1.5.67: *Image 238 - Preview – Families and Insurees Overview Report*

1. Parameters for selection for the report:

Image 220 - Pending Insurees Report Criteria

1. Input parameters of the report:

- Date From - start date of the report **Mandatory**
- Date To - stop date of the report **Mandatory**
- Region – the region of health facilities for which should be included
- District – the district of health facilities for which should be included
- Enrolment officer

1. The title of the report

   See Input paramaters

1. Content of the report

   the insuree are sorted by enrolment officer

   - Insurance Number
   - Photo date

1. Example

Img. 1.5.68: *Image 240 - Preview – Pending Insurees Report*

Rejected Photos Report

Rejected Photos report lists data on photos that were sent by enrolment officers but rejected for some reason by IMIS

1. Parameters for selection for the report:
2. Input parameters of the report:

- Date From - start date of the report **Mandatory**
- Date To - stop date of the report **Mandatory**

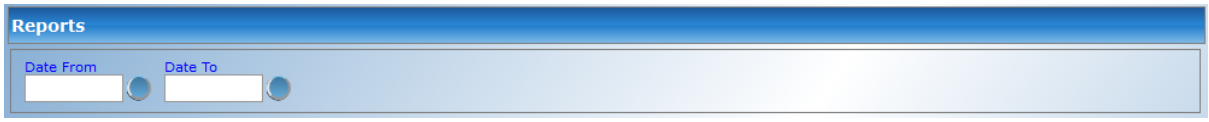
1. The title of the report

   See Input paramaters

1. Content of the report

- Insurance number
- Rejected date

1. **Example**



Img. 1.5.69: *Rejected Photos Report Report Criteria*

1. Parameters for selection of rejected photos for the report:
   - Start date – the start date of period, within which rejected photos were sent-obligatory
   - End date - the end date of the period -obligatory
2. The report contains in the title:
   - Rejected photos
   - Period (Start date, End date) of sending photos
3. The report contains the list of items with the following structure:

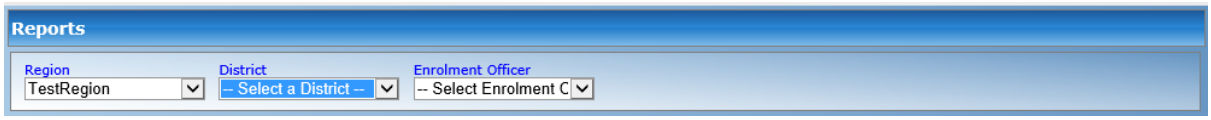
- Date of sending of the photo
- The code of the enrolment officer
- The CHF number associated with the photo

At the bottom of the report the total number of rejected photos in the report is included.

Insurees without photos

The report lists all insurees according to enrolment officers that have not assigned a photo. The report can be run by users with thesystem role Accountant or with a role including an access to Tools/Reports/Insurees without Photos. (*Image 234*)

1. Parameters for selection for the report:



Img. 1.5.70: *Image 214 - Insurees without photos Report Criteria*

2. Input parameters of the report:

- Region – the region that should be included
- District – the district that should be included
- Enrolment officer

1. The title of the report

   See Input paramaters

1. Content of the report

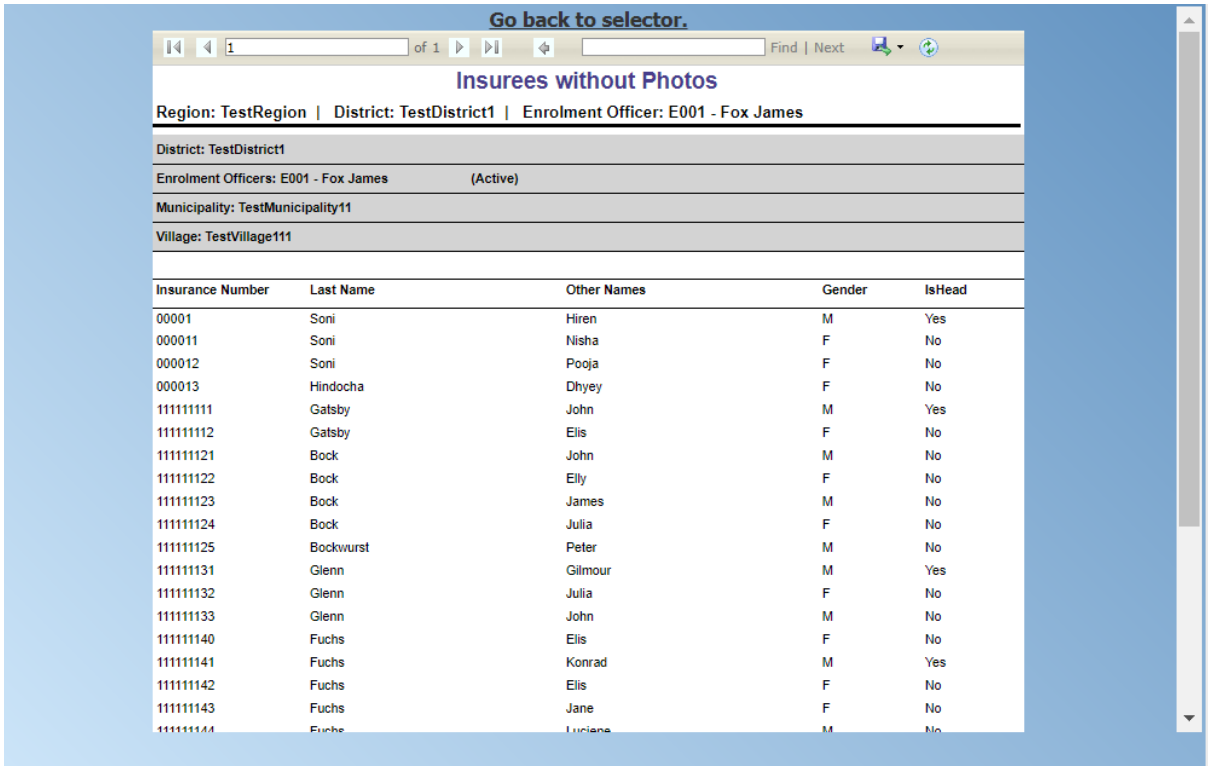
   This report is sorted by District / Enrolment office / Municipality / Village

   - Insurance number
   - Last name of the insuree
   - Other names of the Insuree
   - Gender
   - is head of the family

1. Example

Payment category overview

The report provides split of total contributions according to their categories. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Payment Category Overview. Contributions are assigned to the specified period according to actual payment date. (*Image 237*)



Go back to selector.

1 of 1 Find | Next

Insurees without Photos

Region: TestRegion | District: TestDistrict1 | Enrolment Officer: E001 - Fox James

District: TestDistrict1

Enrolment Officers: E001 - Fox James (Active)

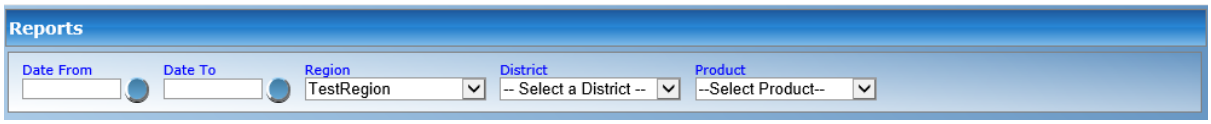
Municipality: TestMunicipality11

Village: TestVillage111

Insurance Number	Last Name	Other Names	Gender	IsHead
00001	Soni	Hiren	M	Yes
000011	Soni	Nisha	F	No
000012	Soni	Pooja	F	No
000013	Hindocha	Dhyey	F	No
111111111	Gatsby	John	M	Yes
111111112	Gatsby	Elis	F	No
111111121	Bock	John	M	No
111111122	Bock	Elly	F	No
111111123	Bock	James	M	No
111111124	Bock	Julia	F	No
111111125	Bockwurst	Peter	M	No
111111131	Glenn	Gilmour	M	Yes
111111132	Glenn	Julia	F	No
111111133	Glenn	John	M	No
111111140	Fuchs	Elis	F	No
111111141	Fuchs	Konrad	M	Yes
111111142	Fuchs	Elis	F	No
111111143	Fuchs	Jane	F	No

Img. 1.5.71: *Image 234 - Preview – Insurees without photos*

1. Parameters for selection for the report:



Img. 1.5.72: *Image 215 - Payment Category Overview Report Criteria*

1. Input parameters of the report:

- Date From - first payment date to be considered in the report **Mandatory**
- Date To - last payment date to be considered in the report **Mandatory**
- Region - the region that should be included
- District - the district that should be included
- Insurance product (the code and the name)-if it was entered

1. The title of the report

   See Input paramaters

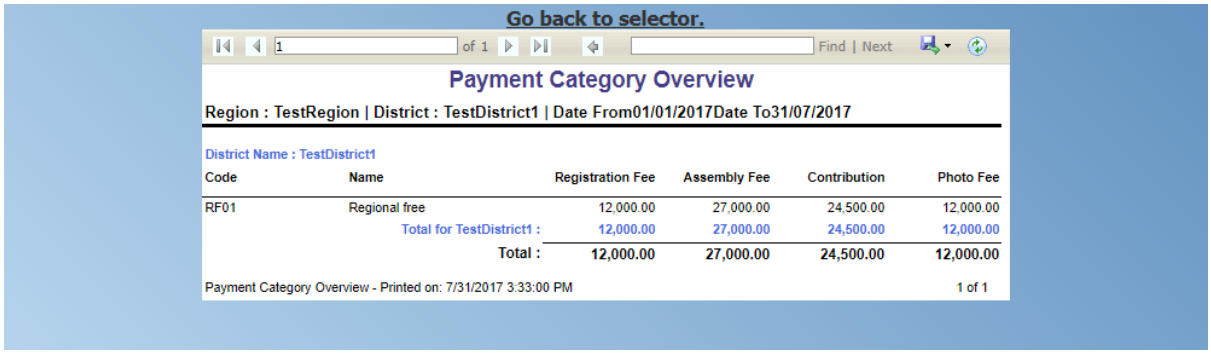
1. Content of the report

   This report is sorted per district

   - Code of the insurance product
   - Name of the insurance product
   - Registration Fee

- Assembly Fee
- Contribution
- Photo Fee

1. Example



Go back to selector.

1 of 1 Find | Next

Payment Category Overview

Region : TestRegion | District : TestDistrict1 | Date From01/01/2017Date To31/07/2017

District Name : TestDistrict1

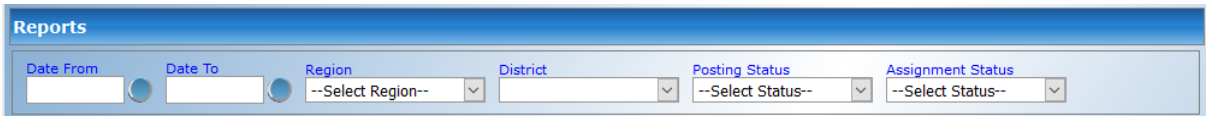
Code	Name	Registration Fee	Assembly Fee	Contribution	Photo Fee
RF01	Regional free	12,000.00	27,000.00	24,500.00	12,000.00
	Total for TestDistrict1 :	12,000.00	27,000.00	24,500.00	12,000.00
	Total :	12,000.00	27,000.00	24,500.00	12,000.00

Payment Category Overview - Printed on: 7/31/2017 3:33:00 PM 1 of 1

Img. 1.5.73: *Image 237 - Preview – Payment Category Overview*

Control Number Assignement report

1. Parameters for selection for the report:



Img. 1.5.74: *Control Number Assignement Report Criteria*

1. Input parameters of the report:

- Date From - first payment date to be considered in the report **Mandatory**
- Date To - last payment date to be considered in the report **Mandatory**
- Region - the region that should be included
- District - the district that should be included
- Posting Status -
- Assignment Status -

1. The title of the report

   See Input paramaters

1. Content of the report

- Date of request
- Enrolment Officer Code/Name
- Amount
- Transfert fee

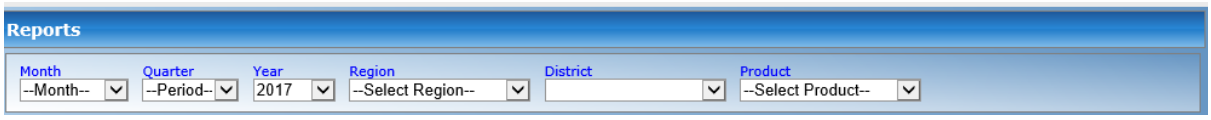
- type of payment
- Phone number of requester
- Payment for renewal
- Status of the Posting
- Reason for rejecting the Posting
- status of Assignment
- Reason of rejecting the Assignment
- control number

1. Example

Primary operational indicators - policies report

The report provides aggregate data relating to policies and insurees according to insurance products. The report can be run by users with the system role Manager or with a role including an access to Tools/Reports/Primary Operational Indicators-policies. The table below will provide an overview on primary indicators of the report.

1. Parameters for selection for the report:



Img. 1.5.75: *Image 205 - Primary Operational Indicators - Policies Report Criteria*

2. Input parameters of the report:

- Month– the period in which a payment takes place
- Quarter - the period in which a payment takes place
- Year - the period in which a payment takes place – **mandatory**
- Region – region of activity of enrolment officers
- District - region of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**
- HF code - the drop down list with available HF products for the District according to standard IMIS rules

1. The title of the report

- Period (Month/Quarter Year)
- Region and District
- Insurance Product (the code and the name of an insurance product) if specified in the input parameters

1. Content of the report

Tab. 1.5.2: Table Overview of Policies indicators

Code	Primary indicators	Dimension	Description
P1	Number of policies	Time, Insurance product	The number of policies of given insurance product on the last day of a respective period (Status of the policy is Active, the last day of period is within <Effective date, Expiry day>)
P2	Number of new policies	Time, Insurance product	The number of new policies of given insurance product during a respective period (Enrolment date is within the respective period, there is `no` preceding policy with the same (or before converted) insurance product forgiven policy)
P3	Number of suspended policies	Time, Insurance product	The number of policies for given insurance product that were suspended during a respective period (Status of the policy is Suspended, suspension took place within the respective period)
P4	Number of expired policies	Time, Insurance product	The number of policies for given insurance product that expired during a respective period (Status of the policy is Expired,expiration took place within the respective period)
P5	Number of renewals	Time, Insurance product	The number of policies that were renewed forgiven insurance product (or a converte done) during a respective period (Enrolment date is within the respective period, there is a preceding policy with the same (or before converted) product forgiven
P6	Number of insurees	Time, Insurance product	The number of insurees covered by policies of given insurance product on the last day of a respective period (An insuree belongs to a family with an active coverage on the last day of the respective period-see P1)

Continued on next page

Tab. 1.5.2 – continued from previous page

Code	Primary indicators	Dimension	Description
P7	Number of newly insured insurees	Time, Insurance product	The number of insurees covered by new policies of given insurance product during a respective period (An insuree belongs to a family with newly acquired policy during the respective period-see P2)
P8	Newly collected Contributions	Time, Insurance product	Amount of acquired Contributions (for policies of given insurance product) during a respective period (Date of payment of a Contribution is within the respective period)
P9	Available Contributions	Time, Insurance product	Amount of Contributions that should be allocated for policies of given insurance product for a respective period provided a uniform distribution throughout the insurance period takes place. (If the respective period overlaps with <Effective date, Expiry day> of a policy then a proportional part of corresponding Contributions relating to the respective period is included in available Contributions)

1. Example

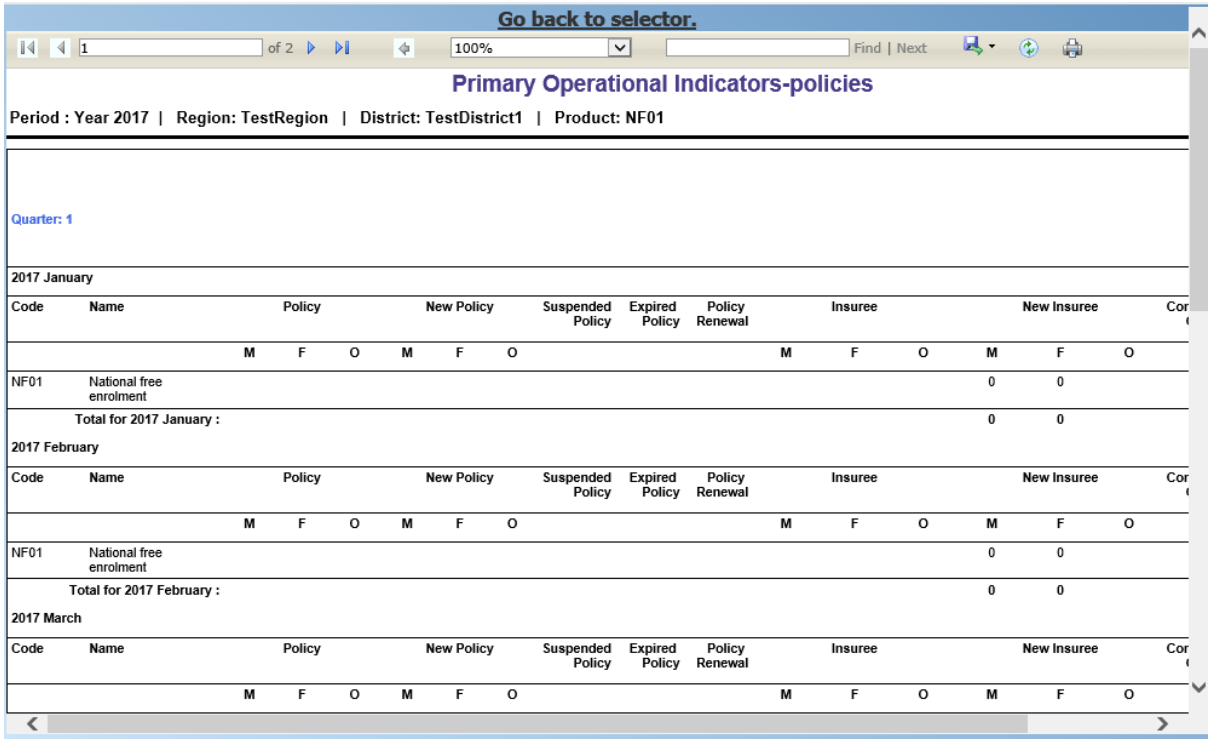
Policies Renewals report

The report lists all renewed policies in given period for given insurance product and optionally for given enrolment officer. The families that have at least one payment of contributions in given period of time are included in the report. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Renewals. Below is an example of the report (*Image 241*)

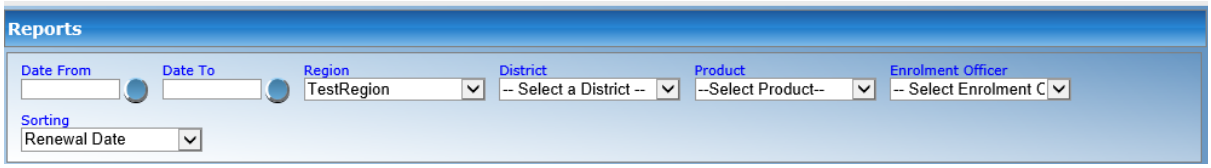
1. Parameters for selection for the report:

1. Input parameters of the report:

- Date From - start date of the report **Mandatory**



Img. 1.5.76: *Image 225 - Preview – Primary Operational Indicators - Policies Report*



Img. 1.5.77: *Image 221 Renewals Report Criteria*

- Date To - stop date of the report **Mandatory**
- Region – the region of health facilities for which should be included
- District – the district of health facilities for which should be included
- Insurance Product -
- Enrolment Office -
- Sorting - how the result are sorted

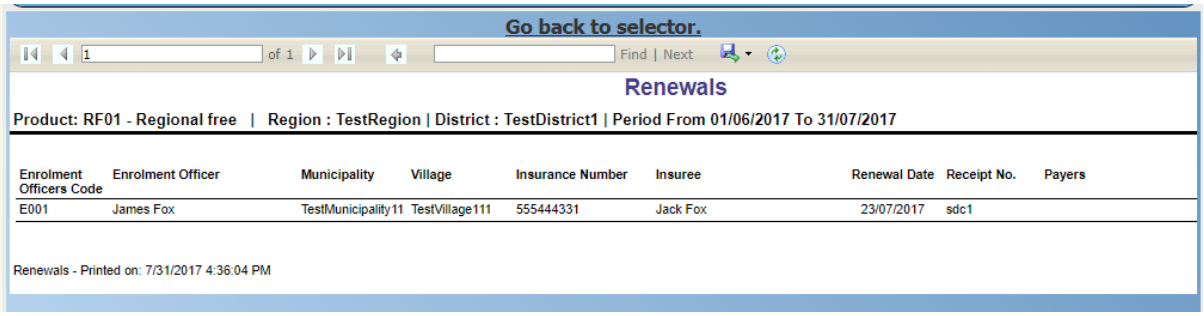
1. The title of the report

   See Input paramaters

1. Content of the report

- Enrolment Officers Code
- Enrolment Officer
- Municipality
- Village
- Insurance Number
- Insuree
- Renewal Date
- Receipt No.
- Payers

1. Example



Img. 1.5.78: *Image 241 - Preview – Renewals Report*

Capitation Payment Report

The report lists capitation payments for all health facilities specified in the *capitation formula* for specified month and for given insurance product. The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Capitation Payment. (*Image 242*)

1. Parameters for selection for the report:

Img. 1.5.79: *Image 222 Capitation Payment Report Criteria*

2. Input parameters of the report:

- Month– the period of the report
- Year - the period of the report – **mandatory**
- Region – region of activity of enrolment officers **mandatory**
- District - region of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**

1. The title of the report

   See Input paramaters

1. Content of the report

- HF Code
- HF Name
- Account Code
- Population
- Number of Families
- Number of Insured Population
- Number of Insured Families
- Number of Claims
- Adjusted Amount
- Capitation Payment

1. Example

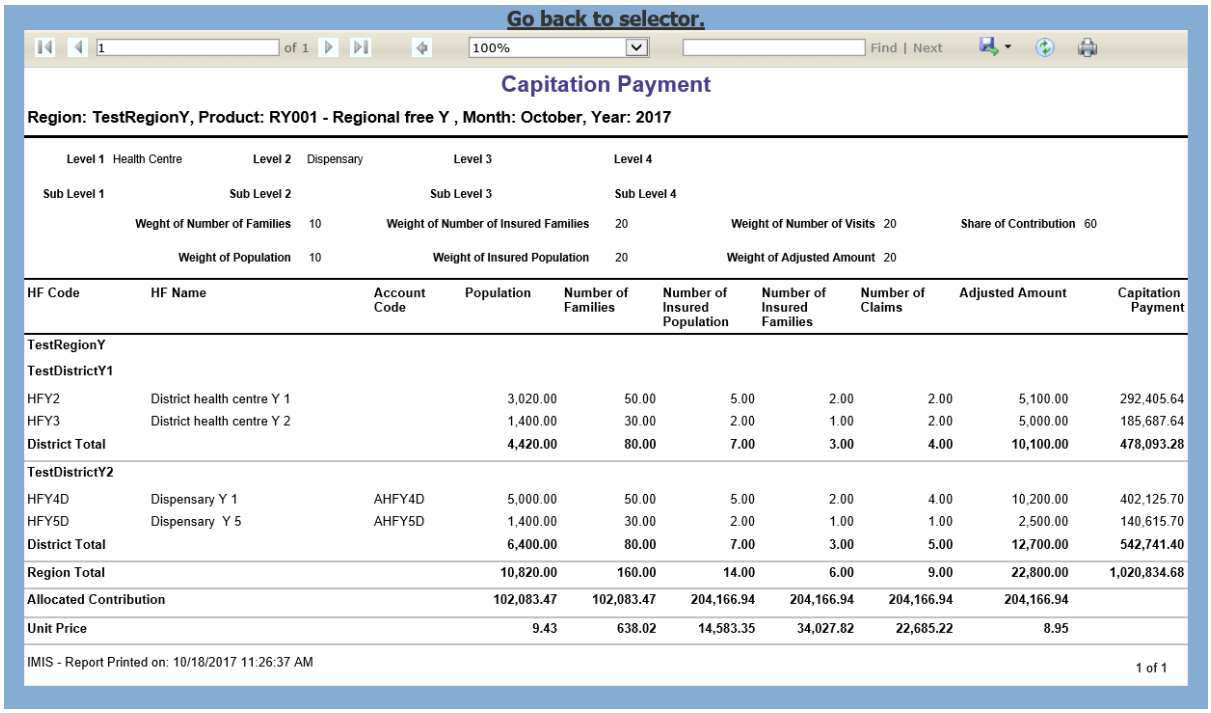
Derived operational indicators report

The report provides operational indicators derived from primary operational indicators. The report can be run by users with the system role Manager or with a role including an access to Tools/Reports/Derived Operational Indicators. The table below will provide an overview on the actual derived indicators provided by the report.

1. Parameters for selection for the report:

1. Input parameters of the report:

- Month– the period in which a payment takes place
- Year - the period in which a payment takes place – **mandatory**



Go back to selector.

1 of 1 100% Find | Next

Capitation Payment

Region: TestRegionY, Product: RY001 - Regional free Y , Month: October, Year: 2017

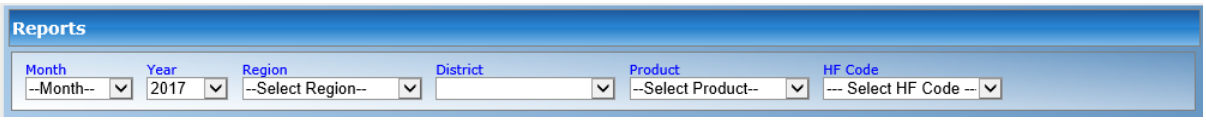
Level 1	Health Centre	**Level 2**	Dispensary	**Level 3**		**Level 4**	
Sub Level 1		**Sub Level 2**		**Sub Level 3**		**Sub Level 4**	
Weght of Number of Families	10	**Weight of Number of Insured Families**	20	**Weight of Number of Visits**	20	**Share of Contribution**	60
Weight of Population	10	**Weight of Insured Population**	20	**Weight of Adjusted Amount**	20		

HF Code	HF Name	Account Code	Population	Number of Families	Number of Insured Population	Number of Insured Families	Number of Claims	Adjusted Amount	Capitation Payment
TestRegionY									
TestDistrictY1									
HFY2	District health centre Y 1		3,020.00	50.00	5.00	2.00	2.00	5,100.00	292,405.64
HFY3	District health centre Y 2		1,400.00	30.00	2.00	1.00	2.00	5,000.00	185,687.64
District Total			**4,420.00**	**80.00**	**7.00**	**3.00**	**4.00**	**10,100.00**	**478,093.28**
TestDistrictY2									
HFY4D	Dispensary Y 1	AHFY4D	5,000.00	50.00	5.00	2.00	4.00	10,200.00	402,125.70
HFY5D	Dispensary Y 5	AHFY5D	1,400.00	30.00	2.00	1.00	1.00	2,500.00	140,615.70
District Total			**6,400.00**	**80.00**	**7.00**	**3.00**	**5.00**	**12,700.00**	**542,741.40**
Region Total			**10,820.00**	**160.00**	**14.00**	**6.00**	**9.00**	**22,800.00**	**1,020,834.68**
Allocated Contribution			**102,083.47**	**102,083.47**	**204,166.94**	**204,166.94**	**204,166.94**	**204,166.94**	
Unit Price			**9.43**	**638.02**	**14,583.35**	**34,027.82**	**22,685.22**	**8.95**	

IMIS - Report Printed on: 10/18/2017 11:26:37 AM

1 of 1

Img. 1.5.80: *Image 242 - Preview –Capitation Payment Report*



Img. 1.5.81: *Image 207 - Derived Operational Indicators Report Criteria*

- Region – region of activity of enrolment officers
- District - District of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**
- HF code - the drop down list with available HF products for the District according to standard IMIS rules

1. The title of the report

- Region
- District - District if one selected
- Insurance Product
- HF code

1. Content of the report

Tab. 1.5.3: Table Overview of derived operational indicators

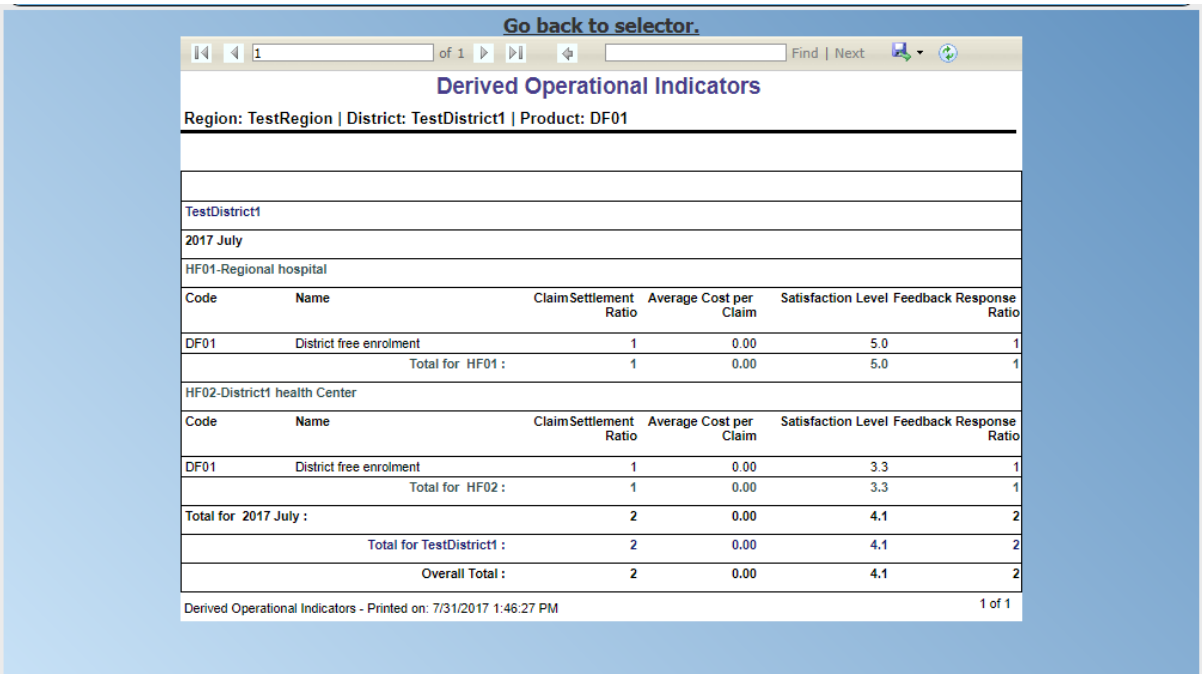
Code	Derived	Dimension	Description
D1	Incurred claims ratio	Time, Insurance product	It is the ratio P11/P9
D2	Renewal ratio	Time, Insurance product	It is the ratio P5/P4
D3	Growth ratio	Time, Insurance product	It is the ratio P2/P1-for immediately preceding period
D4	Promptness of claims settlement	Time, Insurance product	It is the average (date of sending to payment-Date of submission of the claim) for all claims relating to given insurance product and emerging in a respective period Date of sending of payment is not in the structure of Claim, it has to be retrieved from a journal-can be?)
D5	Claims settlement ratio	Time, Health facility, Insurance product	It is the ratio (P10-P12)/P10
D6	Number of claims per insuree	Time, Insurance product	It is the ratio P10/P6
D7	Average cost per claim	Time, Health facility, Insurance product	It is the ratio P11/P10

Continued on next page

Tab. 1.5.3 – continued from previous page

Code	Derived	Dimension	Description
D8	Satisfaction level	Time, District, Health facility	The average mark from feedbacks received in a respective period
D9	Feedback response ratio	Time, District, Health facility	The ratio of number of feedbacks received (up to time of creation of the report) and number of feedbacks asked for in a respective period

1. Example



Go back to selector.

1 of 1 Find | Next

Derived Operational Indicators

Region: TestRegion | District: TestDistrict1 | Product: DF01

TestDistrict1

2017 July

HF01-Regional hospital

Code	Name	Claim Settlement Ratio	Average Cost per Claim	Satisfaction Level	Feedback Response Ratio
DF01	District free enrolment	1	0.00	5.0	1
	Total for HF01 :	1	0.00	5.0	1

HF02-District1 health Center

Code	Name	Claim Settlement Ratio	Average Cost per Claim	Satisfaction Level	Feedback Response Ratio
DF01	District free enrolment	1	0.00	3.3	1
	Total for HF02 :	1	0.00	3.3	1
Total for 2017 July :		2	0.00	4.1	2
	Total for TestDistrict1 :	2	0.00	4.1	2
	Overall Total :	2	0.00	4.1	2

Derived Operational Indicators - Printed on: 7/31/2017 1:46:27 PM 1 of 1

Img. 1.5.82: *Image 227 - Preview – Derived Operational Indicators Report*

Product sales report

The report provides overview of selling of policies according to insurance products in terms of calculated contributions (not necessarily actually paid). The report can be run by users with the system role Accountant or with a role including an access to Tools/Reports/Product Sales. Policies are assigned to the specified period according to their effective days. (*Image 229*)

1. Parameters for selection for the report:

1. Input parameters of the report:

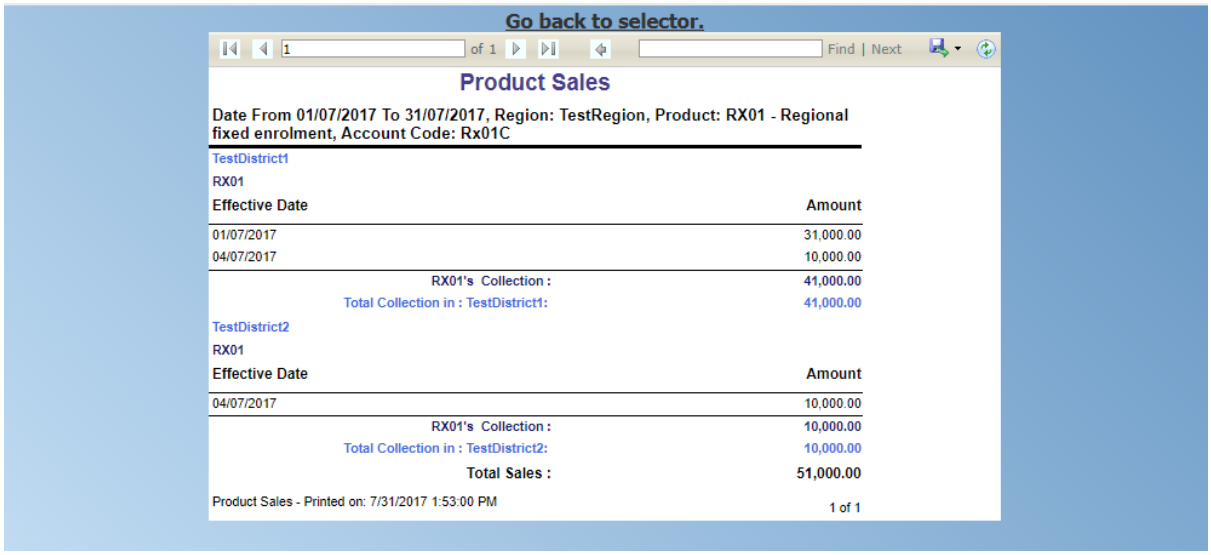
Img. 1.5.83: *Image 209 - Product Sales Report Criteria*

- Date From - first enrolment date to be considered in the report
- Date To - last enrolment date to be considered in the report
- Region – region of activity of enrolment officers
- District - region of activity of enrolment officers
- Insurance Product – the drop down list with available insurance products for the district according to standard IMIS rules - **mandatory**

1. The title of the report

   see input parameters

1. Content of the report
2. Example



Img. 1.5.84: *Image 229 - Preview – Product Sales Report*

Status of registers report

The report provides an overview of the number of items in registers according to districts. The report can be run by users with the system role Scheme Administrator or with a role including an access to Tools/Reports/Status of Registers.(*Image 233*)

1. Filters

1. Parameters for selection for the report:

Img. 1.5.85: *Image 213 - Status of Registers Report Criteria*

- Region – region of activity of enrolment officers **Mandatory**
- District - region of activity of enrolment officers

1. Input parameters of the report:

   See input parameters

1. The title of the report

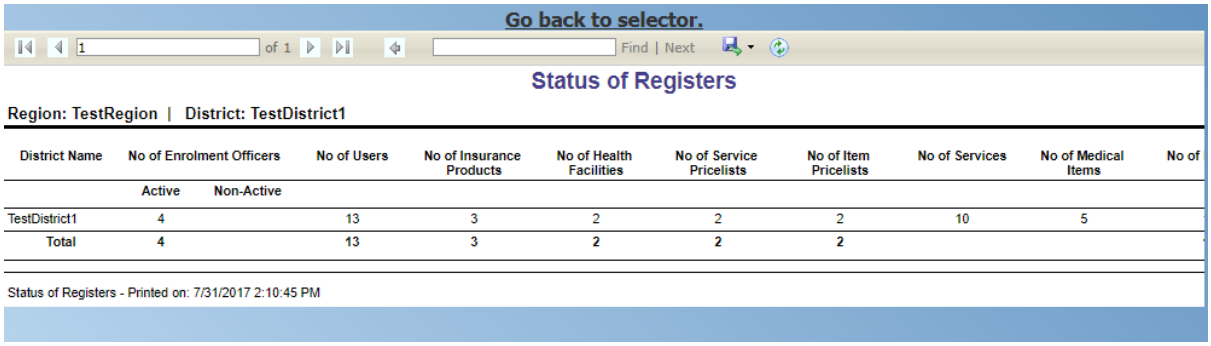
   See Input paramaters

1. Content of the report

   This report shows per district name

   - Number of Enrolment Officers
   - Number of Users
   - Number of Insurance Products
   - Number of Health Facilities
   - Number of Service Pricelists
   - Number of Item Pricelists
   - Number of Services
   - Number of Medical Items
   - Number of Payers

1. Example

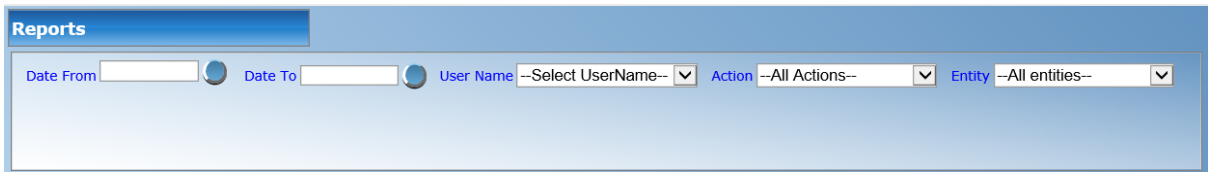


Img. 1.5.86: *Image 233 - Preview – Status of Registers Report*

User activity report

The report shows activities of users according to types of activities and types of entities to which the activities relate. The report can be run by users with system role IMIS Administrator or with a role including an access to Tools/Reports/User Activity. (*Image 231*)

1. Parameters for selection for the report:



Img. 1.5.87: *Image 211 - User Activity Report Criteria*

1. Input parameters of the report:

- Date From - first Activity date to be considered in the report
- Date To - last Activity date to be considered in the report
- User – User doing the activity
- Action - type of activity (Login/Logout/Insert/Modify/Delete)
- Entity – Entity concerned by the Activity

1. The title of the report

   See Input paramaters

1. Content of the report

- Record Type (see Action in input parameters) e.g Login
- Action Type, detailed actions e.g. Login Input
- Record Identity, Entity modified
- Action Time

1. Example

1. **Button Panel**

- `Preview button`

  By clicking on this button, the system will process the selected report type basic on the corresponding criteria submitted and re-direct current user to *Report Page*, for previewing the processed report. At any time the user clicks on the preview button, the current criteria will be saved in the session and can be reused later in the same session and for other report types where the same criteria are found.

- `Cancel button`

  By clicking on this button, the current user will be re-directed to the *Home Page*.

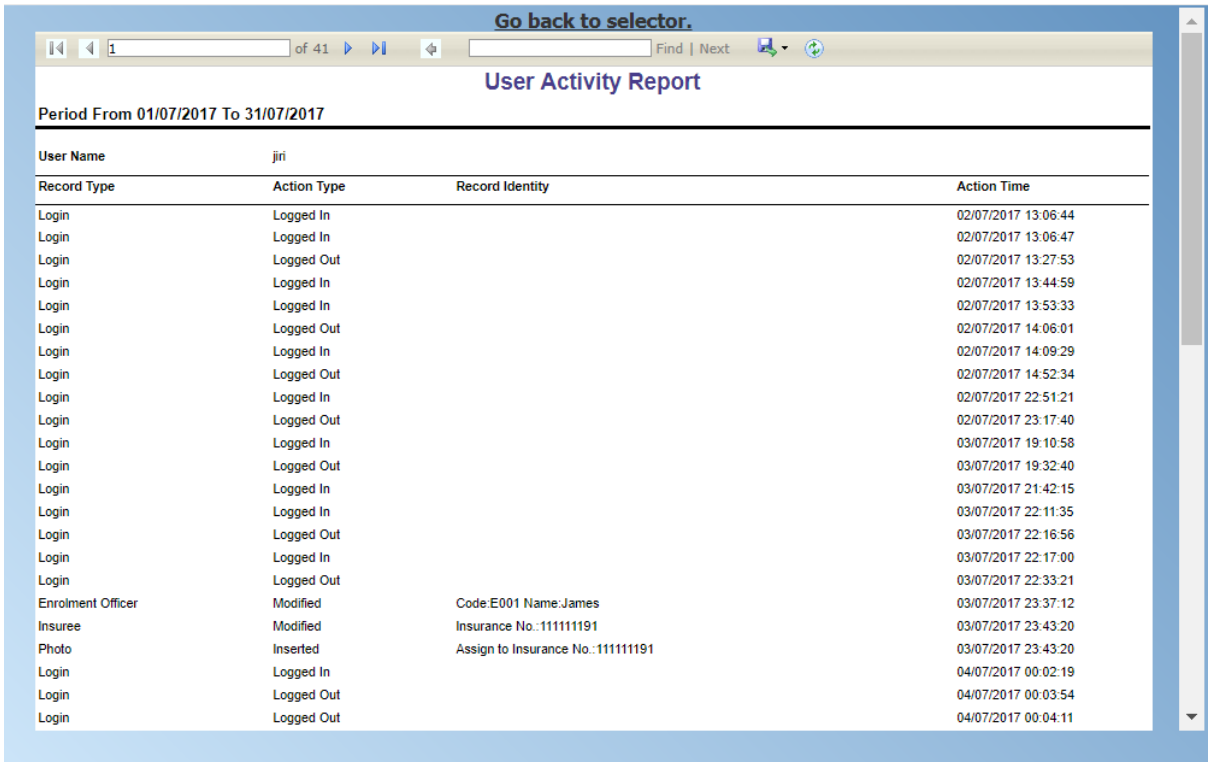
1. **Information Panel**

   The Information Panel is used to display messages back to the user. Messages will occur if there was an error at any time during the processing of the reports.

1.5.6 Utilities

Access to the `Utilities` is restricted to the users with the role of openIMIS Administrator.

The `Utilities` is the place for database administration. By having access to this page, it is possible to backup and restore the openIMIS operational database and also to execute SQL



Go back to selector.

1 of 41 Find | Next

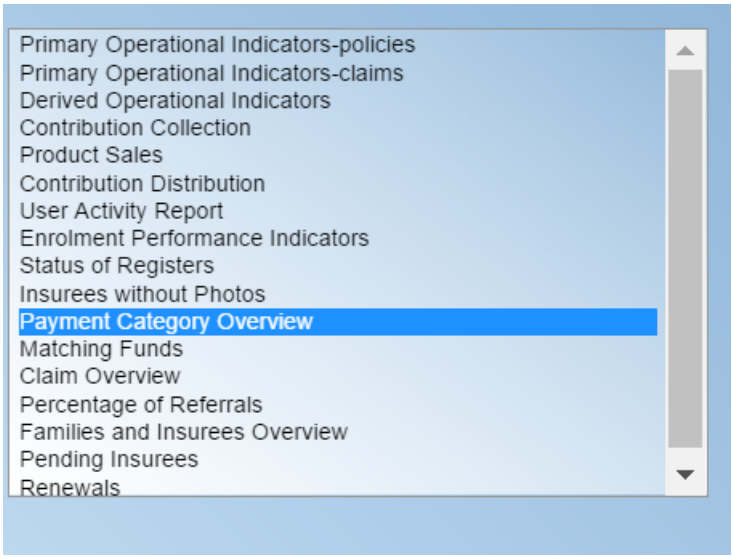
User Activity Report

Period From 01/07/2017 To 31/07/2017

User Name jiri

Record Type	Action Type	Record Identity	Action Time
Login	Logged In		02/07/2017 13:06:44
Login	Logged In		02/07/2017 13:06:47
Login	Logged Out		02/07/2017 13:27:53
Login	Logged In		02/07/2017 13:44:59
Login	Logged In		02/07/2017 13:53:33
Login	Logged Out		02/07/2017 14:06:01
Login	Logged In		02/07/2017 14:09:29
Login	Logged Out		02/07/2017 14:52:34
Login	Logged In		02/07/2017 22:51:21
Login	Logged Out		02/07/2017 23:17:40
Login	Logged In		03/07/2017 19:10:58
Login	Logged Out		03/07/2017 19:32:40
Login	Logged In		03/07/2017 21:42:15
Login	Logged In		03/07/2017 22:11:35
Login	Logged Out		03/07/2017 22:16:56
Login	Logged In		03/07/2017 22:17:00
Login	Logged Out		03/07/2017 22:33:21
Enrolment Officer	Modified	Code:E001 Name:James	03/07/2017 23:37:12
Insuree	Modified	Insurance No.:111111191	03/07/2017 23:43:20
Photo	Inserted	Assign to Insurance No.:111111191	03/07/2017 23:43:20
Login	Logged In		04/07/2017 00:02:19
Login	Logged Out		04/07/2017 00:03:54
Login	Logged Out		04/07/2017 00:04:11

Img. 1.5.88: *Image 231 - Preview – User Activity Report*



Img. 1.5.89: *Report Type Selector*

Scripts (patches provided for maintenance or update of the database). At the top of the page, the current "Backend" version is displayed for reference.

Navigation

All functionality for use with the administration of utilities can be found under the main menu `Tools`, sub menu `Utilities`

Img. 1.5.90: *Navigation Utilities*

Clicking on the sub menu `Utilities` re-directs the current user to the *Utilities Page.*

Img. 1.5.91: *Utilities Page*

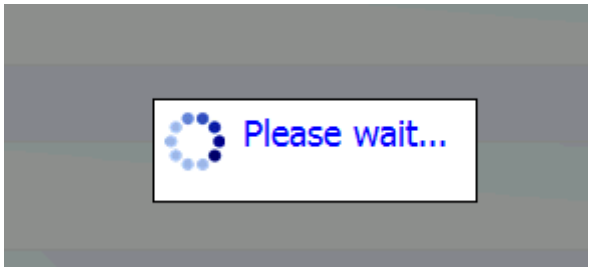
Backup

Backup utility can be found in the top panel of the *Utilities Page*. By default the path of the backup folder will be populated from the default table. User can change the path according to the requirement. Next to the textbox user can see one heck box called `Save Path`. If user wants to update the backup folder in default table then this check box should be in checked state. Otherwise system will take the backup on the folder assigned by the user but it will not be updated in database. So next time when user comes on the *Utilities Page*, the textbox will be populated with the original path. After the path has been entered user can just click on the `Backup button` to start the process and a progress bar will be appeared on the screen. Users are requested to be patient while the system performs the task.

Img. 1.5.92: *Backup is in progress*

Restore

Restore utility can be found in the second panel of the *Utilities Page*. User will have to put the path of the backup file to be restored. After the path has been entered user can just click on the `Restore` button to start the process and a progress bar will be appeared on the screen. Users are requested to be patient while the system performs the task.



Img. 1.5.93: *Backup is in progress*

Execute scrip

Execute script can be found in the third panel of the *Utilities Page*. User will have to choose the script by clicking on the browse button. User will have to select the file only with the *.isf* extension. After the file has been chosen, user can just click on the `Execute` button to run the script. Users are requested to be patient while the system is executing the script. After the script is executed successfully, backed version will be updated to the latest version. If user will try to run the lower or the equal version's script then system will prompt the user with the appropriate message

1.5.7 Funding

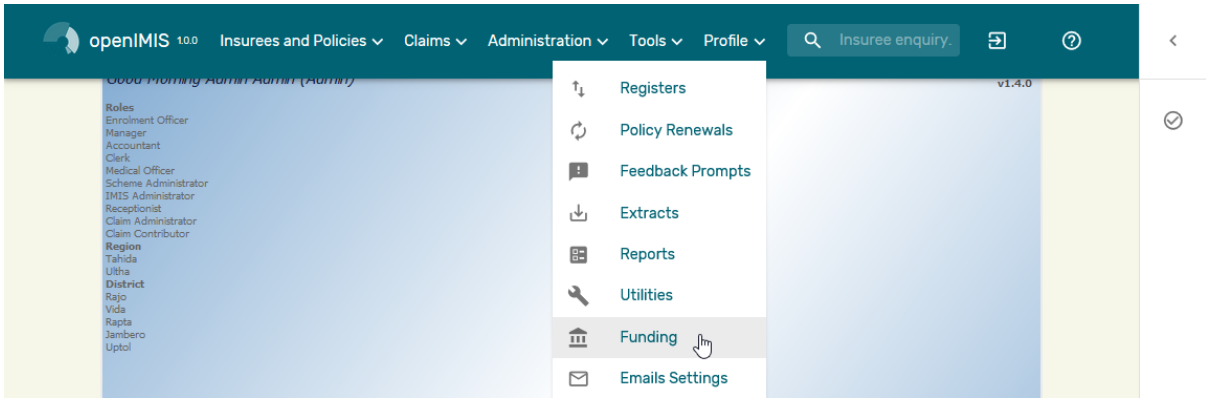
Access to the `Funding` is restricted to the users with the system role of Accountant or with a role including an access to Tools/Funding.

The `Funding` is the place where funding from external authorities (payers) can be for entered. openIMIS creates internally one fictive family/group (the insurance number of the head of the fictive family/group is 999999999, the name is *Funding* and the other name is *Funding* as well) for the district for which a funding is done. Each entering of a fund results in creation of a fictive policy for the corresponding fictive family/group with paid contribution in the amount of the funding. The fictive policy is active since the date of payment of the corresponding fund. These fictive policies are overpaid as these funds are usually much higher than the contribution rate for a single family/member of the group but it doesn't matter. External funding corresponds to payment of contributions for many families/members of the group in some period. openIMIS can regard funds as standard contributions and its standard functionality can be used for handling of funds. One distinctive feature of payment of funds by means of the fictive policies is that the payments of funds don't appear in the reports on

matching funds generated for funding authorities. So, there is no danger that offices of the scheme administration would acquire new funds based on funding already acquired.

Navigation

The functionality for entering of funds can be found under the main menu `Tools`, sub menu `Funding`

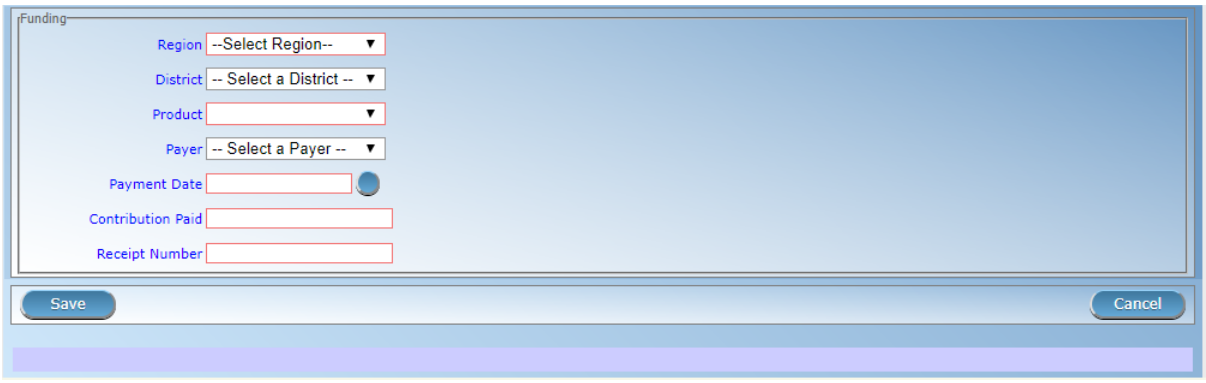


Img. 1.5.94: *Navigation Funding*

Clicking on the sub menu `Funding` re-directs the current user to the *Funding Page.*

Funding Page

1. **Data Entry**



Img. 1.5.95: *Funding Page*

- `Region`

  Select the region from the list of regions for which the funding is designated by clicking on the arrow on the right of the selector. *Note: The list will only be filled with the regions assigned to the current logged in user.*

- `District`

  Select the district from the list of districts for which the funding is designated. by clicking on the arrow on the right of the selector. *Note: The list will only be filled with the districts belonging to the selected region and assigned to the current logged in user.*

- `Product`

  Select an insurance product from the list of insurance products purchased in the selected district (including national insurance products) for which the funding is designated.

- `Payer`

  Select from the list of institutional payers the funding authority/agency.

- `Payment Date`

  Enter the date of receiving of the funding.

- `Contribution Paid`

  Enter the amount of the funding.

- `Receipt Number`

  Enter an identification of the document accompanying the funding.

2. **Saving**

   Once all mandatory data is entered, clicking on the `Save` button will save the record. A message confirming that the new password has been saved will appear. The user will be re-directed back to the *Home Page*.

3. **Mandatory data**

   If mandatory data is not entered at the time the user clicks the `Save` button, a message will appear in the Information Panel, and the data field will take the focus (by an asterisk on the right side of the corresponding field). The user will be re-directed to the *Home Page*.

4. **Cancel**

   By clicking on the Cancel button, the user will be re-directed to the *Home Page*.

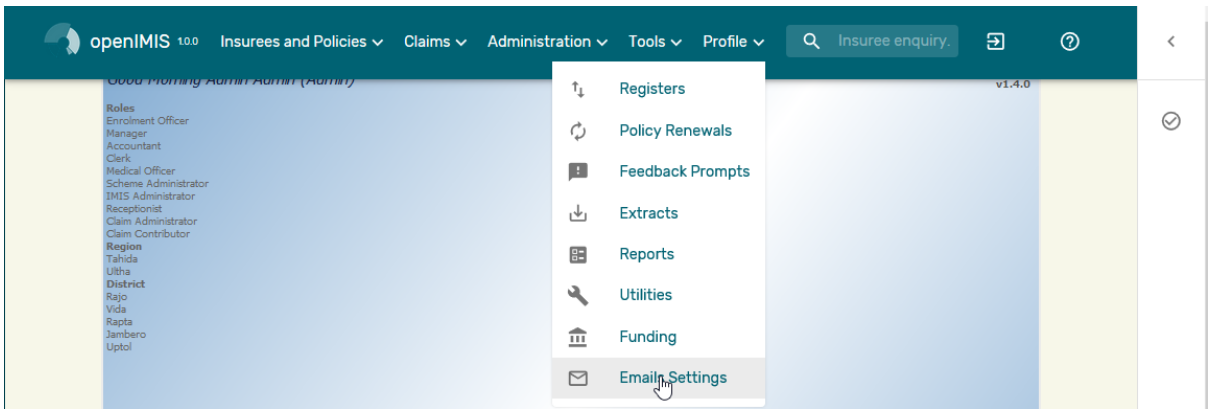
1.5.8 Email Settings

Access to the `Email Settigns` is restricted to the users with the role of Accountant.

The `Email Settigns` is the page where the setting of the outbound email server are entered.

Navigation

The functionality for entering of funds can be found under the main menu `Tools`, sub menu `Email Settigns`



Img. 1.5.96: *Navigation Email Settings*

Clicking on the sub menu `Email Settigns` re-directs the current user to the *Email settings Page*.

Email settings page

1. **Data Entry**

Img. 1.5.97: *Email settings Page*

- `Email`

  SMTP Login to be used on the email server in order to send email

- `Password`

  SMTP password to be used on the email server in order to send email.

- `SMTP Host`

  SMTP email server address or IP

- `Port`

  SMTP email server IP port, standard port are

  – 25 when no encryption is used

  – 465 when implicit encryption is used(depreciated)

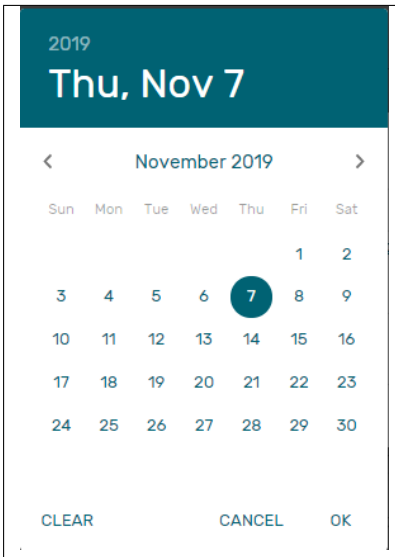
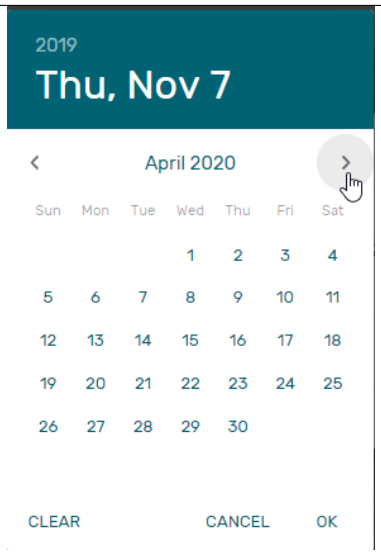
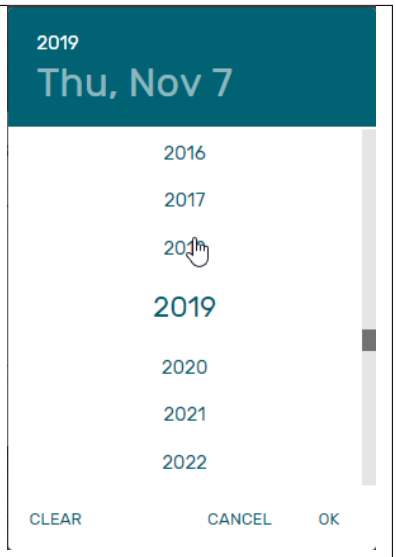
  – 587 when explicit encryption is used, see `Enable SSL`

- `Enable SSL`

  Check to box if the SMTP mail server require encryption

1.5.9 Date Picker

Tab. 1.5.4: Date Picker

 Img. 1.5.98: *Day picker*	 Img. 1.5.99: *Month picker*	 Img. 1.5.100: *Year picker*
At anytime during the use of the pop-up, the user can see the date of **today**. Clicking on a day will close the pop-up and display the date	Clicking on the arrow to the left displays the previous month. Clicking on the arrow on the right will displays the following month.	Clicking on the year will display a year selector.

1.6 Offline mode

IMIS system can be used in offline mode, which makes it possible for usage by health facilities (HF) and scheme administration offices with low/no internet connectivity.

1.6.1 Offline Facilities

Facilities available while offline and online in IMIS, are similar with some few differences. The following are the feature wise differences found while using openIMIS in offline mode.

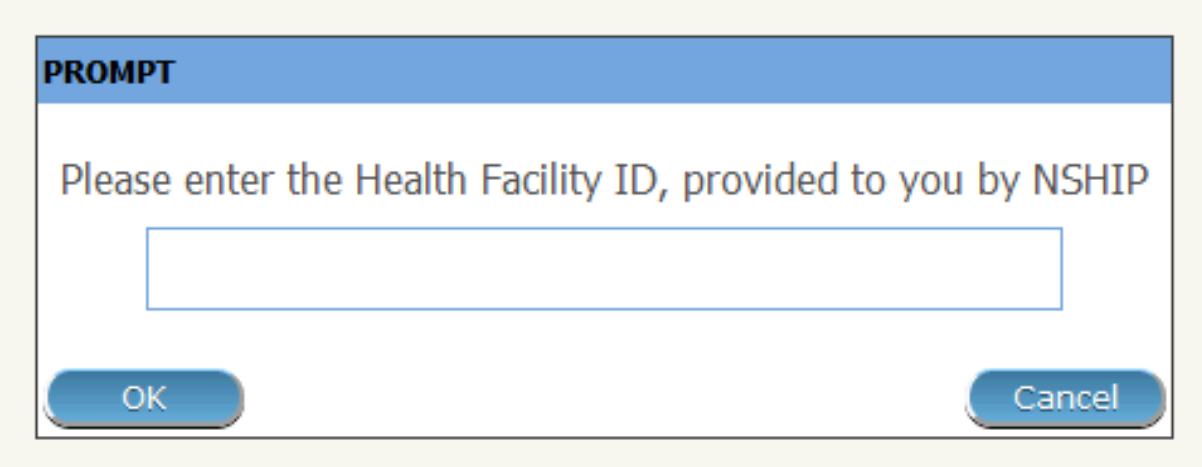
1. **Login**

   If a user who is logging in is having user role HF Administrator or offline Scheme Administrator and if Heath Facility ID/Scheme Office ID is not set yet, just after clicking login button on the login screen/page, the user will be prompted to enter Health Facility/Scheme Office ID (Img. 1.6.1), (Img. 1.6.2), only once for that very first time of logging in.

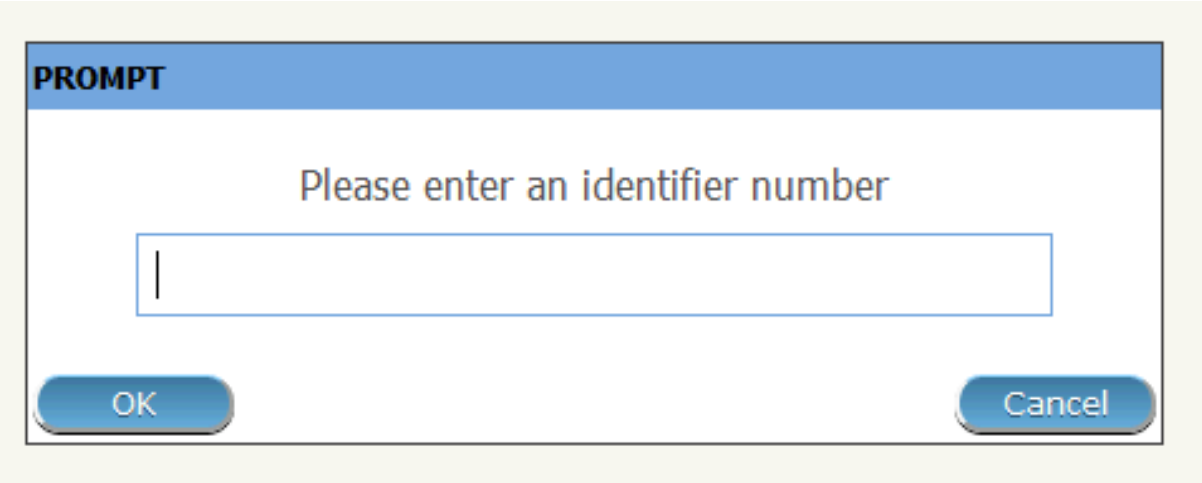
2. **Information bar**

   Throughout the application, an information bar at the bottom of each page will have a different background colour to that of online openIMIS and on the its right end, there will be shown heath facility code and health facility name / Scheme Office ID submitted (Img. 1.6.3), (Img. 1.6.4).

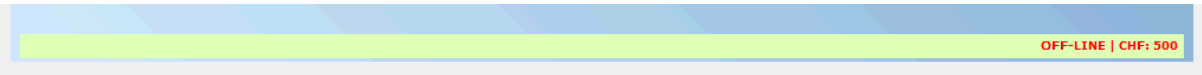
3. **Menu Access**



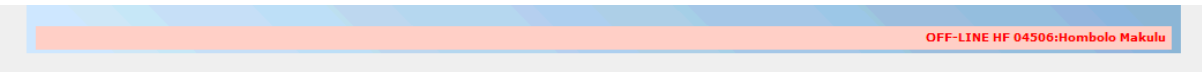
Img. 1.6.1: *Enter HF ID - HF Administrator Login, openIMIS offline*



Img. 1.6.2: *Enter Scheme Office ID - offline Scheme Administrator Login, openIMIS offline*



Img. 1.6.3: *Information Bar – Scheme Office, openIMIS offline*

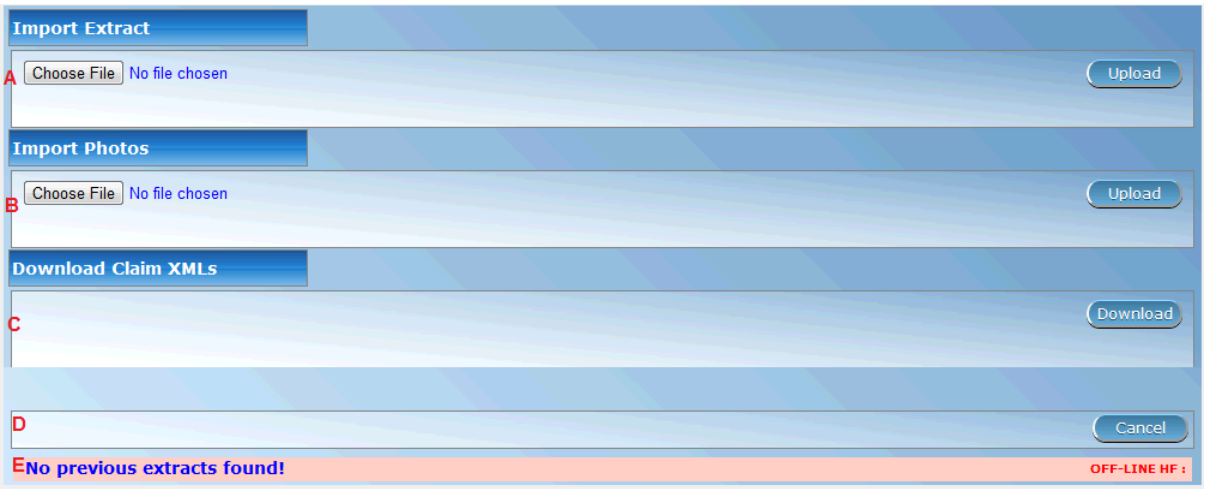


Img. 1.6.4: *Information Bar - Health Facility, openIMIS offline*

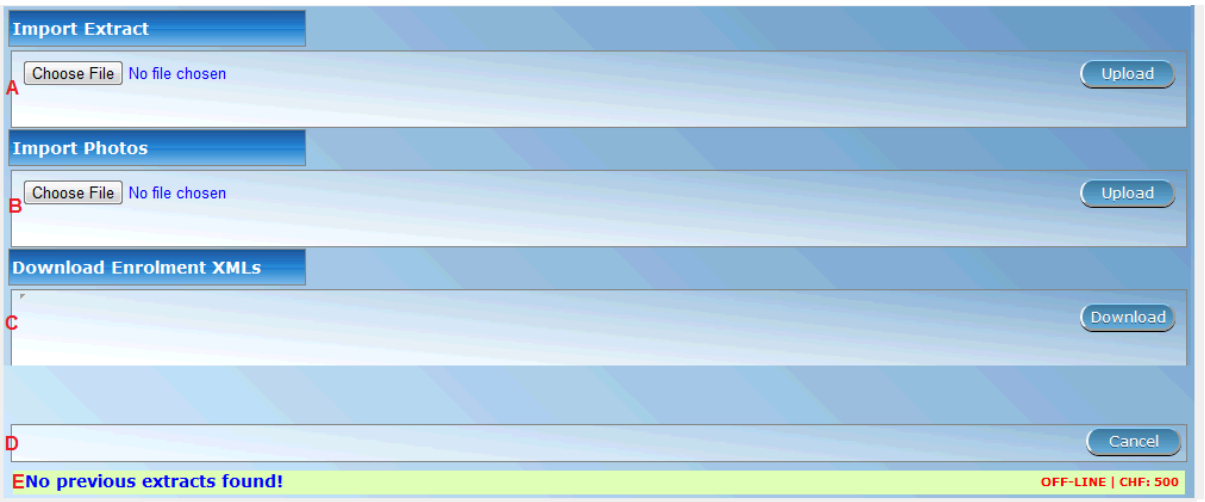
For all users with roles other than HF Administrator and Offline Scheme Administrator , will have the menus available to them as per normal roles' rights in online openIMIS version. Menu access in the offline version is different in following scenarios:

User with roles HF Administrator and Offline Scheme Administrator can access only `Users`, `IMIS Extracts` and `Utilities` menus, while all other users with different roles can access menus just as they would do in the online openIMIS version.

Extracts Extracts Menu leads an offline user to Extracts control panel. Using this panel, an offline user with rights to this panel can import data from online openIMIS to the local offline IMIS, and can also download claims and enrolments prior to upload them to the online IMIS. This panel is divided into five sections (Img. 1.6.5), (Img. 1.6.6) If an offline user is HF Administrator, section C will contain facility to `Download Claims`. If an offline user is Offline Scheme Administrator, section C will contain facility to `Download Enrolments`



Img. 1.6.5: *Extracts Control Page, HF Administrator, openIMIS offline*

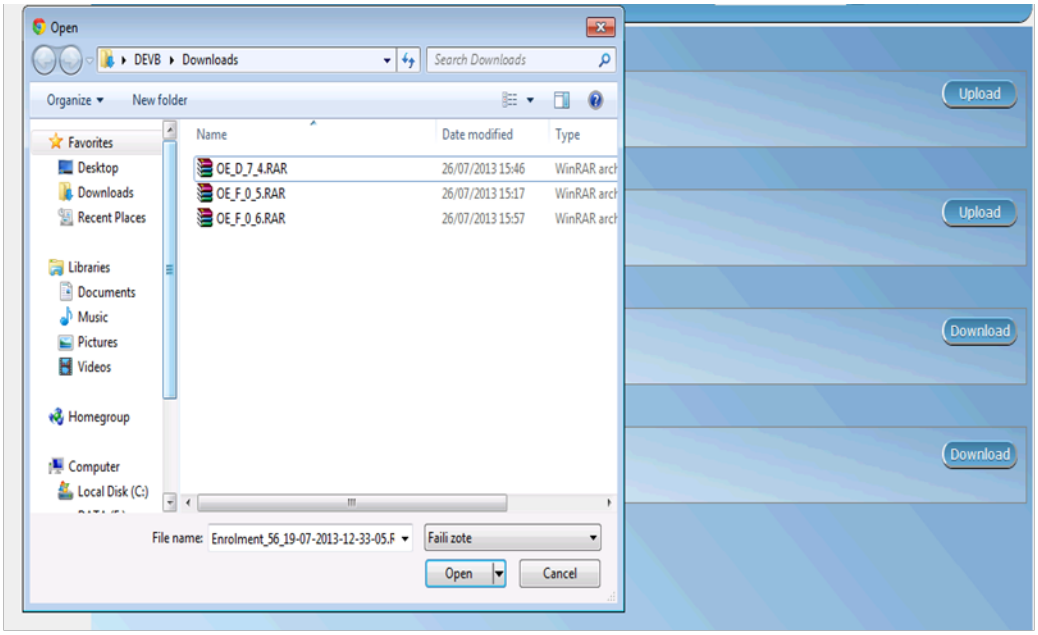


Img. 1.6.6: *Extracts Control Page, Offline Scheme Administrator, openIMIS offline*

section a - import extract This section has a facility to enable synchronization of online openIMIS data with that offline openIMIS data. When online data in a zipped file is obtained (downloaded extraction) from online openIMIS to user local computer, user will use this section to put that data into offline IMIS.

User has to select a file from a local computer by clicking the 'select file' button on the left side of the section, and in the popup window which appears (Img.

1.6.6) user can navigate to the required file and select the file.



Img. 1.6.7: *Select File Popup Window, Import Extracts, openIMIS offline*

After clicking the upload button on the very end of right hand side in this section, data in the file will be imported to the offline openIMIS and confirmation will be given as popup messages (Img. 1.6.7), (Img. 1.6.8).

User cannot import an extract whose sequence number is same as last one imported; if done so, a popup message (Img. 1.6.10) will be shown.

section b - import photos Just as the section name implies, this is a section with facility to enable a user synchronize insurees' photos in online IMIS, with insurees' photos in offline IMIS. When online insurees' photos in a zipped file is obtained from online openIMIS to user local computer, user will use this section to put those photos into offline IMIS.

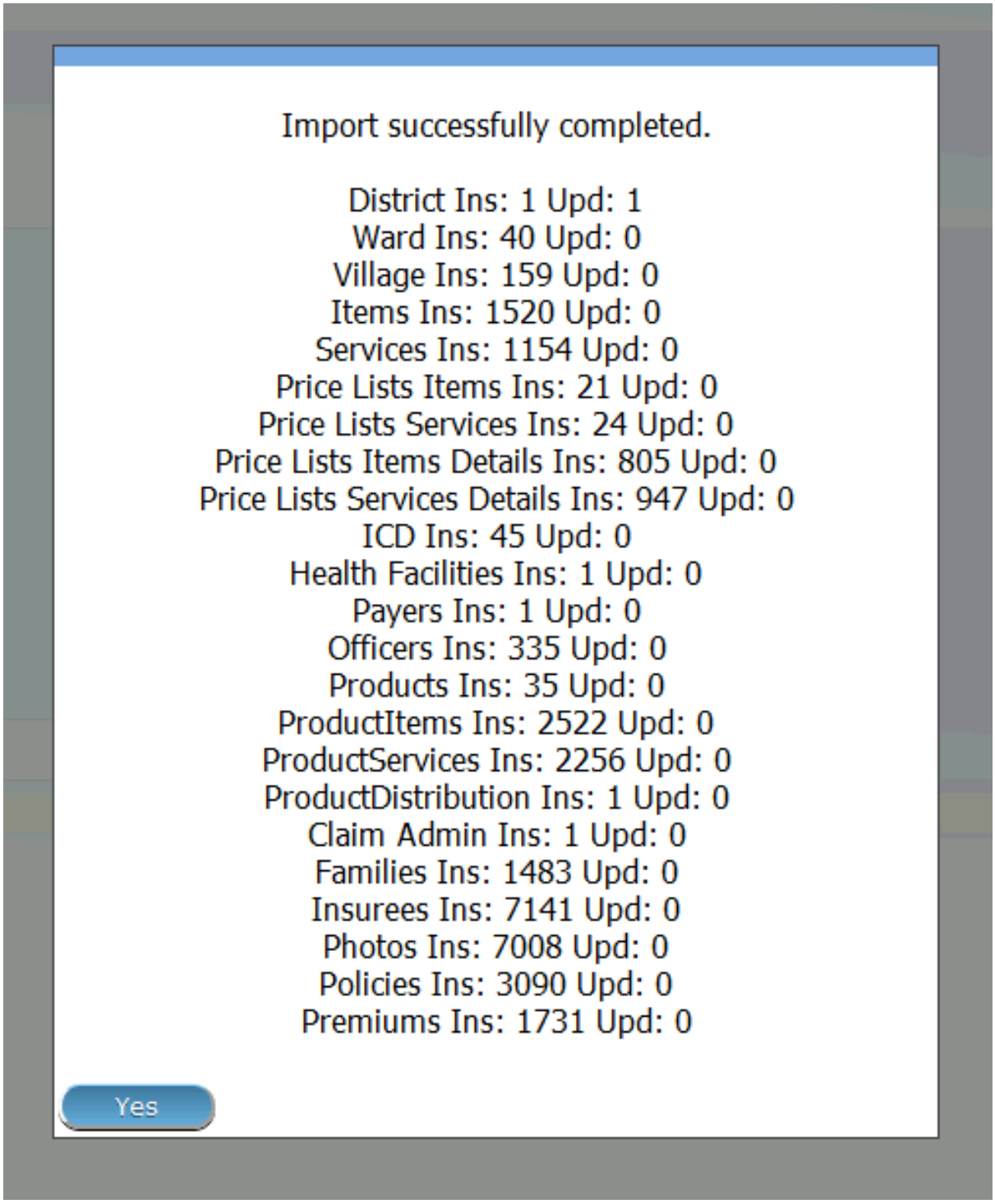
User has to select a file from a local computer by clicking the 'select file' button on the left side of the section, and in the popup window which appears (Img. 1.6.11), user can navigate to the required file and select the file.

After clicking the upload button on the very end of right hand side in this section, data in the file will be imported to the offline openIMIS and confirmation will be given as popup messages (Img. 1.6.11).

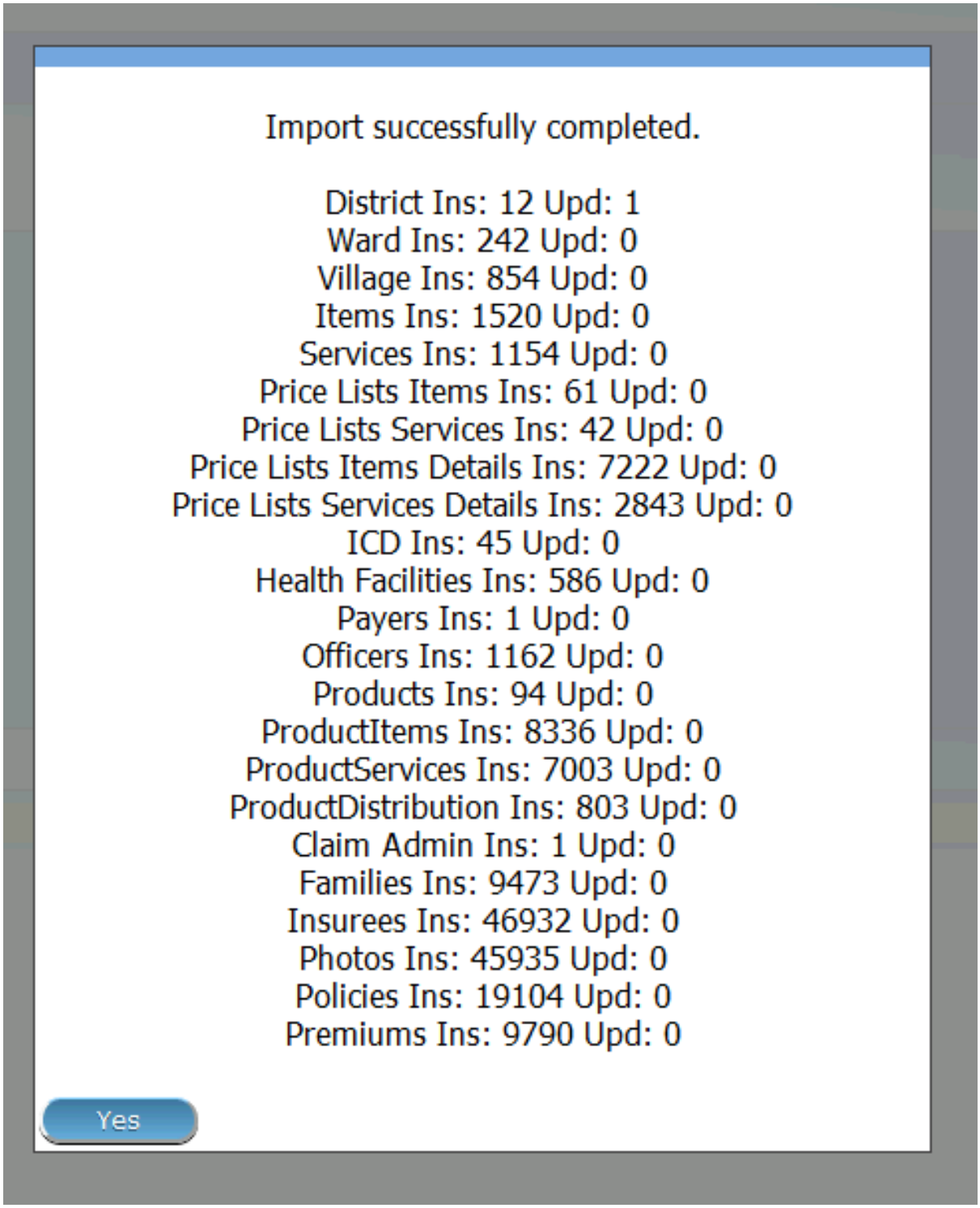
If importation of photo is not done due to some reason, the above popup message will not be shown, instead system will issue proper popup message to notify a user what went wrong and what is to be done.

section c - download claim xmls This section has facility to enable offline HF Administrator download to a zipped file all offline claims. By clicking the download button on the right hand side, the user initiate download process and all offline claims will be downloaded to a default downloads folder in user's local computer or a prompt of 'where to save file' will be displayed by browser'. User can navigate through folder in his/her local computer to find the file downloaded. If no new claims found, a message will be displayed.

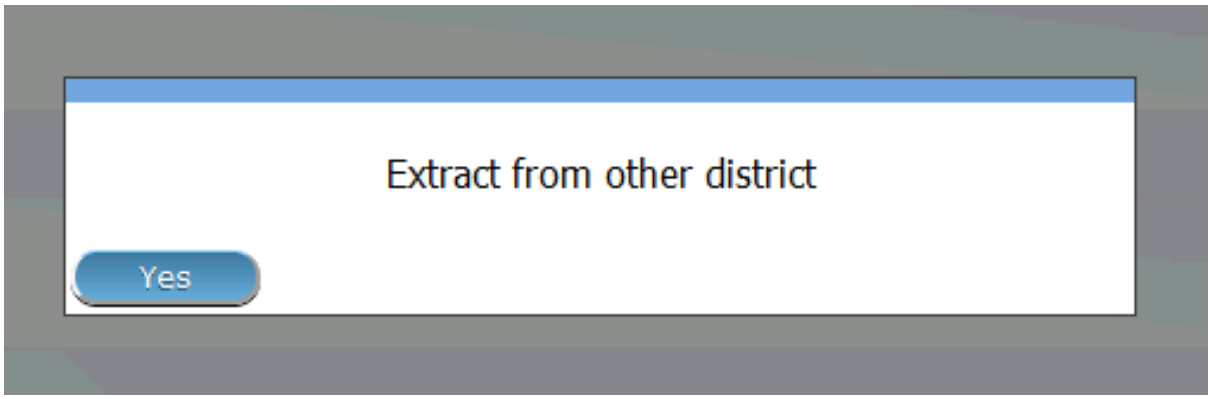
download enrolment xmls This section has facility to enable Offline Scheme Administrator download to a zipped file all offline enrollments of families, insurees, policies and contributions. By clicking the download button on the right hand side, the user initiate download process. If no enrolment found, a popup message



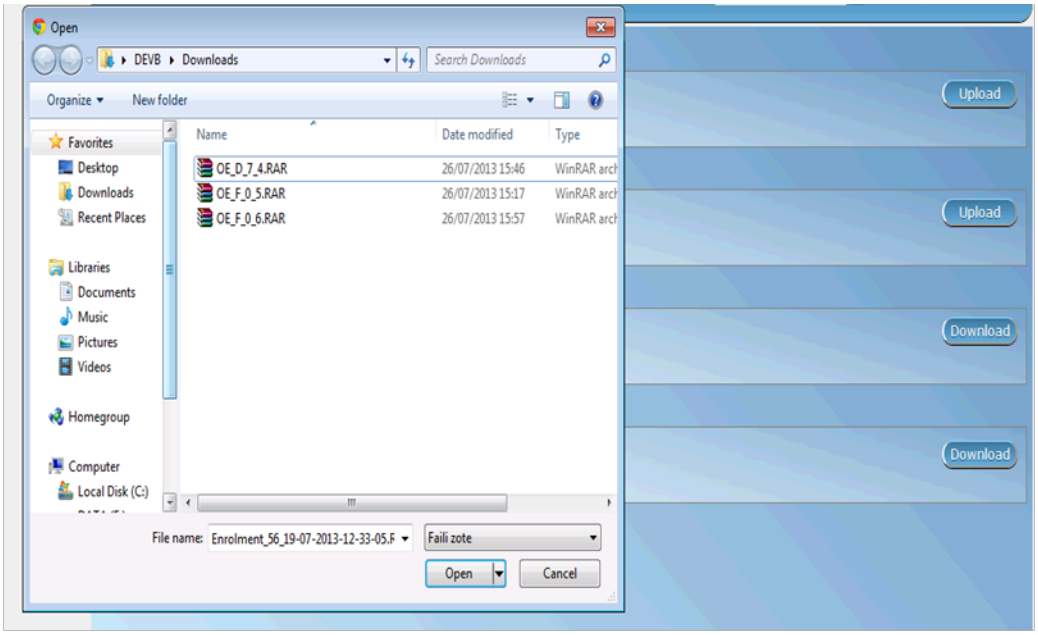
Img. 1.6.8: *Popup Window, Import Extracts, HF Administrator, openIMIS offline*



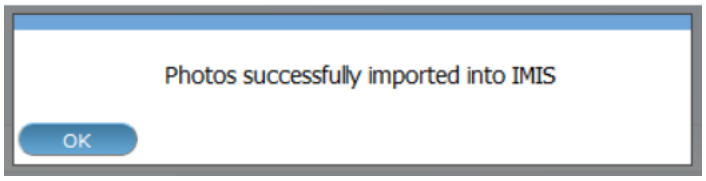
Img. 1.6.9: *Popup Window, Import Extracts, Offline Scheme Administrator, openIMIS offline*



Img. 1.6.10: *Popup Window, Wrong sequence of an extract file, openIMIS offline*

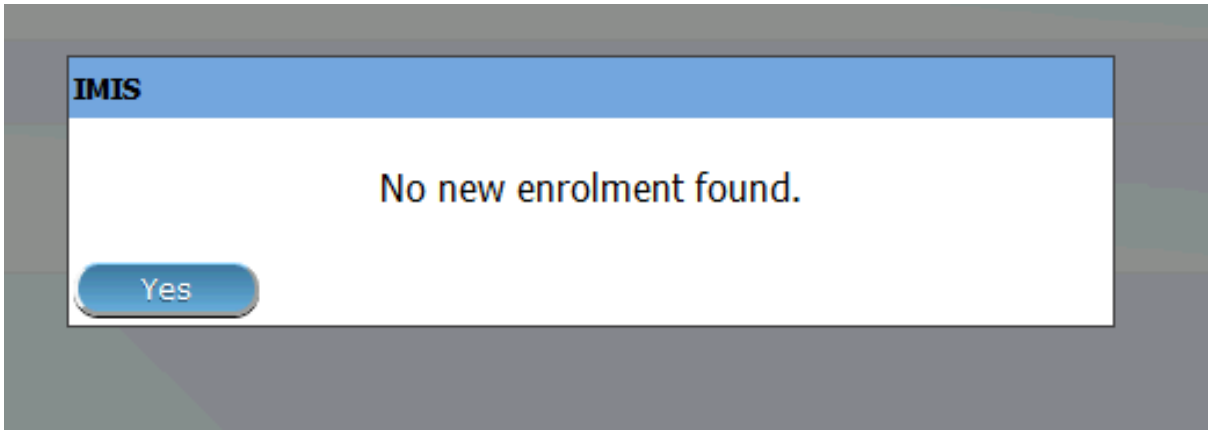


Img. 1.6.11: *Select File Popup Window, Import Photos, openIMIS offline*

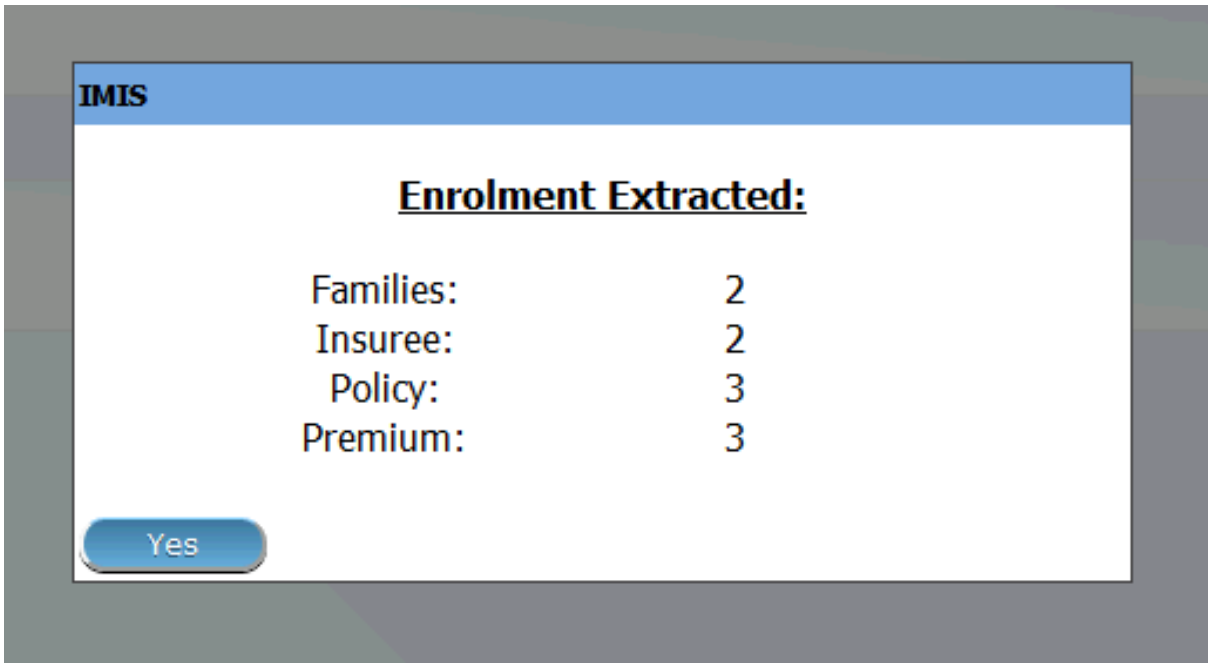


Img. 1.6.12: *Popup Window, Import Photos, openIMIS offline*

box (Img. 1.6.12) will appear, notifying the user. Otherwise enrollments will be downloaded in a zipped file and a confirmation popup message (Img. 1.6.14) will appear



Img. 1.6.13: *Popup Window, Download Enrolments, openIMIS offline*



Img. 1.6.14: *Popup Window, Download Enrolments, openIMIS offline*

section d - buttons This section has a cancel button, which when clicked will take the current user to the Home page.

section e - information bar Information bar at the bottom will show different notification messages in blue color depending on the actions of the user. Such actions and messages may be:

a) No Previous Extract Found

This message is seen at the first time when using the system and no any extract has been imported into the offline IMIS

Img. 1.6.15: *openIMIS Extracts, Information Bar, openIMIS offline*

b) Last Extract Sequence: <Sequence Number>

This message is seen, after a single / series of extract importation have been made to the offline openIMIS and that much times will be shown as a sequence number at the end of the message. This enables proper tracking of right extracts to import and use.

Img. 1.6.16: *openIMIS Extracts, Information Bar, openIMIS offline*

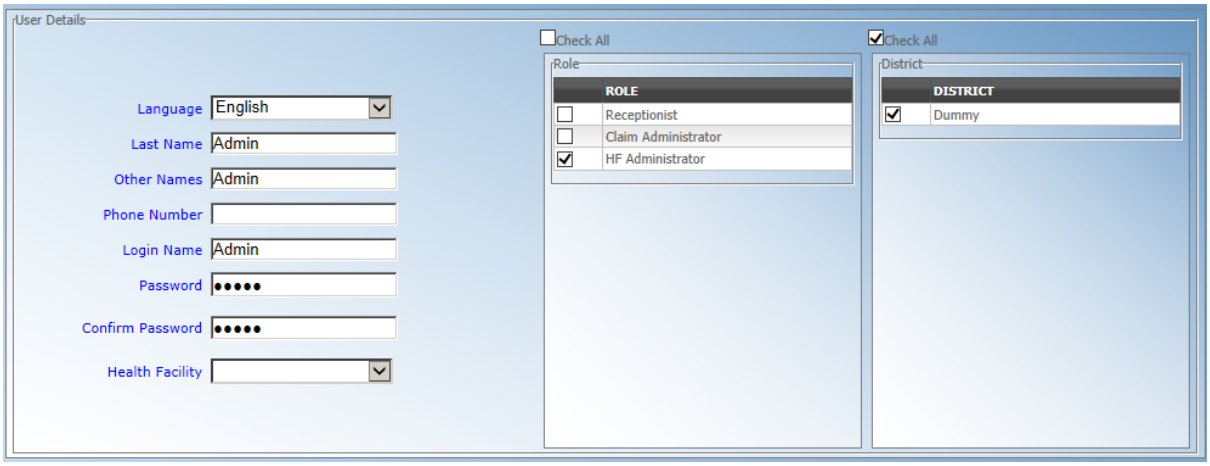
c) No claims Found

When HF offline openIMIS user is downloading offline claims and no new offline claims is found, this message is displayed.

Img. 1.6.17: *openIMIS Extracts, Information Bar, openIMIS offline*

4. **User**

Users with role HF Administrator, can create only users with roles: **Receptionist, Claim Administrator** and **HF Administrator** (Img. 1.6.18). User with role 'offline NSHIP Administrator', can create only user with role: **Clerk** (Img. 1.6.19).



Img. 1.6.18: *Users Page - HF Administrator, openIMIS offline*

5. **data access**

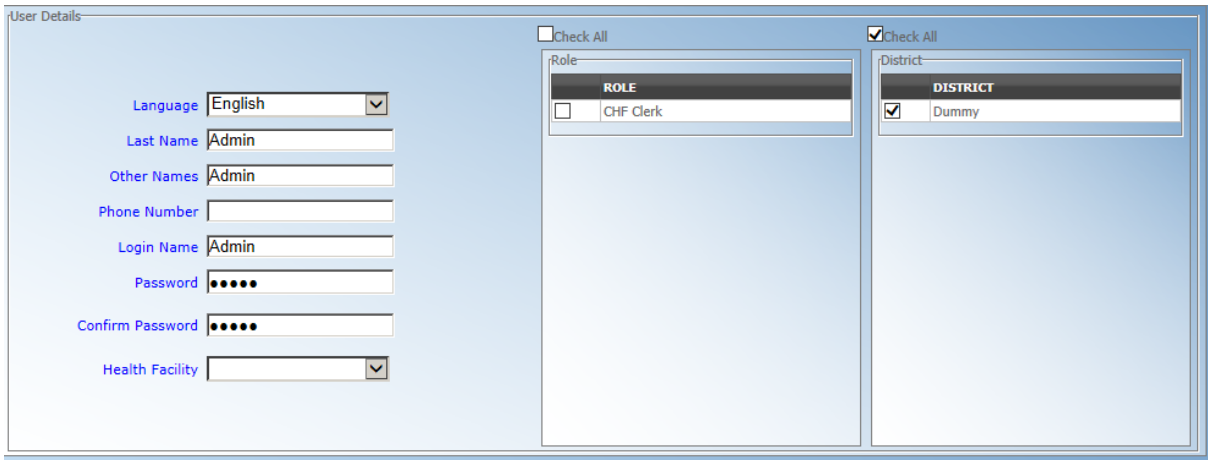
- Search / Find

  In all pages in `Insurees` and `Policies` menus with search / find acility, there will be an extra search criteria (Img. 1.6.20) to enable search for offline data only. This feature is available if a user is in Offline IMIS.

- Create / Edit

  Only families, insurees, policies and contributions created/edited while offline, will be available for further manipulation. An online data is available for viewing purposes.

  For an offline user with a right to open `Insurees` and `Policies` menus, he/she can access all data but can manipulate only that data which was created offline. The rest of the data will be available in read-only mode



Img. 1.6.19: *Users Page - Offline Scheme Administrator, openIMIS offline*

Img. 1.6.20: *Search Criteria - offline only data, openIMIS offline*

1.7 Group insurance

openIMIS is supporting group insurance since the October 2021 release, this feature allows a "policyholder" to take insurance for other insuree.

This feature does not change the insuree registration process, therefore the insuree must be already known by openIMIS before being attached to a policyholder.

1.7.1 Getting started

openIMIS must have those configured:

- Products
- Locations
- Health Facilities

Before starting the configuration of openimis the scheme must be defined upfront

this features don't covers the registration of the insuree, insuree must be registered using other openIMIS functions

1. Setting up the contribution plans

   This feature comes with contribution plans, those items are used to bring flexibility in the pricing models for a product. thanks to contributions plan, the scheme administrator can define different pricing for the same coverage.

   Before setting up the policyholder the scheme administrator must setup the contribution plans and then make bundle of contribution plan; even if only one contribution plan (product) is wished to be available for group insurance on "bundle" must still be created.

2. Creating the policyholder

   Once the general information regarding the Policyholder is saved, the eligible contribution plan bundle for that policyholder must be linked in the "contribution plan bundle" tab.

3. add Policyholder users

   to allow the inputs from the policyHolder, openimis user can be configure to the PH user, so they will have access the data that need to be maintained by the policyholders

4. Adding insuree on the policyholder

   Insuree can be added via the "policyholder insuree" tab, the clerk will have to find the insuree using the insuree number, then the policyholder contribution bundle plan (PH-CBP) need to be attached to the insuree

   Once PH-CBP is selected, the calucation params will be pulled (eg. invoice) and new inputs fields might apprears

5. Generating coverage

   Used to generate coverage the group insurance features used contracts.

   At creation the contrat will pull the valid PH-Insuree, once created (draft), the contract will have to go through severals steps : submitted (negociable) , approved (executable) , payed (Effective) then the coverage are active for the contract dates (can be modulated by the contribution plans)

6. Generating payment to third parites

   Once a claim is approved a payment is likely to be due, if order to generate the appropriate payment, payment plans need to be used

CHAPTER 2

Mobile Applications

User Manual – CHF-IMIS apps, relates to the versions 1.3.0 and newer (see the Remark)

Introduction

The Insurance Management Information System (IMIS) is the web based software supporting running of health insurance schemes. It includes functionality for a setup to requirements of health insurance schemes, administration of policies and policyholders and for claim processing.

The web forms used in IMIS are not adjusted to small screens of mobile phones and this is one of reasons why IMIS provides applications on the Android platform that can be used effectively in the field for preparation and retrieving of data for/from the web IMIS. There are two applications available that provide essential functionality for enrolment officers (IMIS Policies) and for claim administrators (IMIS Claims).

Both applications allow autonomous preparation of data (enrolment and policy data by IMIS Policies and claim data by IMIS Claims) and their on-line or off-line transfer to/from web IMIS. Principally both applications can be used also in the environment with no or just occasional access to Internet.

This manual is a guide on the use and functionality of the software rather than in-depth technical reference. The Contents section, provide a reference to the page of each major chapter and the sub chapters within. By clicking on the content title (online version), the reader is re-directed to the position of the content title.

The following conventions are used:

- *Hyperlink* enable a quick link (using the online version) to the subject relating to the functionality,
- **Item** means an item in a drop down list**,**
- **Label** means a data field or a button,
- Name of Page means a name of page or a data field in a text without hyperlink.

At any time while using the online version, the following shortcuts are available:

Ctrl Home : Move to the top of the document
Ctrl End: move to the end of the document.
Page Up : Move Page Up
Page Down: Move Page Down

2.1 The mobile application IMIS Claims

2.1.1 Launching of IMIS Claims

To launch the application IMIS Claims just click on the icon of the application. Users must have a valid code of a claim administrator (entered in the register of claim administrators in the web IMIS) and for selected functionalities must have a valid User Name and Password provided by an administrator of the web IMIS. The User Name data field in login pages is pre-filled with claim administrator code entered while launching the application. The reason is that the web IMIS can create automatically a user record simultaneously with an entry of a new claim administrator into the register of claim administrators. Such automatically created user has its User Name equal to the claim administrator code. However, this pre-filled User Name can re-written by any valid User Name.

The *Initial Page* appears:

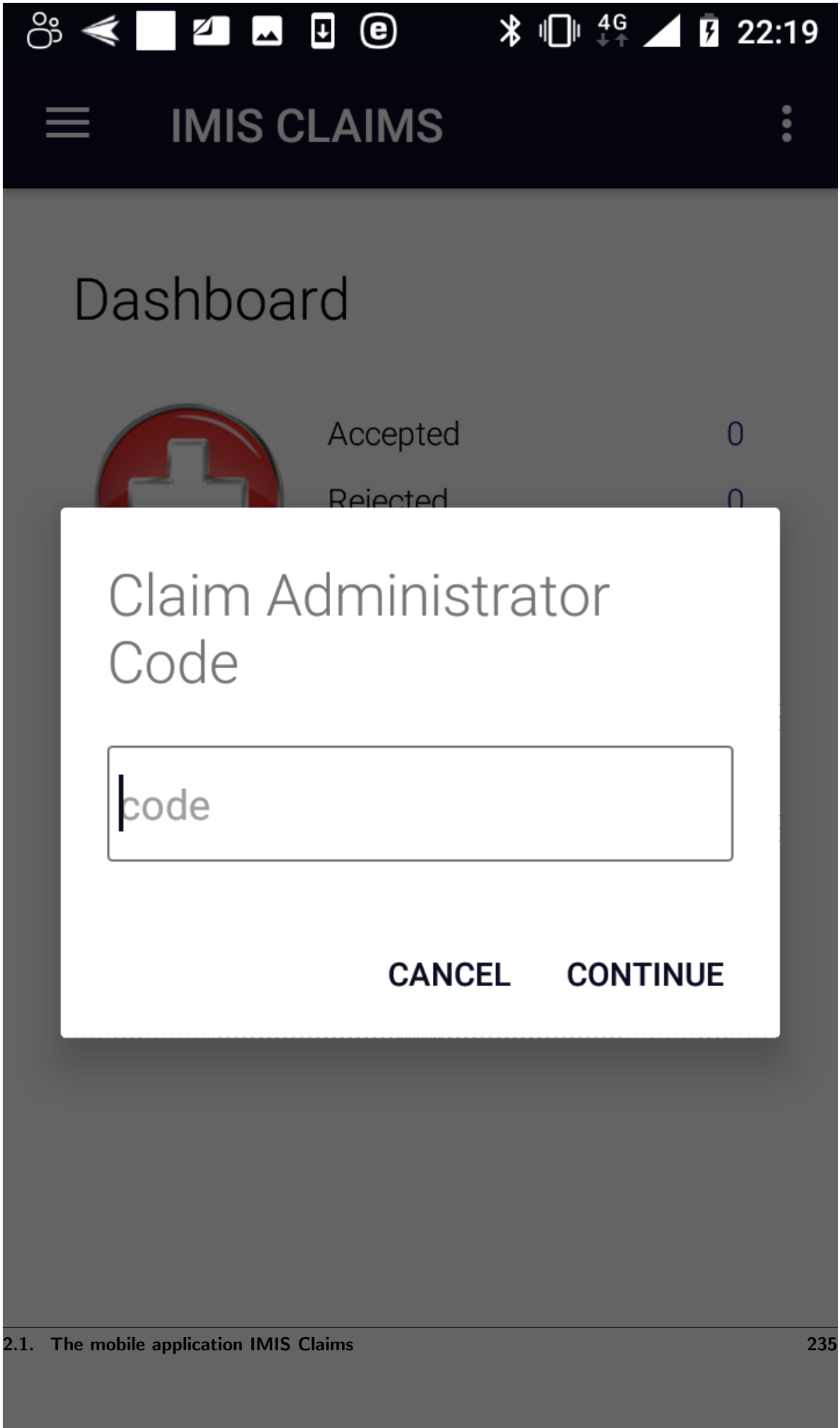

22:19
IMIS CLAIMS
Dashboard
Accepted
0
Claim Administrator Code
code
CANCEL
CONTINUE

Image 2.1.1 (Initial Page)

Enter a valid claim administrator code and click on the button **Continue**. If a valid claim administrator code is entered, the application will re-direct to the *Home Page*

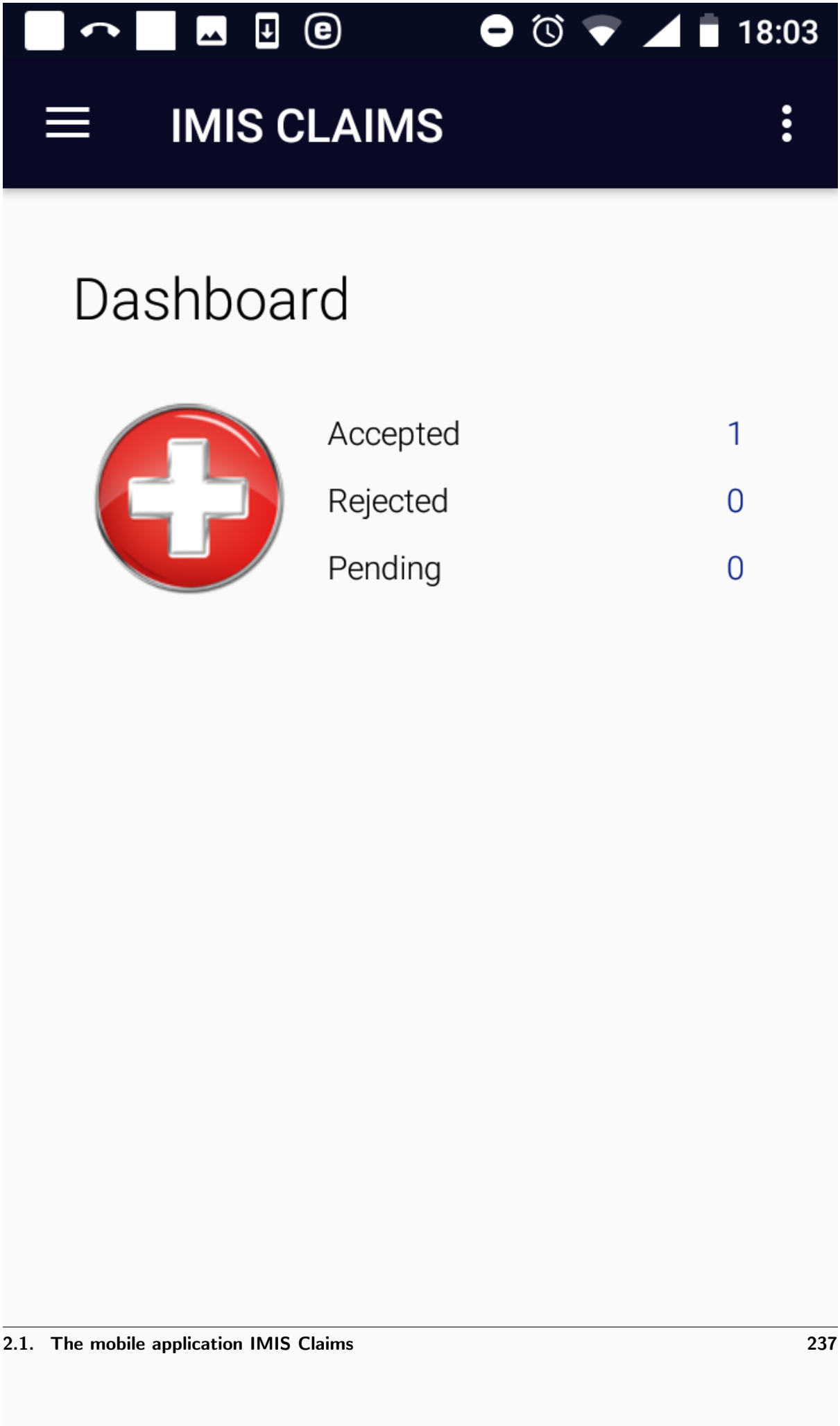

18:03
IMIS CLAIMS
Dashboard
Accepted 1
Rejected 0
Pending 0

Image 2.1.2 (Home Page)

The statistics on the number of claims appears on the Home Page. The statistics is split into the number of claims that were uploaded and accepted by the web IMIS (Accepted), the number of claims uploaded but rejected (Rejected) and the number of claims saved (posted) but not uploaded yet (Pending) Quitting of the applications resets the statistics.

Clicking on the <three dots vertically> icon in the upper right corner the menu for selection of language of the user interface appears.

Clicking on the <three bars horizontally> icon in the upper left corner the main menu of the application appears:

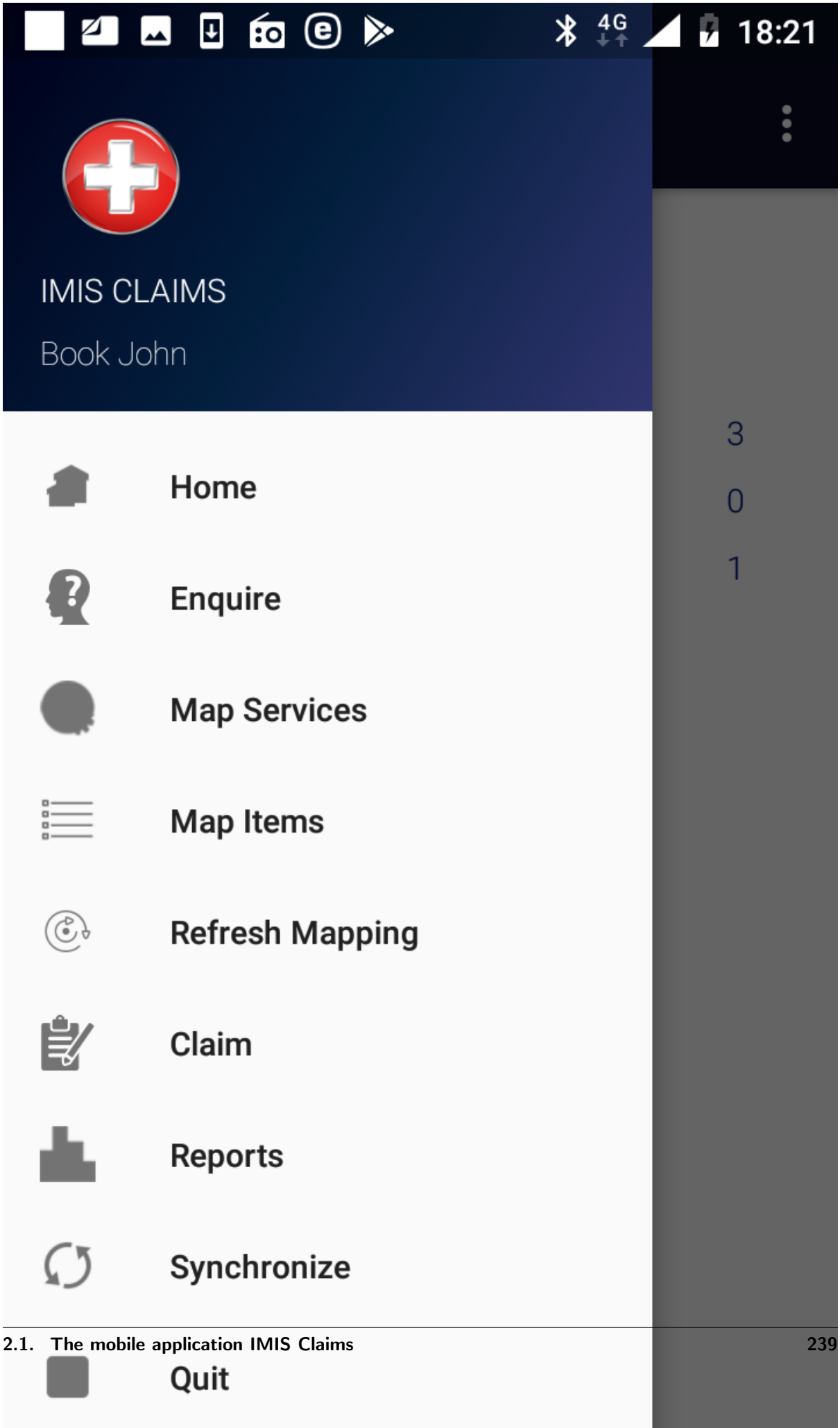

18:21
IMIS CLAIMS
Book John
Home
Enquire
Map Services
Map Items
Refresh Mapping
Claim
Reports
Synchronize
Quit
3
0
1

Image 2.1.3 (Main menu of the application)

The menu items stand for the following functionalities:

Home – return to the Home Page

Enquire – getting a photo and information on the coverage of an insure

Map Services – creation of a selected list of medical services guiding entry of services in claims

Map Items – creation of a selected list of medical items guiding entry of items in claims

Refresh Mapping – automatic creation of selected lists of medical services/items according to pricelists valid for the health facility for which the claim administrator is acting

Claim – entering and posting of claims

Reports – creation of reports relating to activities of the claim administrator

Synchronize – uploading data to the web IMIS

Quit –quitting of the application

About – info on the version of the installed application

2.1.2 Function Enquire

The function Enquire is navigated to by clicking on the menu item **Enquire** in the main menu. The function Enquire provides a photo and information of insurance coverage of a specified insuree. A user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Insurees and Familiies/Insurees/Enquire** as an access to the functionality Enquire is guarded by the *Login Page* .

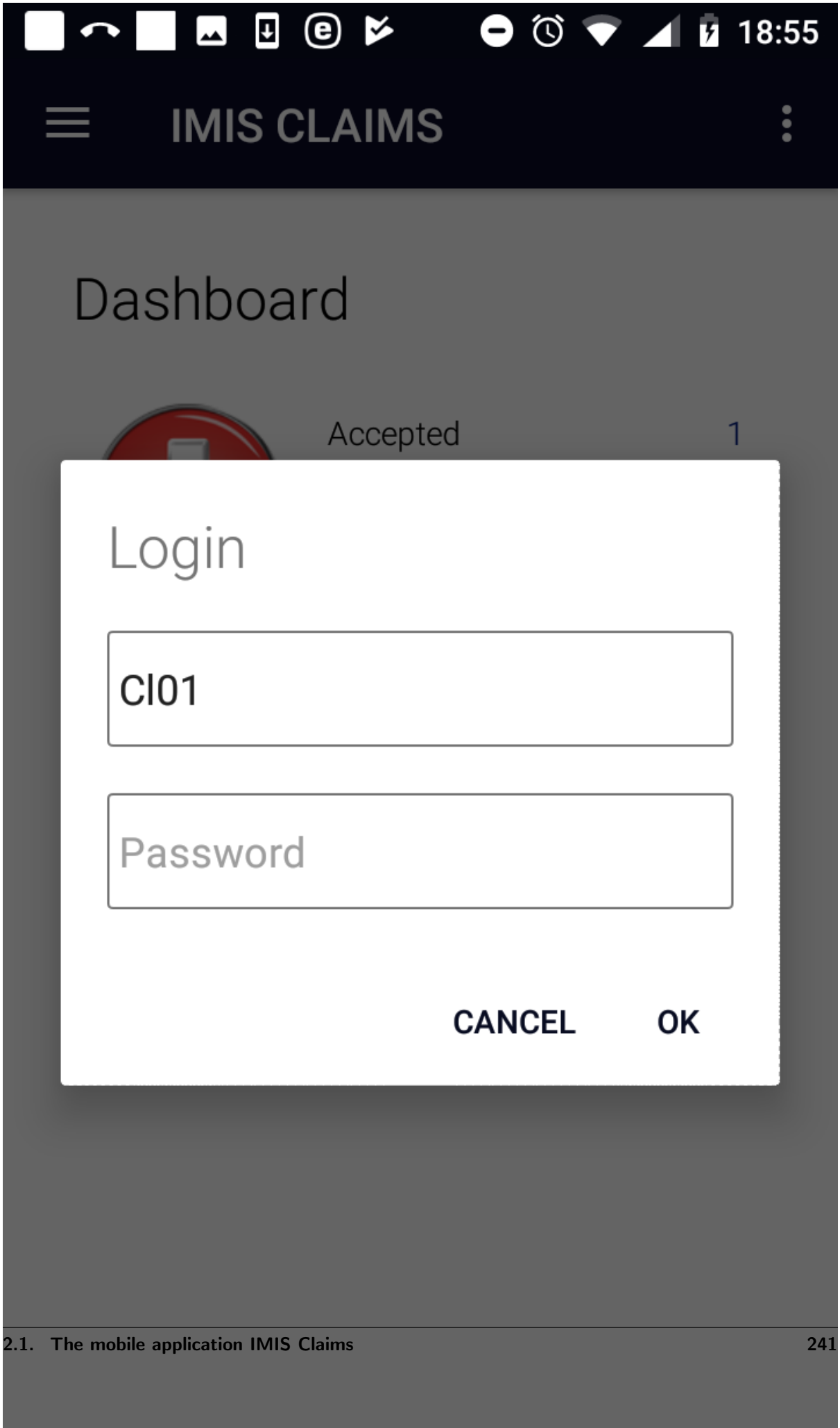

18:55
IMIS CLAIMS
Dashboard
Accepted
1
Login
CI01
Password
CANCEL
OK

Image 2.2.1 (Claim Enquire function –Login Page)

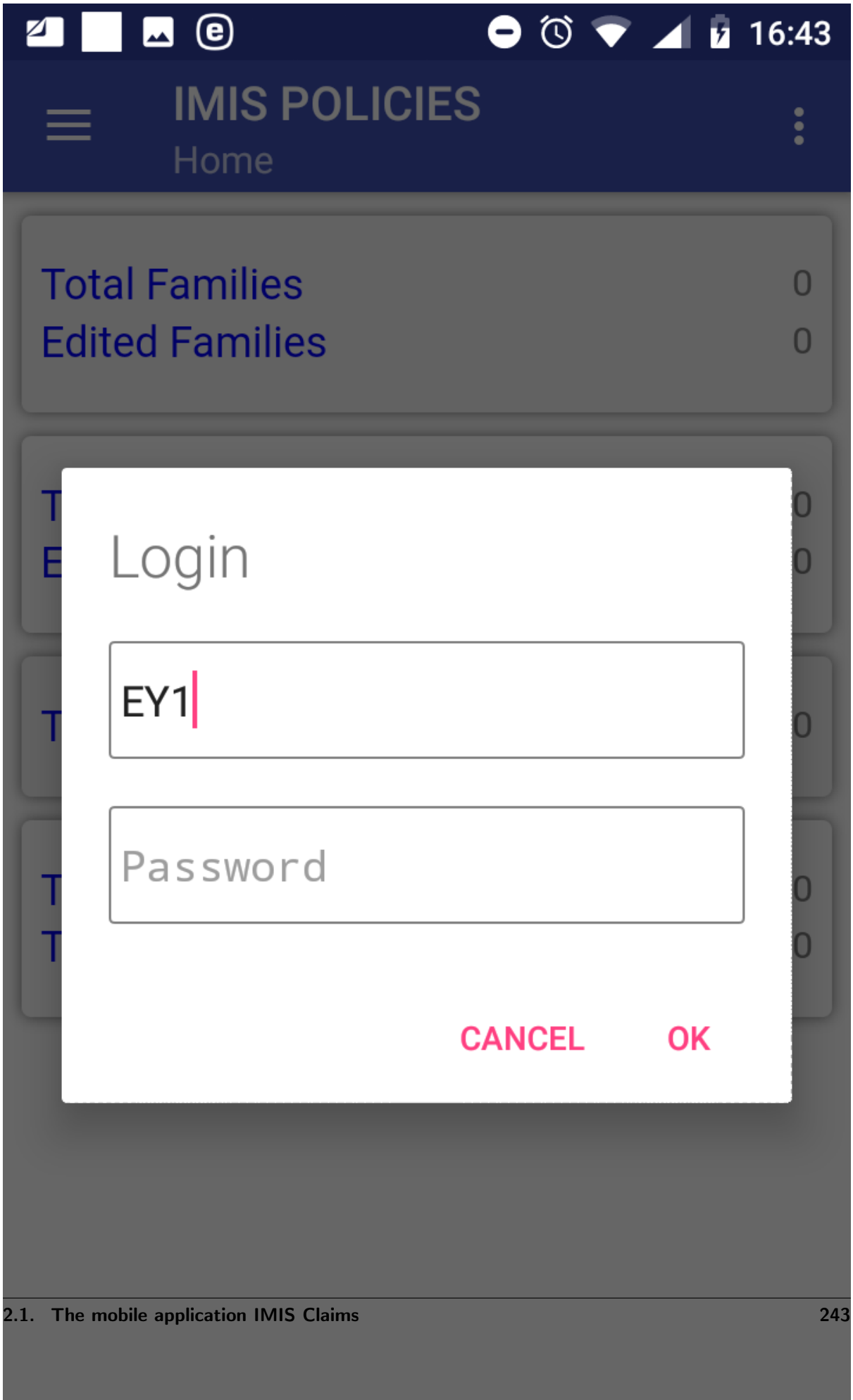


Image 1.2.1 (Policy Enquire function –Login Page)

The User Name data field is pre-filled by the enrolment officer or claim admin code with which the installation has been launched. However, the User Name data field can re-written by any valid User Name. This principle is valid all other login pages of the IMIS Policies application. If the application successfully logs in the *Enquire Page* appears:

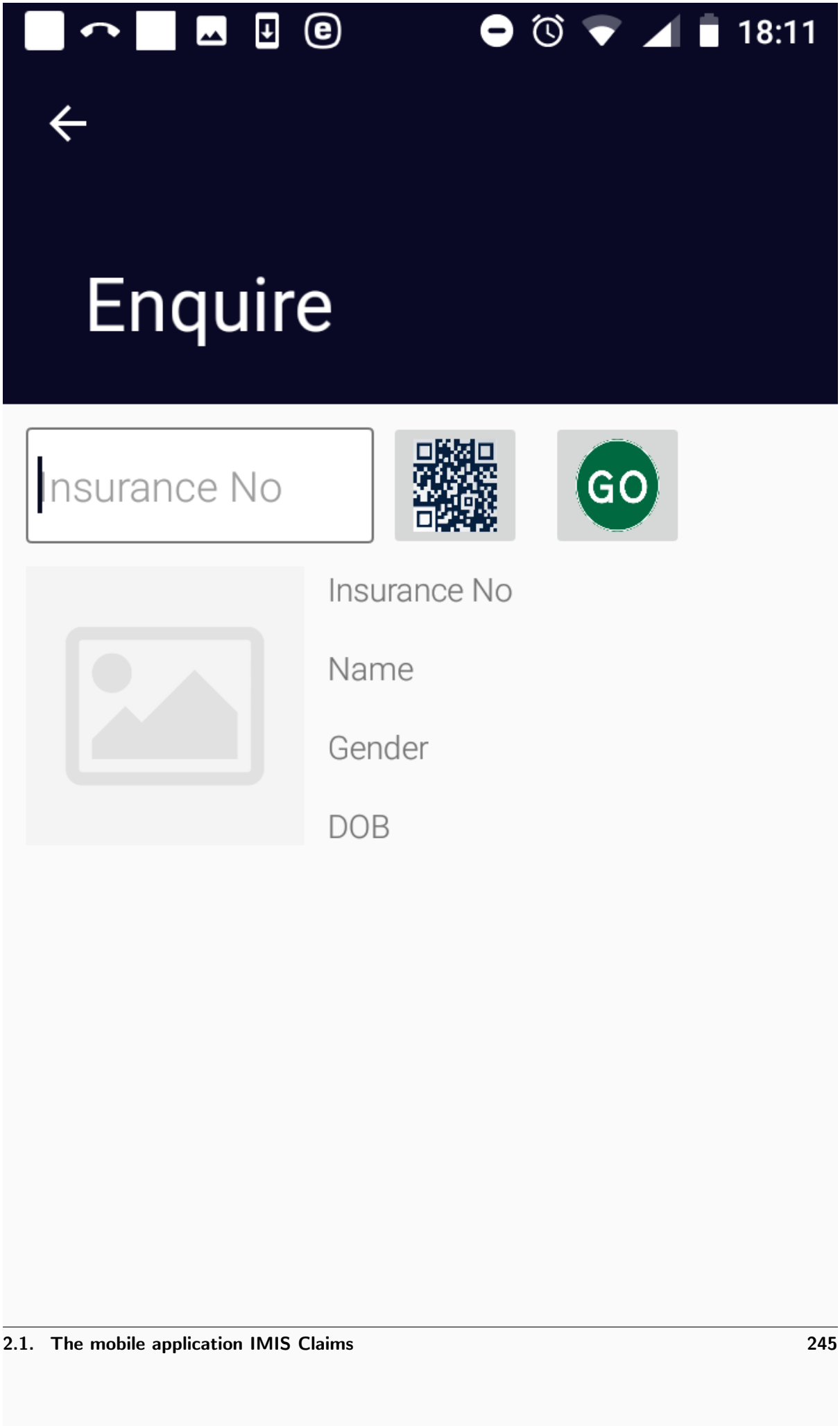

18:11
Enquire
Insurance No
GO
Insurance No
Name
Gender
DOB

Image 2.2.2 (Claim Enquire Page)

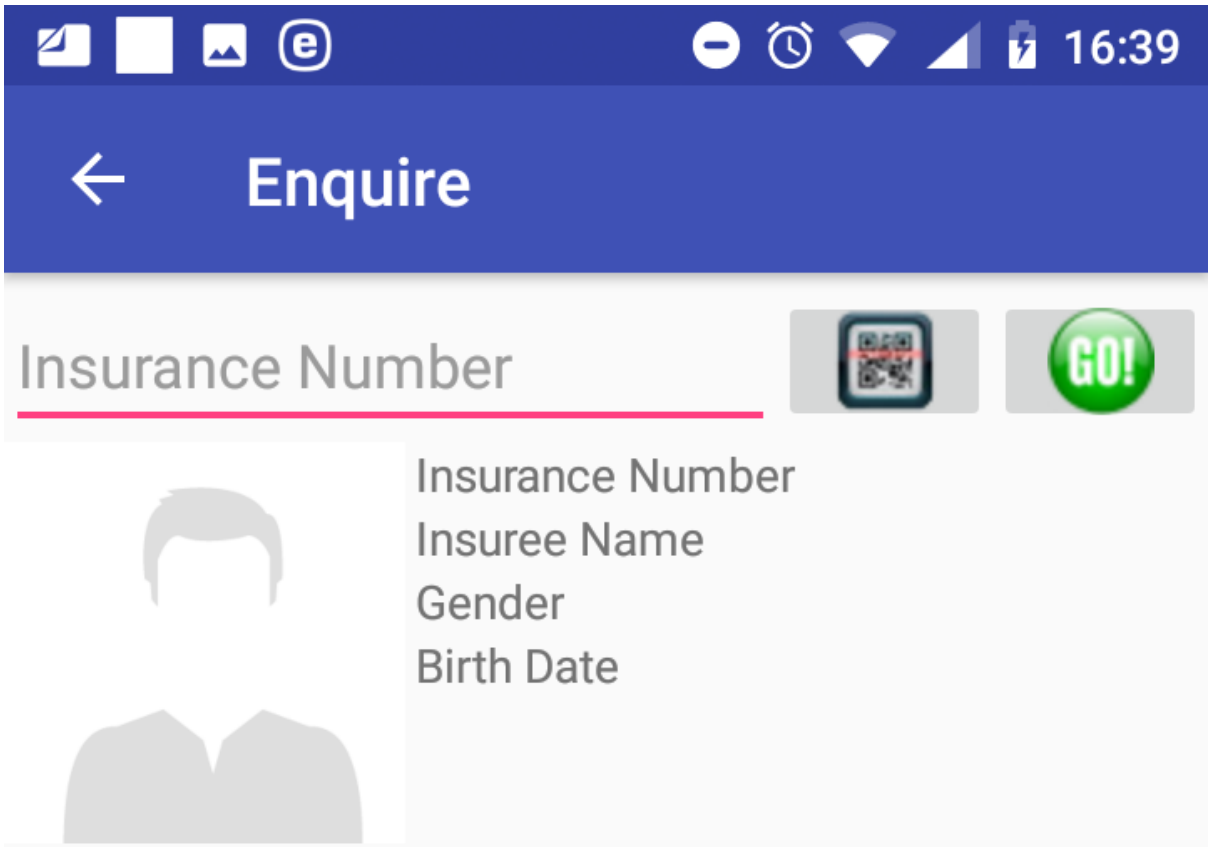


Image 1.2.2 (Policy Enquire Page)

- Insurance Number

  Either type in the insurance number of the insuree for whom identification and coverage data are to be retrieved or obtain the insurance number by scanning of a QR code by clicking on the **QR** button.

Click on the button **GO!** for retrieving the identification and coverage data.

If the insuree with the insurance number has been already entered in the web IMIS the following data appear on the *Enquiry Page* :

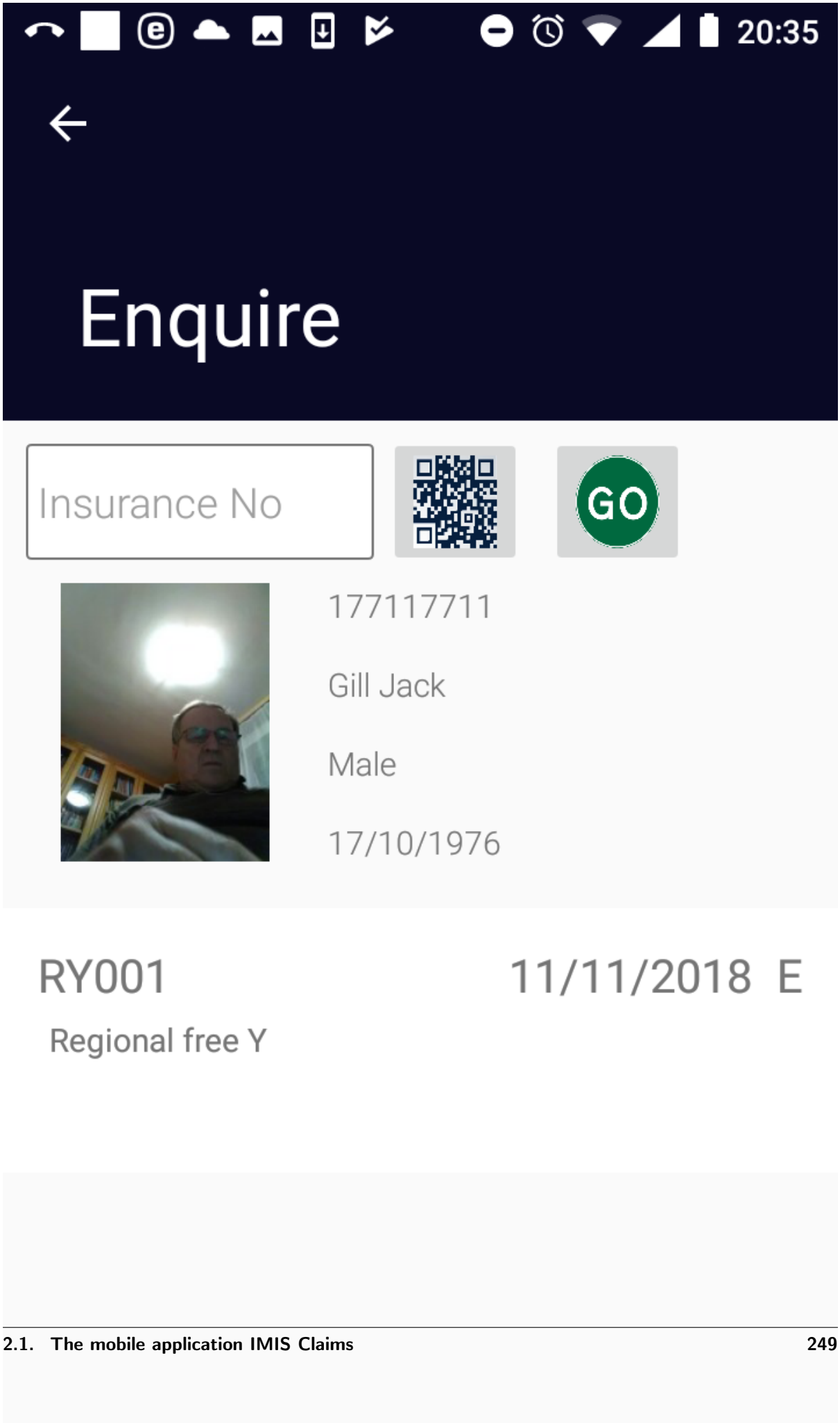

20:35
Enquire
Insurance No
GO
177117711
Gill Jack
Male
17/10/1976
RY001
11/11/2018 E
Regional free Y

Image 2.2.3 (Claim Enquiry Page-provided data on an insuree)

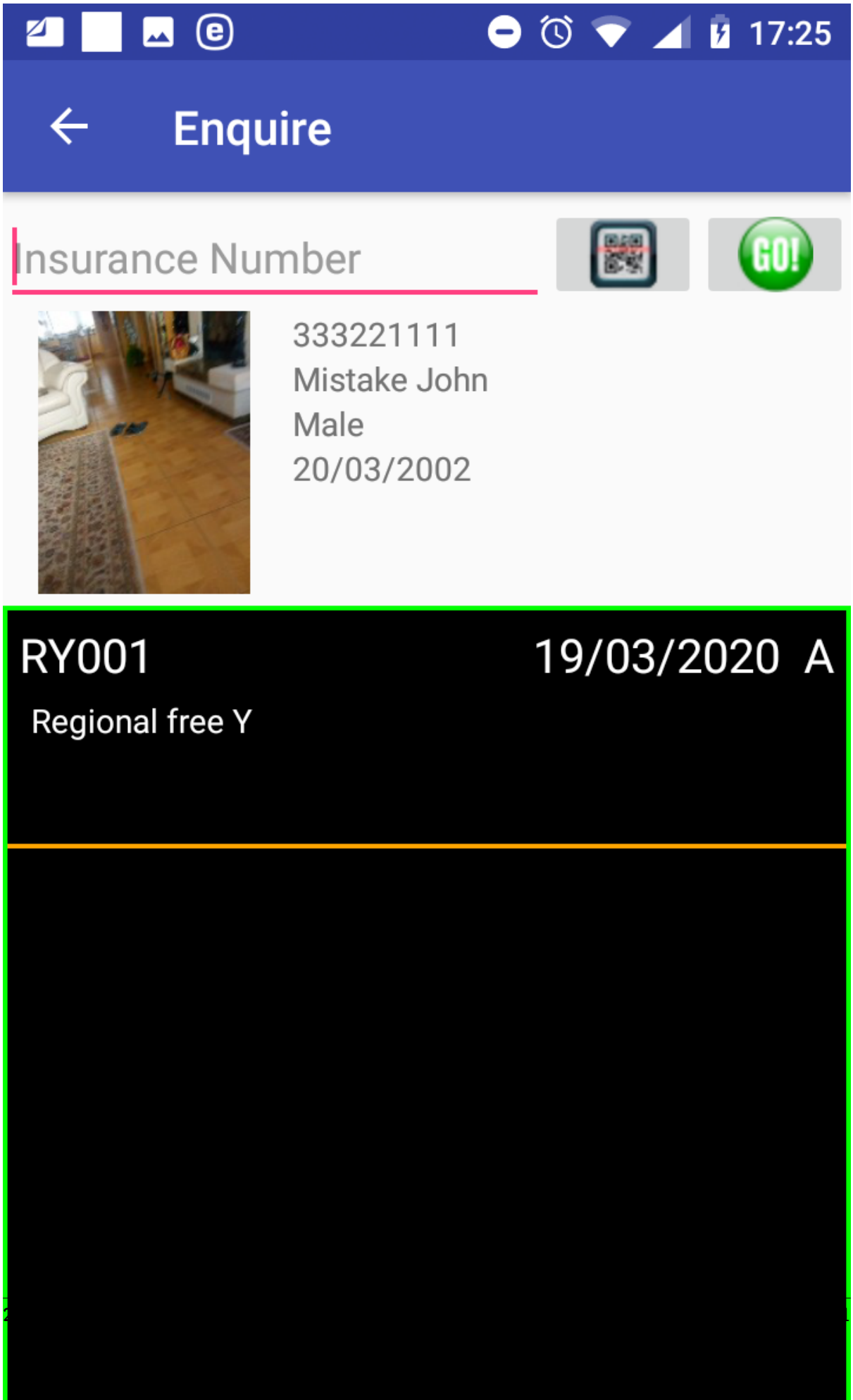


Image 1.2.3 (Policy Enquiry Page-provided data on an insuree)

- Photo of the insuree if the photo has been stored in the web IMIS
- Insurance Number
- Insuree Name
- Gender
- Birth Date

  For each policy by which the insuree is covered the following data are shown:
- Insurance Product Code
- Insurance Product Name
- Expiry Date of the Policy
- Status of the Policy

  Click on the icon <- in the upper part of the *Enquire Page* to return to the *Home Page* .

2.1.3 Function Map Services

The function Map Services is navigated to by clicking on the menu item **Map Services** in the main menu. The function Map Services allows customization of the list of medical services that will be used for entering of claims within the application. It could be regarded as manual creation of a payment list of medical services for purpose of the set-up of the application. The *Map Services Page* appears immediately:

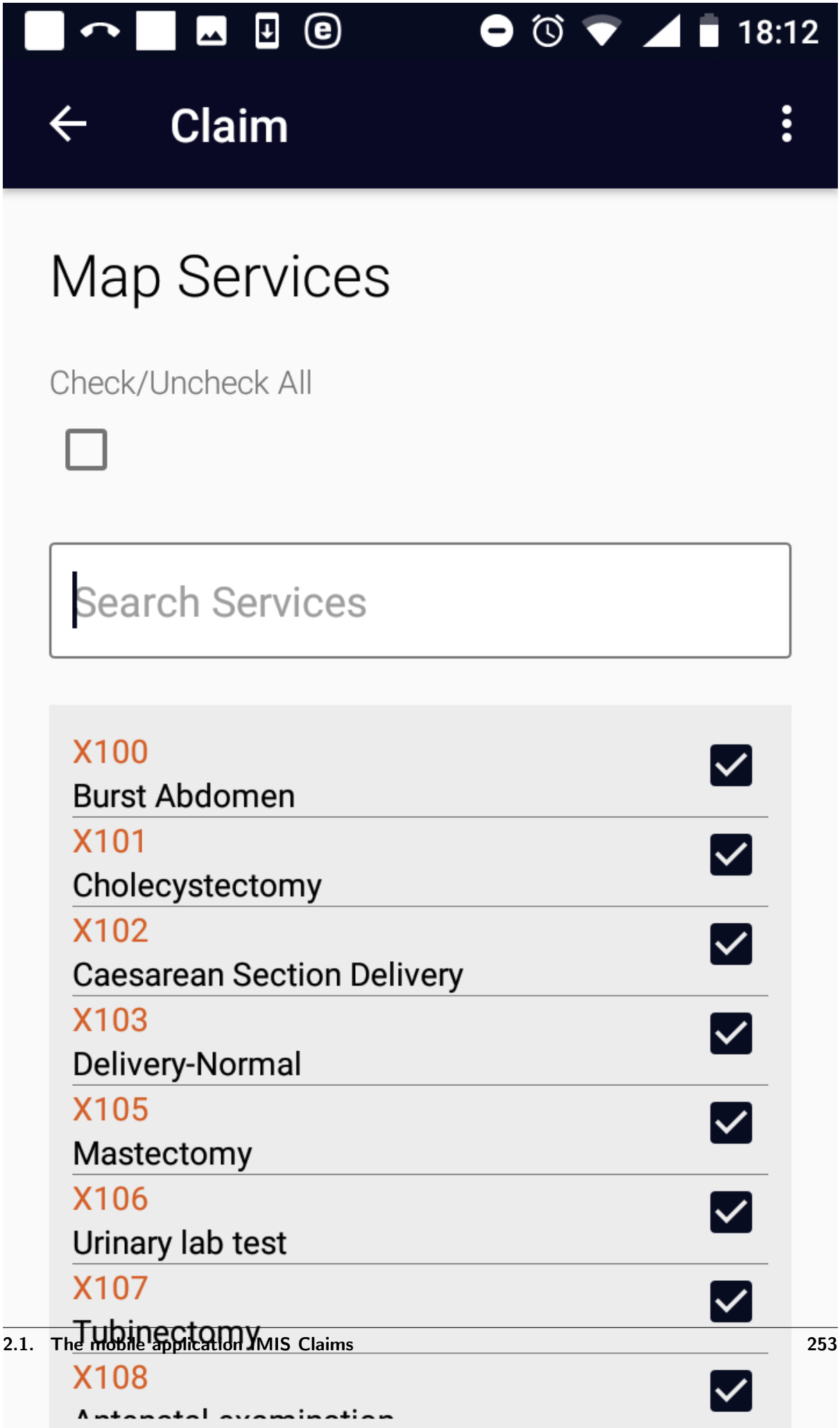

18:12
Claim
Map Services
Check/Uncheck All
Search Services
X100
Burst Abdomen
X101
Cholecystectomy
X102
Caesarean Section Delivery
X103
Delivery-Normal
X105
Mastectomy
X106
Urinary lab test
X107
Tubinectomy
X108

Image 2.3.1 (Map Services Page)

The *Map Services Page* lists all medical services from the register of medical services in the web IMIS with adjacent checking boxes. The displayed list can be constraint to only services containing a substring in their title and/or code in the box Search Services.

A customized list of services can be created either

a) checking of check boxes adjacent to selected medical services

or

b) reducing the total list of medical services by entering a substring into the box Search Services and checking the check box Check/Uncheck All.

Saving of the customized list of medical services is done by clicking on the <three dots vertically> icon in the upper right corner and clicking on the menu item **Save.** A confirmation box appears.

Click on the icon <**-** in the upper part of the Map Services Page to return to the *Home Page***.**

2.1.4 Function Map Items

The function Map Items is navigated to by clicking on the menu item **Map Items** in the main menu. The function Map Items allows customization of the list of medical items that will be used for entering of claims within the application. It could be regarded as manual creation of a payment list of medical items for purpose of the set-up of the application. The *Map Items Page* appears immediately:

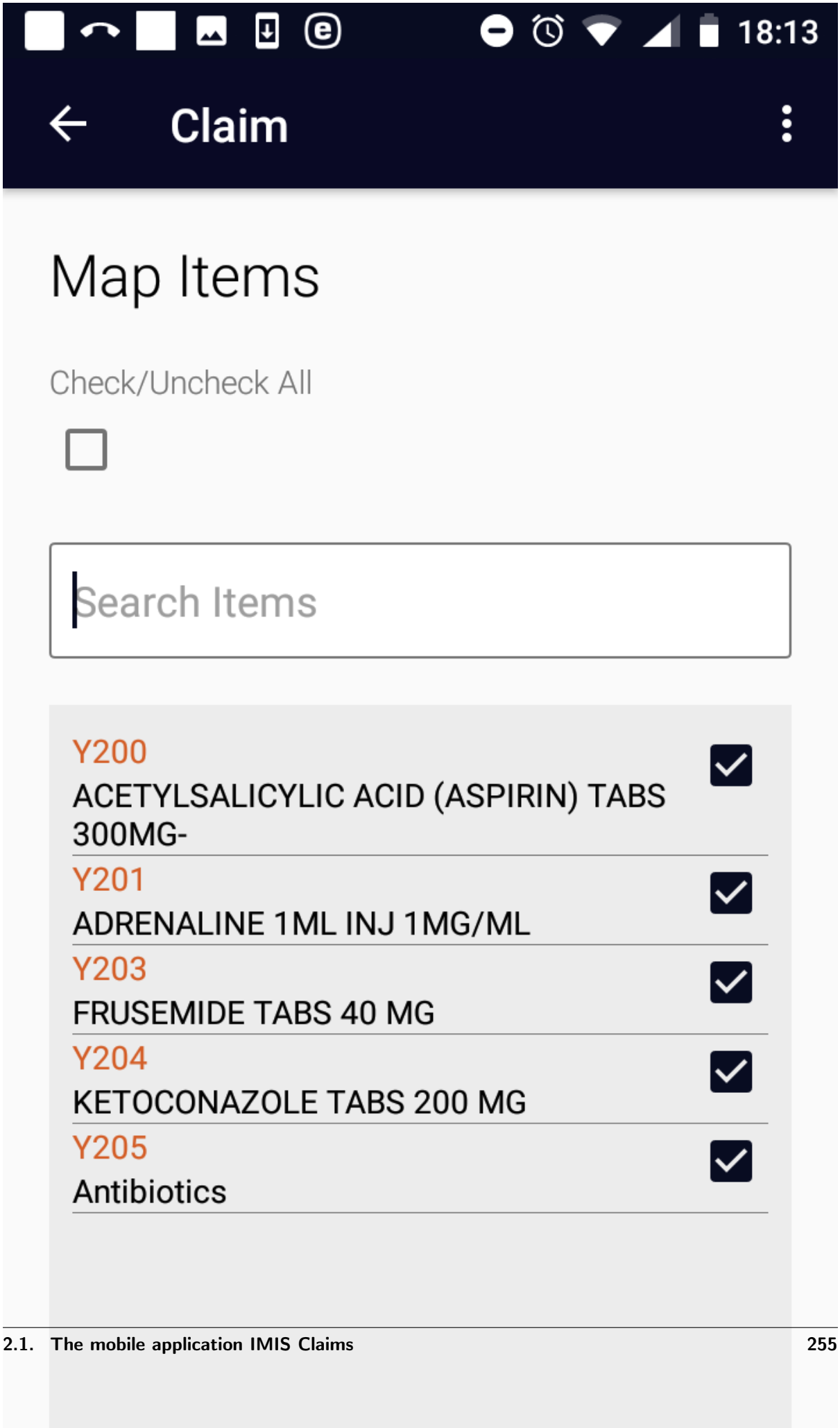

18:13
Claim
Map Items
Check/Uncheck All
Search Items
Y200
ACETYLSALICYLIC ACID (ASPIRIN) TABS 300MG-
Y201
ADRENALINE 1ML INJ 1MG/ML
Y203
FRUSEMIDE TABS 40 MG
Y204
KETOCONAZOLE TABS 200 MG
Y205
Antibiotics

Image 2.4.1 (Map Items Page)

The *Map Items Page* lists all medical items from the register of medical items in the web IMIS with adjacent checking boxes. The displayed list can be constraint to only items containing a substring in their title and/or code in the box Search Items.

A customized list of items can be created either

a) checking of check boxes adjacent to selected medical items

or

b) reducing the total list of medical items by entering a substring into the box Search Items and checking the check box Check/Uncheck All.

Saving of the customized list of medical items is done by clicking on the <three dots vertically> icon in the upper right corner and clicking on the menu item **Save.** A confirmation box appears.

Click on the icon <**-** in the upper part of the *Map Items Page* to return to the *Home Page***.**

2.1.5 Function Refresh Mapping

The function Refresh Mapping is navigated to by clicking on the menu item **Refresh Mapping** in the main menu. The function Refresh Mapping reflects valid payment lists of medical services/items from the web IMIS belonging to the health facility for which the claim administrator is acting to the lists of medical services/items used for entering of claims within the application. Subsequently, these lists can be further adjusted by the functions *Map Services* and *Map Items*. The confirmation prompt appears immediately:

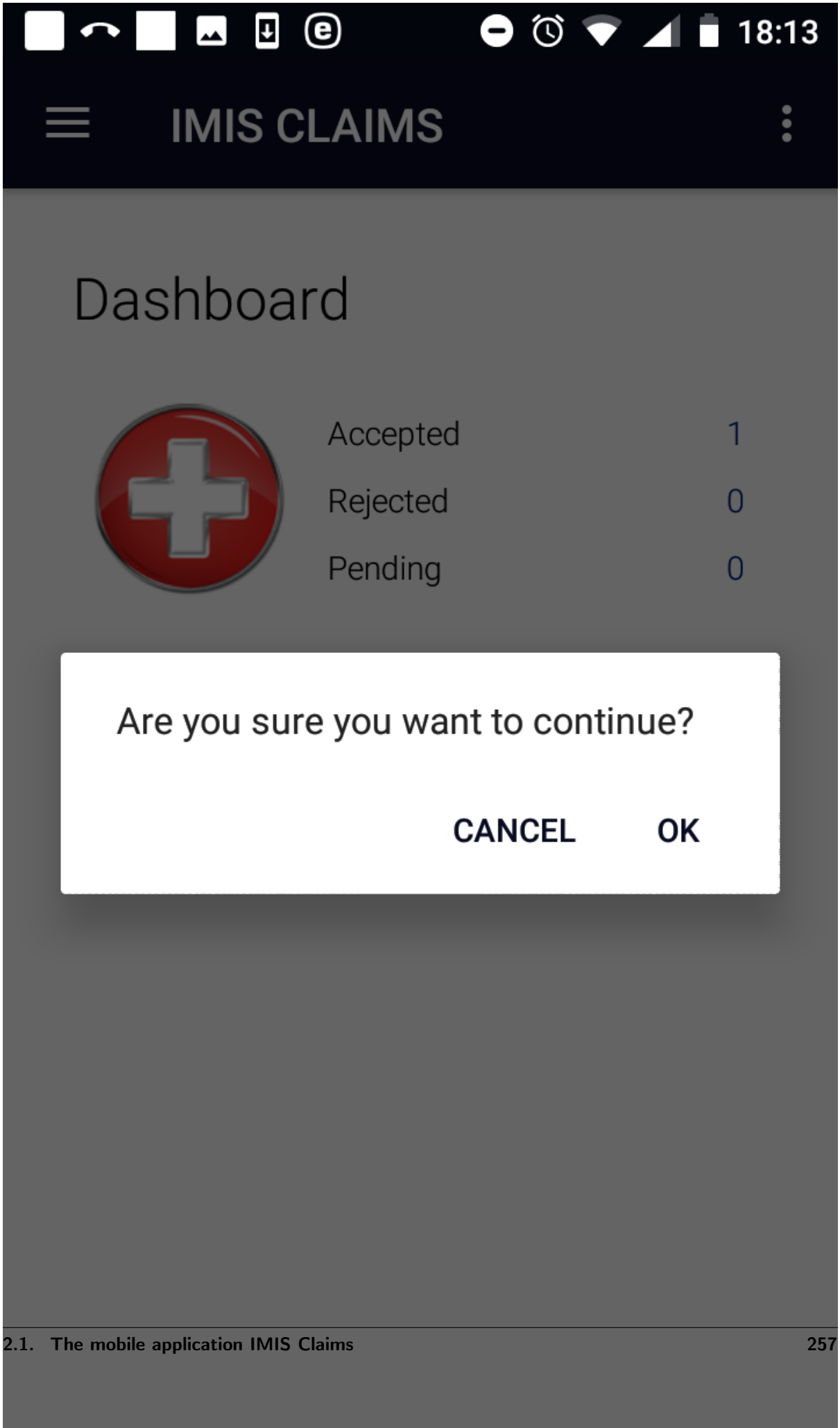

18:13
IMIS CLAIMS
Dashboard
Accepted 1
Rejected 0
Pending 0
Are you sure you want to continue?
CANCEL
OK

Image 2.5.1 (Confirmation Prompt-refreshing mapping)

Confirmation or refusing of refreshing of the mapping appears at the bottom of *Home Page* which is subsequently displayed.

2.1.6 Function Claim

The function Claim is navigated to by clicking on the menu item **Claim** in the main menu. The function Claim allows creating of claims and posting them in the memory before uploading them to the web IMIS. The *Claim Page* appears immediately:

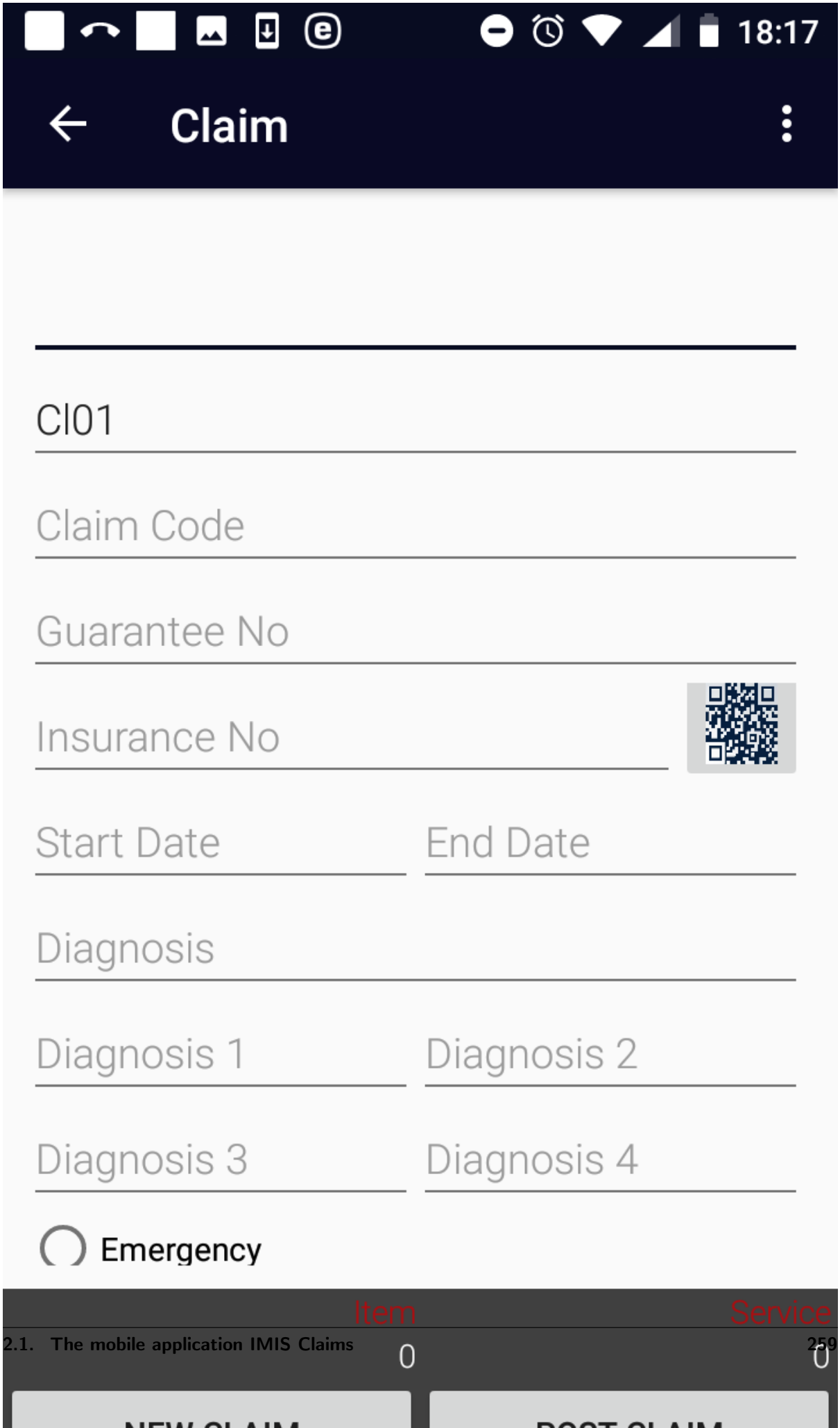

18:17
Claim
Cl01
Claim Code
Guarantee No
Insurance No
Start Date
End Date
Diagnosis
Diagnosis 1
Diagnosis 2
Diagnosis 3
Diagnosis 4
Emergency
Item
0
Service
0

Image 2.6.1 (Claim Page)

The following data fields appear in the *Claim Page*:

- Health Facility Code

  The code of the health facility for which the claim is created. The data field is prefilled by the code of the health facility for which the claim administrator is acting. Mandatory.

- Claim Admin

  The code of the claim administrator that is responsible for creation of the claim. The data field is prefilled by the code of the claim administrator with which the application is launched. Mandatory.

- Claim Code

  The code of the claim that is created. Mandatory.

- Guarantee No

  The identification of an guarantee document associated with the claim. Optional.

- Insurance Number

  Either type in the insurance number of the insuree for whom the claim is created or obtain the insurance number by scanning of a QR code by clicking on the **QR** button. Mandatory.

- Start Date

  Tap on the data field and select a starting date of a contact of the insuree with the health facility for which the claim is created in the date selector. Mandatory.

- End Date

  Tap on the data field and select an ending date of a contact of the insuree with the health facility for which the claim is created in the date selector. By default it is pre-filled with the starting date. Optional.

- Diagnosis

  Select a main diagnosis from the drop down list of available diagnoses. Mandatory.

- Diagnosis 1-4

  Select a secondary diagnosis (up to four ones) from the drop down list of available diagnoses. Optional.

- Visit Type

  Select just one of the options: **Emergency**, **Referral** , **Other**. Mandatory.

Clicking on the <three dots vertically> icon in the upper right corner of the *Claim Page* the menu for selection of whether medical services/items should be entered.

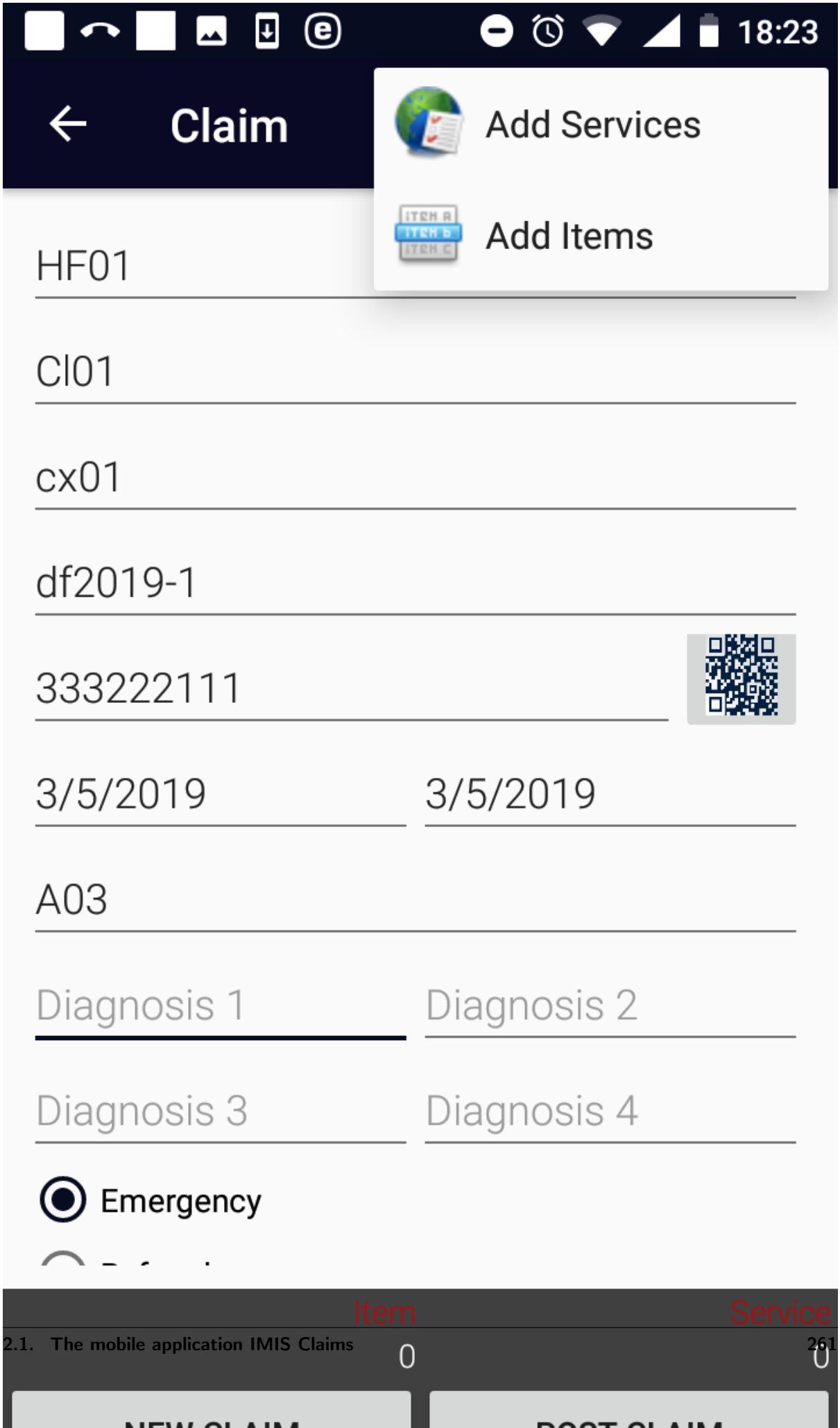

18:23
Claim
Add Services
Add Items
HF01
Cl01
cx01
df2019-1
333222111
3/5/2019
3/5/2019
A03
Diagnosis 1
Diagnosis 2
Diagnosis 3
Diagnosis 4
Emergency
Item
0
Service
0

Image 2.6.2 (Claim Page – the menu for selection of the list of medical services/items)

Clicking on the menu item **Add Services** the *Add Services Page* and the following data fields appear.

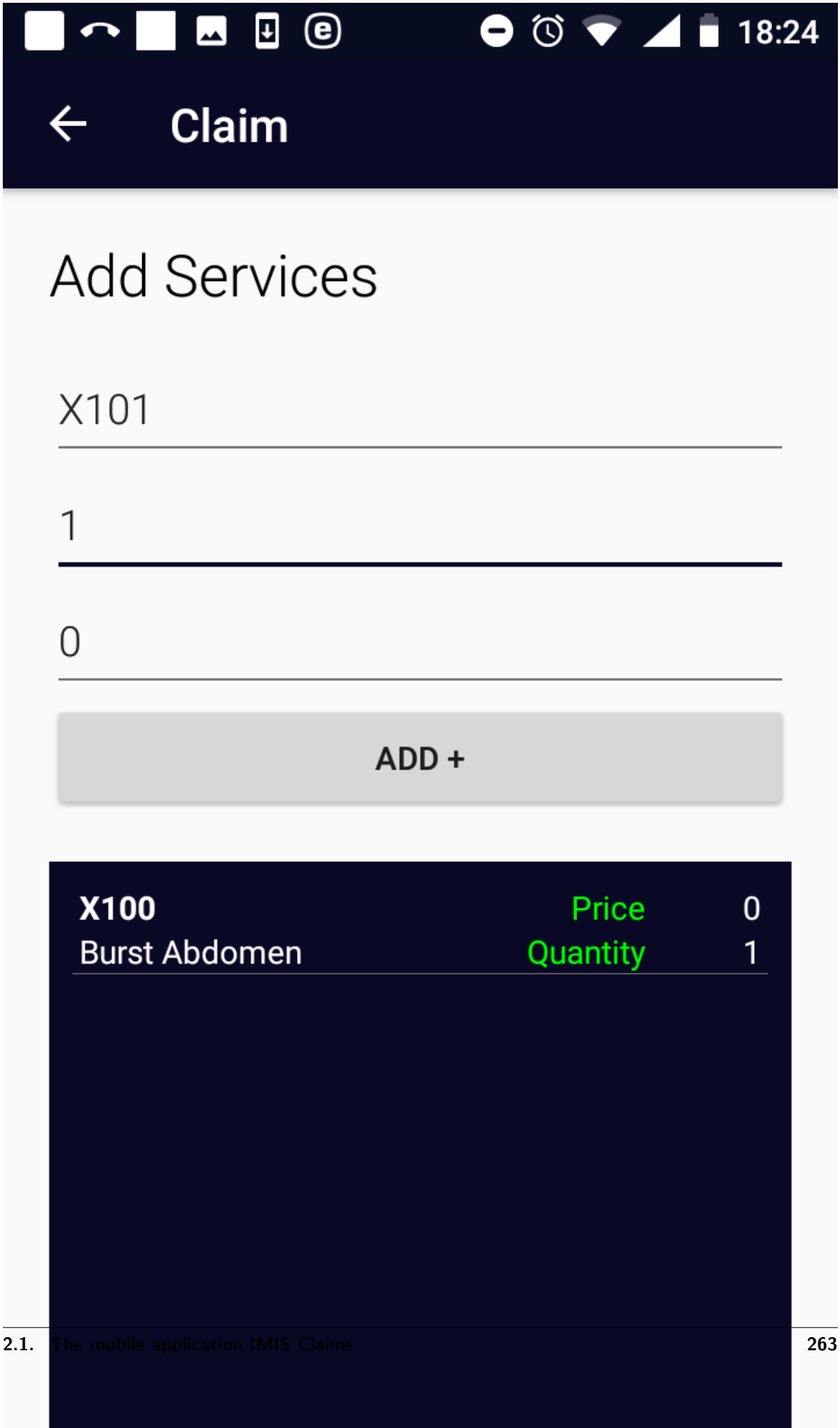

18:24
Claim
Add Services
X101
1
0
ADD +
X100
Burst Abdomen
Price
Quantity
0
1

Image 2.6.3 (Add Services Page)

- Select Service

  Click on the data field and write a letter that is present in the code or the name of a medical service that should be included. A list of available services (that is prepared within the function *Map Services* or *Refresh Mapping*) appears. Select an appropriate medical service from the list. Mandatory.

- Quantity

  Enter the number of the medical service that should be included in the claim. The default is 1. Mandatory.

- Amount

  Enter the price of the medical service that should be included in the claim. The price should be entered only if the medical service is designated in the corresponding definition of an insurance product in the web IMIS as a medical service with a price given by a health facility. Optional.

Click on the button **ADD+** to the medical service to the claim. Click on the icon **<-** in the upper part of the *Add Services Page* to return to the *Claim Page.*

Clicking on the menu item **Add Items** the *Add Items Page* and the following data fields appear.

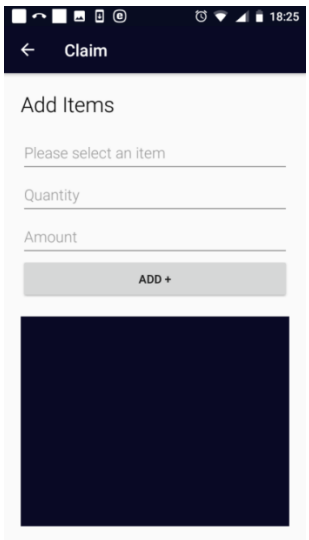


Image 2.6.4 (Add Items Page)

- Select Item

  Click on the data field and write a letter that is present in the code or the name of a medical item that should be included. A list of available items (that is prepared within the function *Map Items* or *Refresh Mapping*) appears. Select an appropriate medical item from the list. Mandatory.

- Quantity

  Enter the number of the medical item that should be included in the claim. The default is 1. Mandatory.

- Amount

  Enter the price of the medical item that should be included in the claim. The price should be entered only if the medical item is designated in the corresponding definition of an insurance product in the web IMIS as a medical item with a price given by a health facility. Optional.

Click on the button **ADD+** to add the medical item to the claim.

Click on the icon **<-** in the upper part of the *Add Items Page* to return to the *Claim Page.*

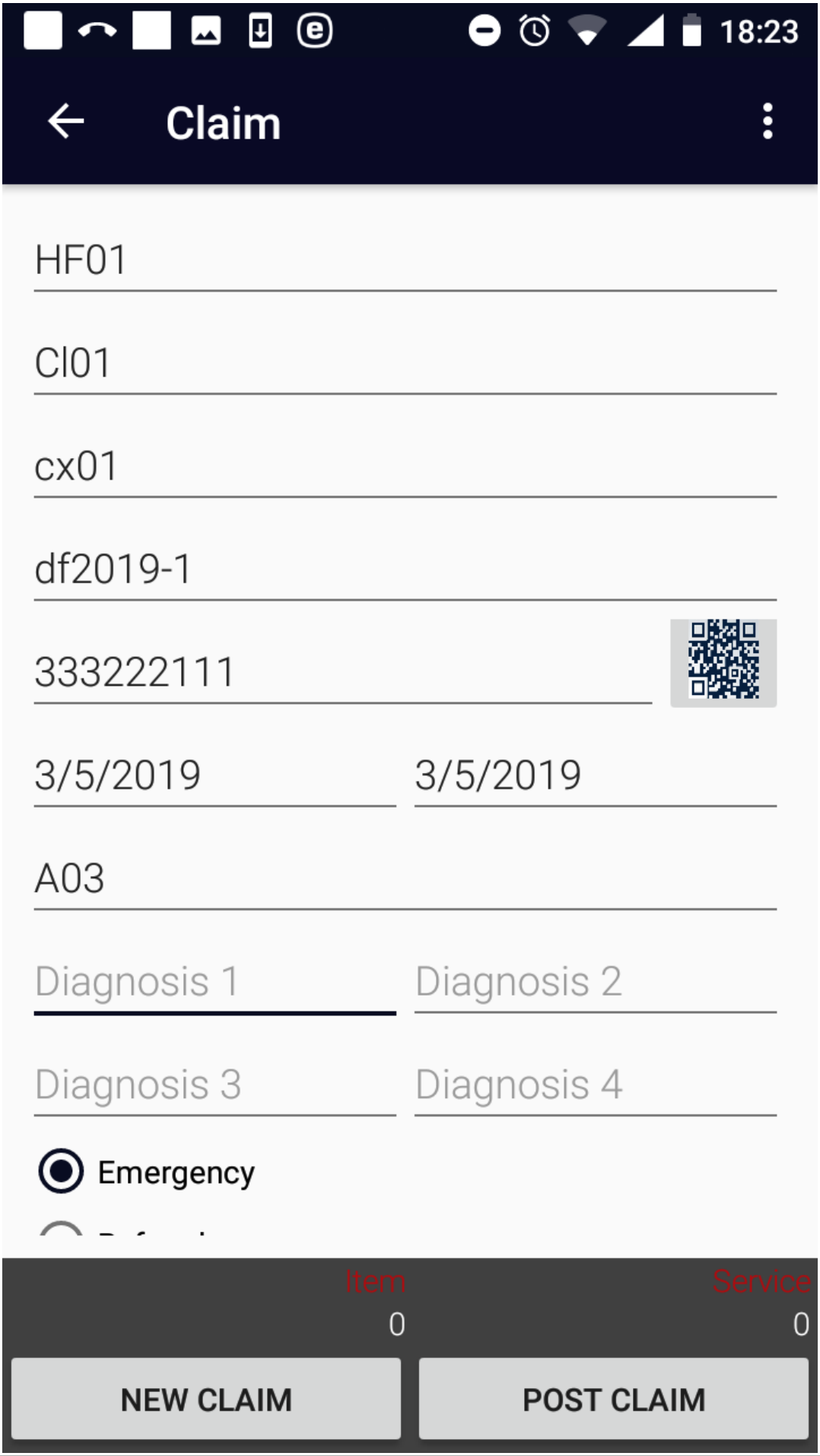

18:23
Claim
HF01
Cl01
cx01
df2019-1
333222111
3/5/2019
3/5/2019
A03
Diagnosis 1
Diagnosis 2
Diagnosis 3
Diagnosis 4
Emergency
Item
0
Service
0
NEW CLAIM
POST CLAIM

Image 2.6.5 (Claim Page)

Click on the button **Post Claim** to save just created claim in the memory of the device.

Click on the button **New Claim** to clear the data fields (with exception Health Facility Code and Claim Admin) and to prepare the *Claim Page* to an entry of another claim.

Click on the icon <**-** in the upper part of the *Claim Page* to return to the *Home Page* .

2.1.7 Function Reports

The function Reports is navigated to by clicking on the menu item **Reports** in the main menu. The function Reports provides basic statistics on the numbers of accepted, rejected and not yet uploaded (pending) claims in the memory of the device (without respect to a claim administrator). The *Report Page* appears immediately:

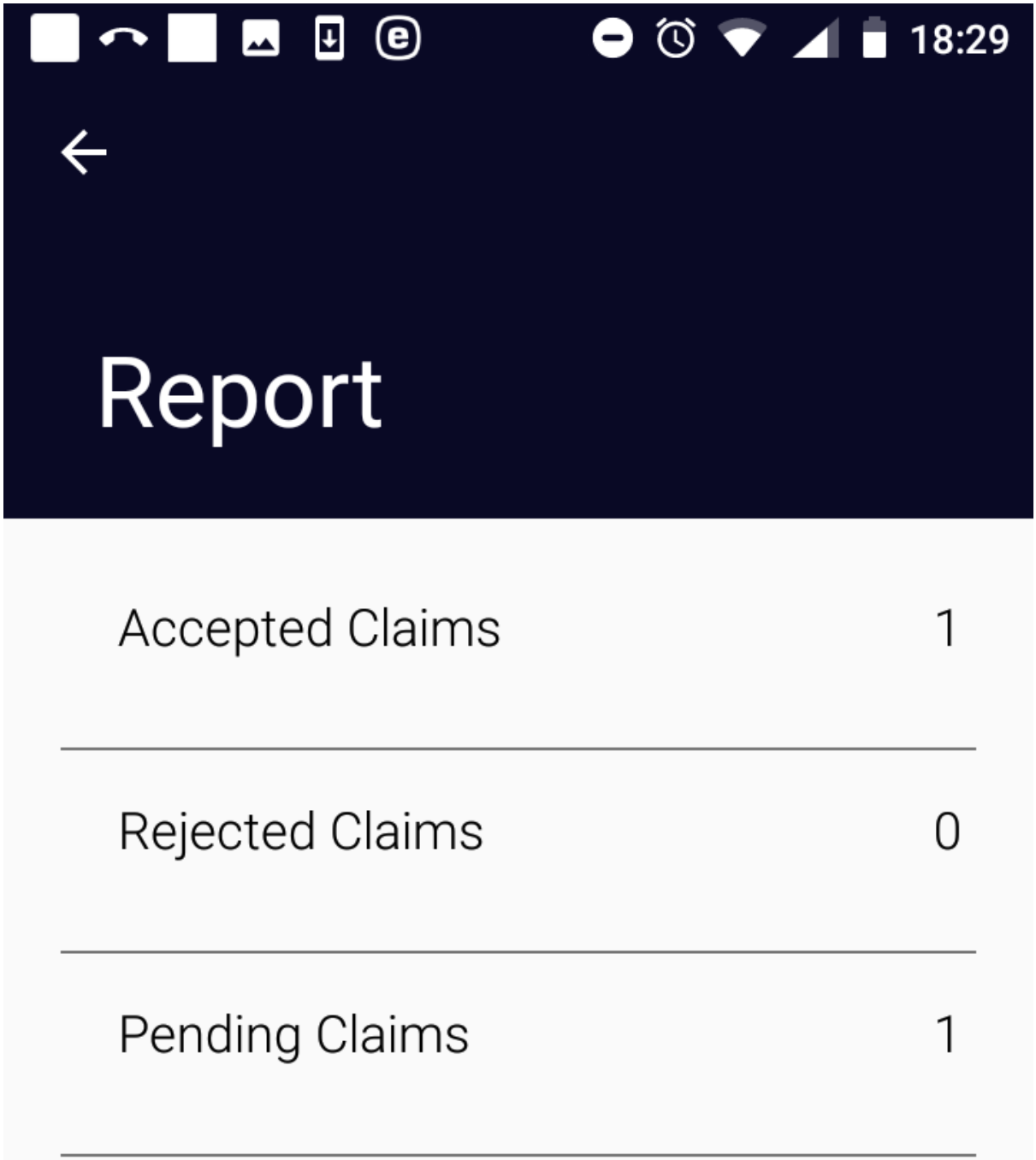

18:29
Report
Accepted Claims 1
Rejected Claims 0
Pending Claims 1

Image 2.7.1 (Report Page)

2.1.8 Function Synchronize

The function Synchronize is navigated to by clicking on the menu item **Synchronize** in the main menu. The function Synchronize uploads posted claims to the web IMIS. For on-line uploading a user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Claims/Claim/Add** as an access to the functionality Synchronize is guarded by the *Login Page* for on-line uploads.

The *Synchronize Page* appears immediately:

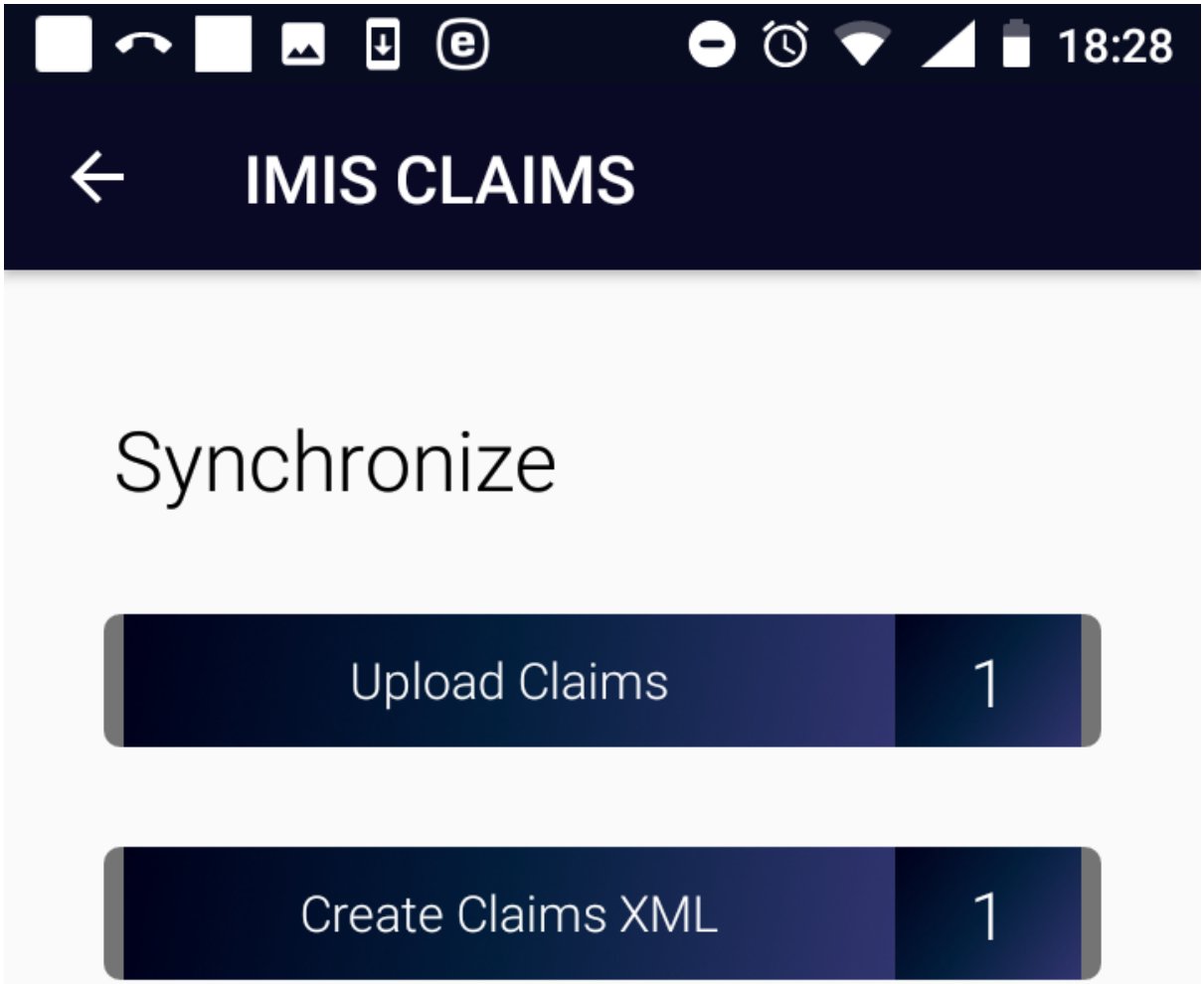

18:28
IMIS CLAIMS
Synchronize
Upload Claims
1
Create Claims XML
1

Image 2.8.1 (Synchronize Page)

There are two buttons:

Upload Claims for on-line uploading of saved claims to the web IMIS.

Create Claims XML for generation of a file (in the XML format) for off-line uploading of saved claims to the web IMIS-see *the off-line mode of IMIS Claims*.

On-line uploading of claims is guarded by the Login Page:

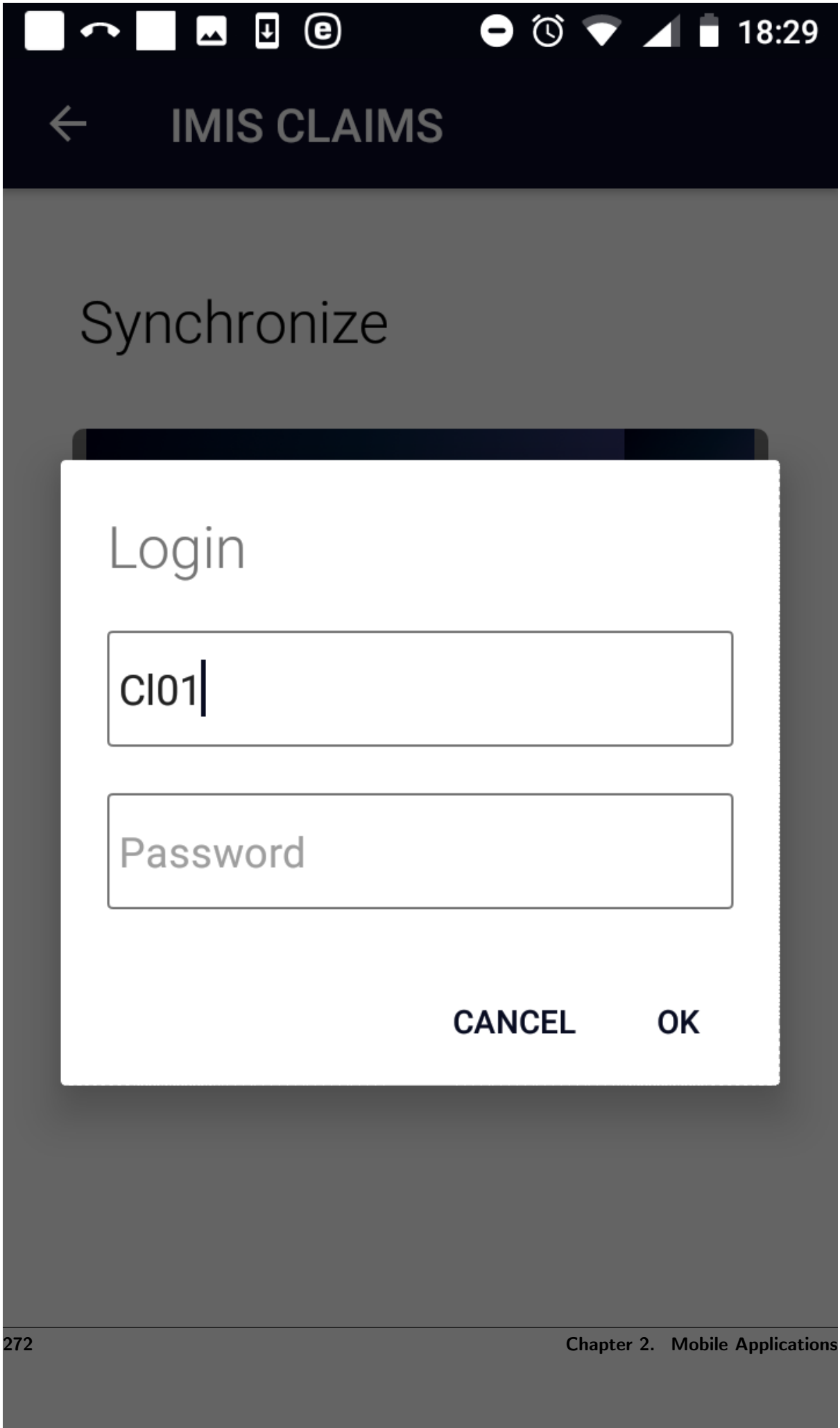

18:29
IMIS CLAIMS
Synchronize
Login
CI01
Password
CANCEL
OK

Image 2.8.2 (Synchronize Page-Login Page)

If the login process is successful then click on the **Upload Claims** button to upload claims to the web IMIS. Claims that are successfully uploaded are saved in the folder IMIS/Accepted Claims. Unseccussfully uploaded claimes are saved in the folder IMIS/Rejected Claims.

2.1.9 Function Quit

The function Quit is navigated to by clicking on the menu item **Quit** in the main menu. . The function Quit quits the application after *Quit Confirmation*.

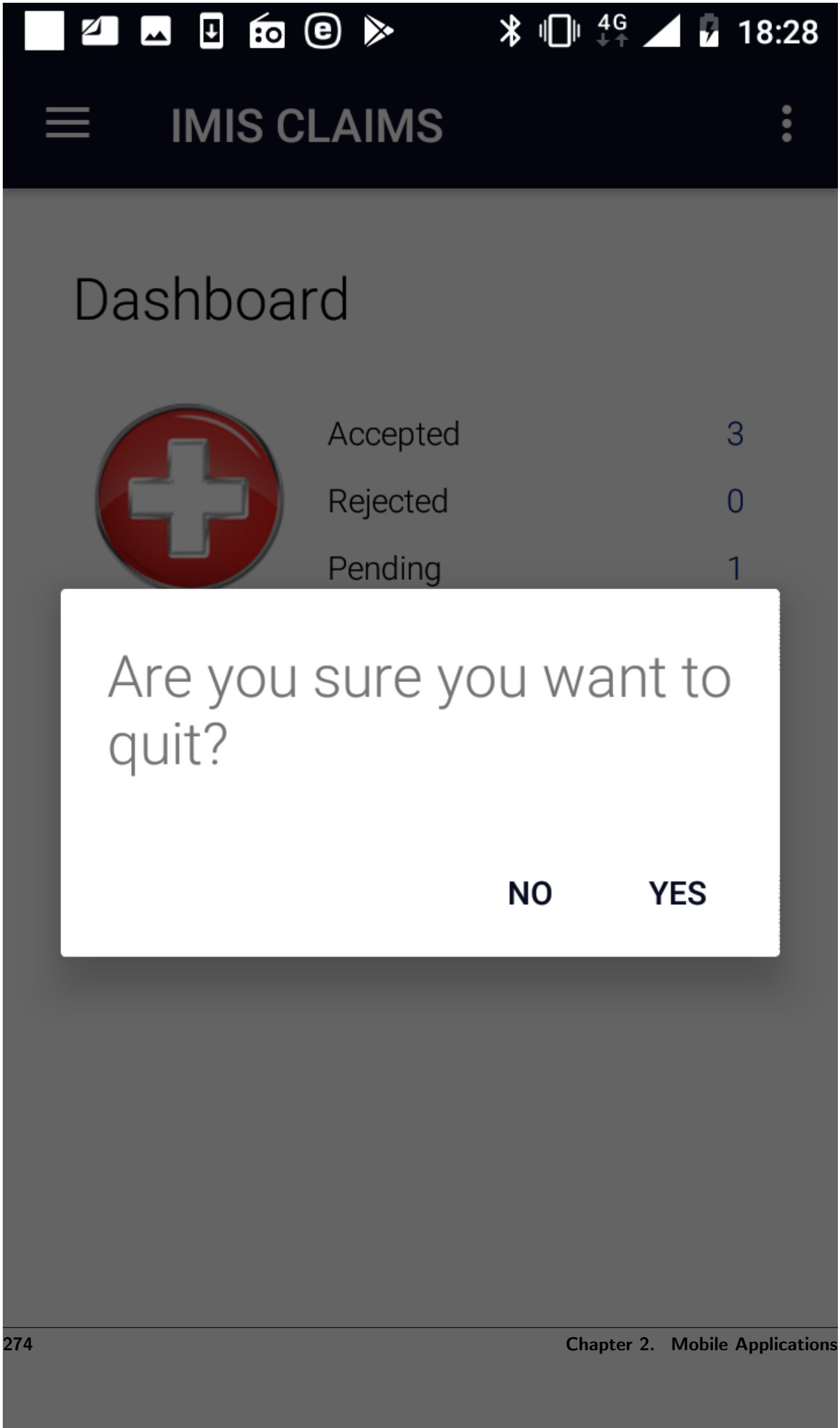

18:28
IMIS CLAIMS
Dashboard
Accepted 3
Rejected 0
Pending 1
Are you sure you want to quit?
NO
YES

Image 2.9.1 (Quit Confirmation)

2.1.10 Function About

The function About is navigated to by clicking on the menu item **About** in the main menu. The function About provides information about the application itself. The *About Page* appears immediately:

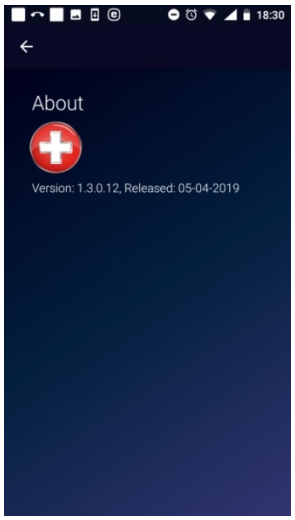


Image 2.10.1 (About Page)

Click on the icon <- in the upper part of the *About Page* to return to the *Home Page*.

Off-line mode of the applications

The applications IMIS Policies and IMIS Claims require for certain functions Internet connectivity for communication with the web IMIS. Other functions of both applications can be used autonomously without availability of Internet connectivity. There is a possibility to move to a place where Internet connectivity is ensured only for time when functions requiring Internet connectivity are used (e.g. initialization of an application, synchronization etc.) and use autonomous functions in settings without Internet connectivity. However, this may not be practical or even possible in all situations. Therefore, there is a possibility to substitute on-line connection for some functions by off-line transfer of files from/to the web IMIS. Thus, utilization of the application in an environment without Internet connectivity is guaranteed.

2.1.11 Off-line mode of IMIS Claims

The following table gives an overview of functions according to their requirements towards Internet connectivity and possible off-line substitutions.

IMIS Claims		
Functionality	connectivity required /autonomous	Off-line substitution
Initial launching	connectivity required	yes, by off-line transfer of a phone extract
Enquire	connectivity required	yes, by off-line transfer of a phone extract
Map Services	autonomous	not needed
Map Items	autonomous	not needed
Refresh Mapping	connectivity required	not available
Claim	autonomous	not needed
Reports	autonomous	not needed
Synchronize	connectivity required	yes, off-line synchronization by XML files
Quit	autonomous	not needed
About	autonomous	not needed

Creation and transfer of off-line files to IMIS Claims

The off-line files for IMIS Claims is created in the web IMIS by selecting of the **Tools/Extracts** menu item. The form IMISExtracts is displayed.

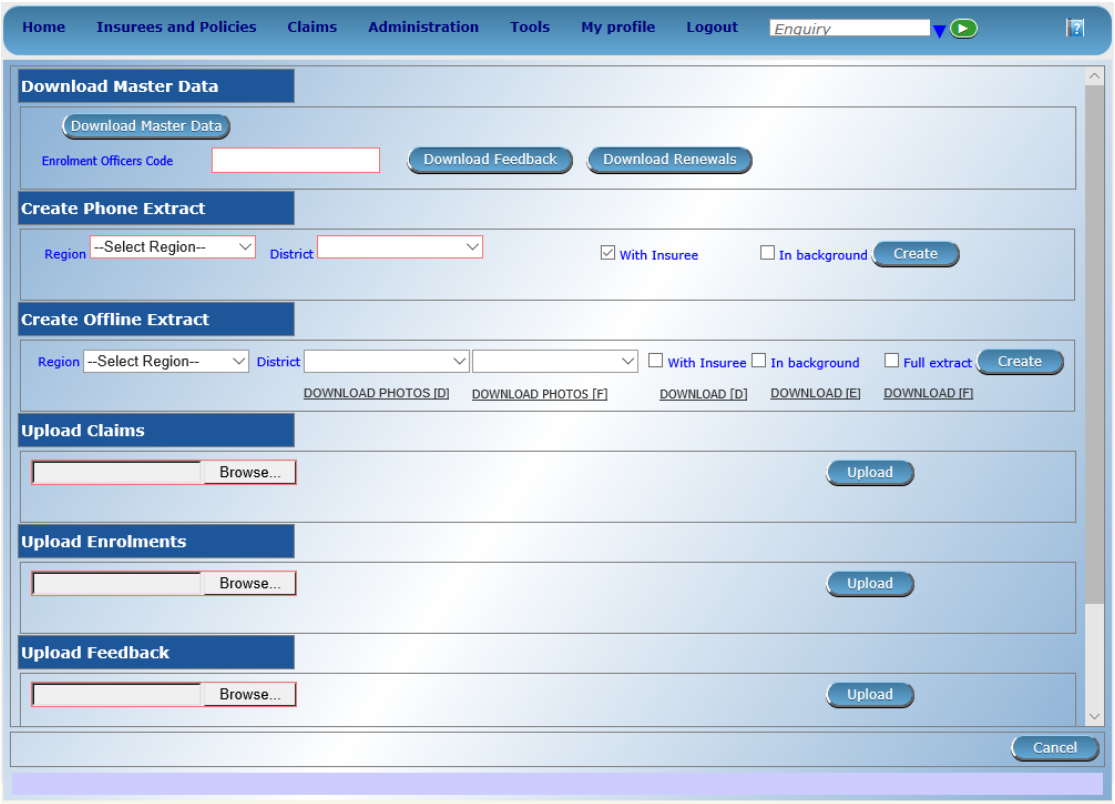


Image 3.2.1 (IMISExtracts Form)

The Create Phone Extract section is used for creation of the off-line file for IMIS Claims.

- Region

  The region in which a health facility is located for which claims should be created.

- District

  The district in which the health facility is located for which claims should be created.

- With Insurees

Check if the off-line file should contain data on insures (for the function *Enquiry*).

- In background

  Check if the off-line file should be created in background.

Click on the button:

- **Create**

  The file IMISData.db3 is generated and it can be downloaded by clicking on the button **Download** which is dynamically created in the section

  The off-line file IMISData.db3 should be transferred to the device and stored in the folder IMIS.

Creation and transfer of off-line files from IMIS Claims

Use the function *Synchronize* and the following buttons:

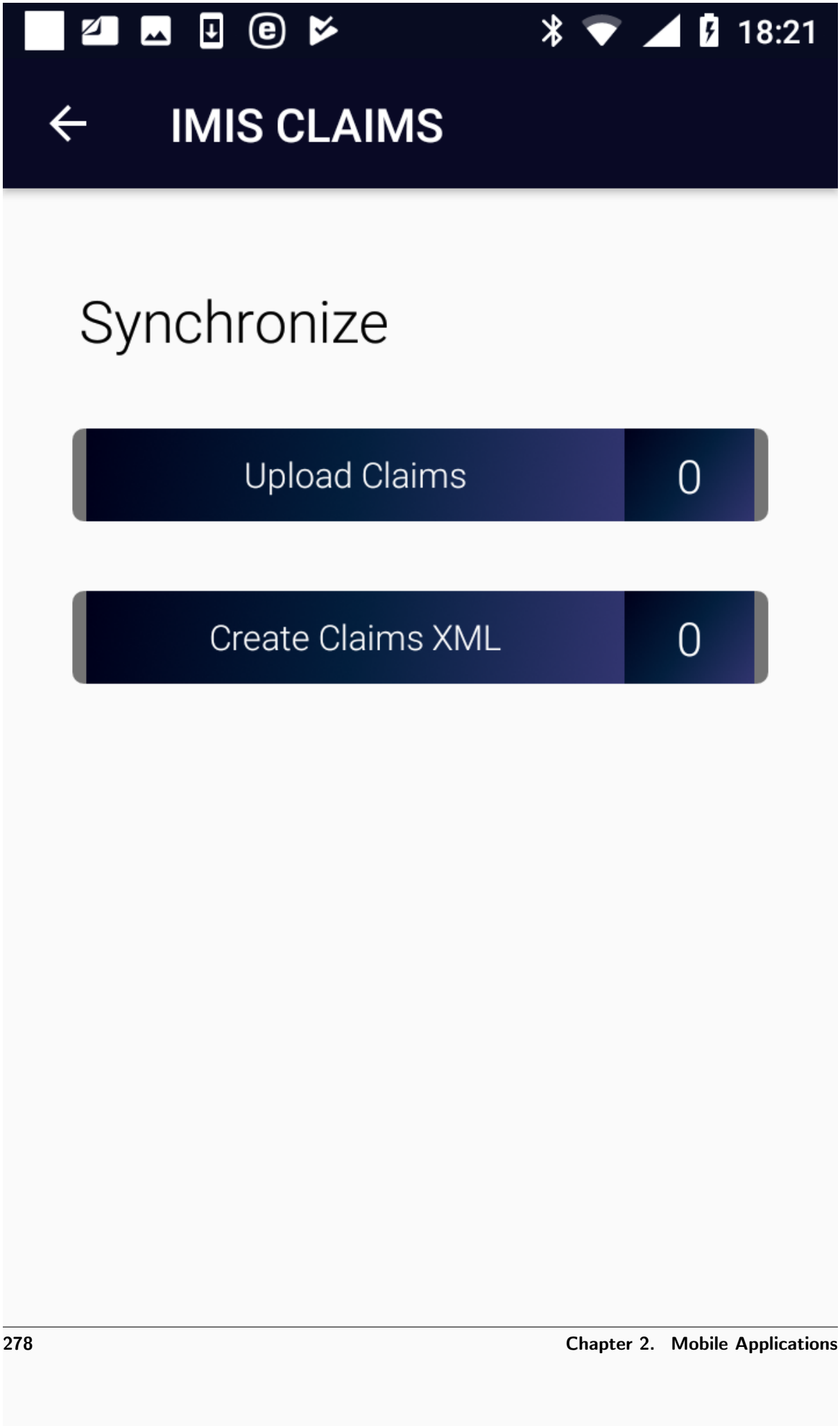

18:21
IMIS CLAIMS
Synchronize
Upload Claims
0
Create Claims XML
0

Image 3.2.1 (Synchronize Page)

- **Create Claims XML**

  Creates a file with all claims that haven't been uploaded or included in a generated file yet.. The name of the file is Claims_<claim adminstrator code>_<date of creating>_<time of creating>.rar and it is stored in the folder IMIS in the device.

  .

The off-line files should be transferred to a client device of the web IMIS and uploaded to the web IMIS by means of the *IMISExtracts form* – in the section Upload Claims.

Remark

This version of the user manual relates to the version CHF-IMIS apps that was derived from the Master Version of IMIS apps having in mind specific requirements of the CHF health insurance scheme to the terminology and the data fields to be used in IMIS. The text of the user manual relates to the Master Version of IMIS. The following table shows the differences in the terminology between the Master Version of IMIS and the CHF-IMIS. A user has to have these differences in mind when reading the text of this user manual.

The following table summarizes the adjustments in terminology for the CHF-IMIS with respect to the Master Version of IMIS:

IMIS Master Version	CHF-IMIS
Municipality	Ward
Insurance Number	CHF Number

Further, the Master Version of IMIS uses some data fields that are not used in CHF-IMIS. The overview of the data fields in the Master Version not occurring in the CHF-IMIS is shown in the following table:

IMIS Master Version	CHF-IMIS
Education	Not used
Profession	Not used
Confirmation Type	Not used
Confirmation No.	Not used
Current Region	Not used
Current District	Not used
Current Municipality	Not used
Current Village	Not used
Current Address Details	Not used
Identification Type	Not used
Identification No.	Not used
Region of FSP	Not used
District of FSP	Not used
Level of FSP	Not used
First Service Point	Not used
Relationship	Not used
Beneficiary Card	Not used
Poverty Status	Not used
Contribution Category	Not used

Besides, CHF-IMIS uses as the second language for the user interface Swahili.

2.2 The mobile application IMIS Policies

2.2.1 Launching of IMIS Policies

To launch the application IMIS Policies just click on the icon of the application. Users must have a valid code of an enrolment officer (present in the register of enrolment officers in the web IMIS) and they must have a valid User Name and Password provided by an administrator of the web IMIS for selected functionalities. The User Name data field in login pages is prefilled with enrolment officer code entered while launching the application. The reason is that the web IMIS can create automatically a user record simultaneously with an entry of a new enrolment officer into the register of enrolment officers. Such automatically created user has its User Name equal to the enrolment officer code. However, this prefilled User Name can re-written by any valid User Name in the application IMIS Policies.

The *Initial Page* will appear:

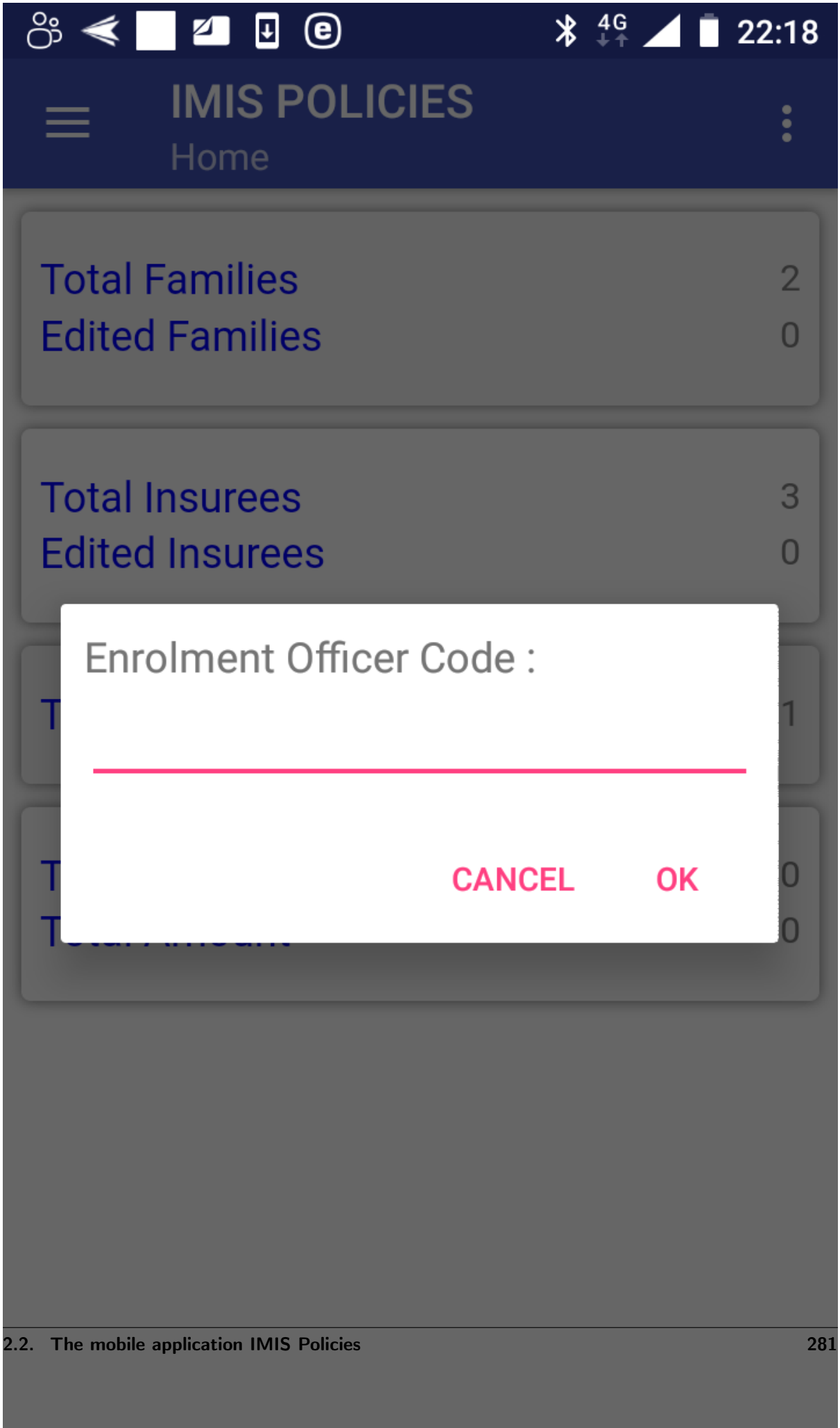

22:18
IMIS POLICIES
Home
Total Families 2
Edited Families 0
Total Insurees 3
Edited Insurees 0
Enrolment Officer Code :
CANCEL
OK

Image 1.1.1 (Initial Page)

Enter a valid enrolment officer code and click on the button **OK.** If a valid enrolment officer code is entered, the application will re-direct to the *Home Page*.

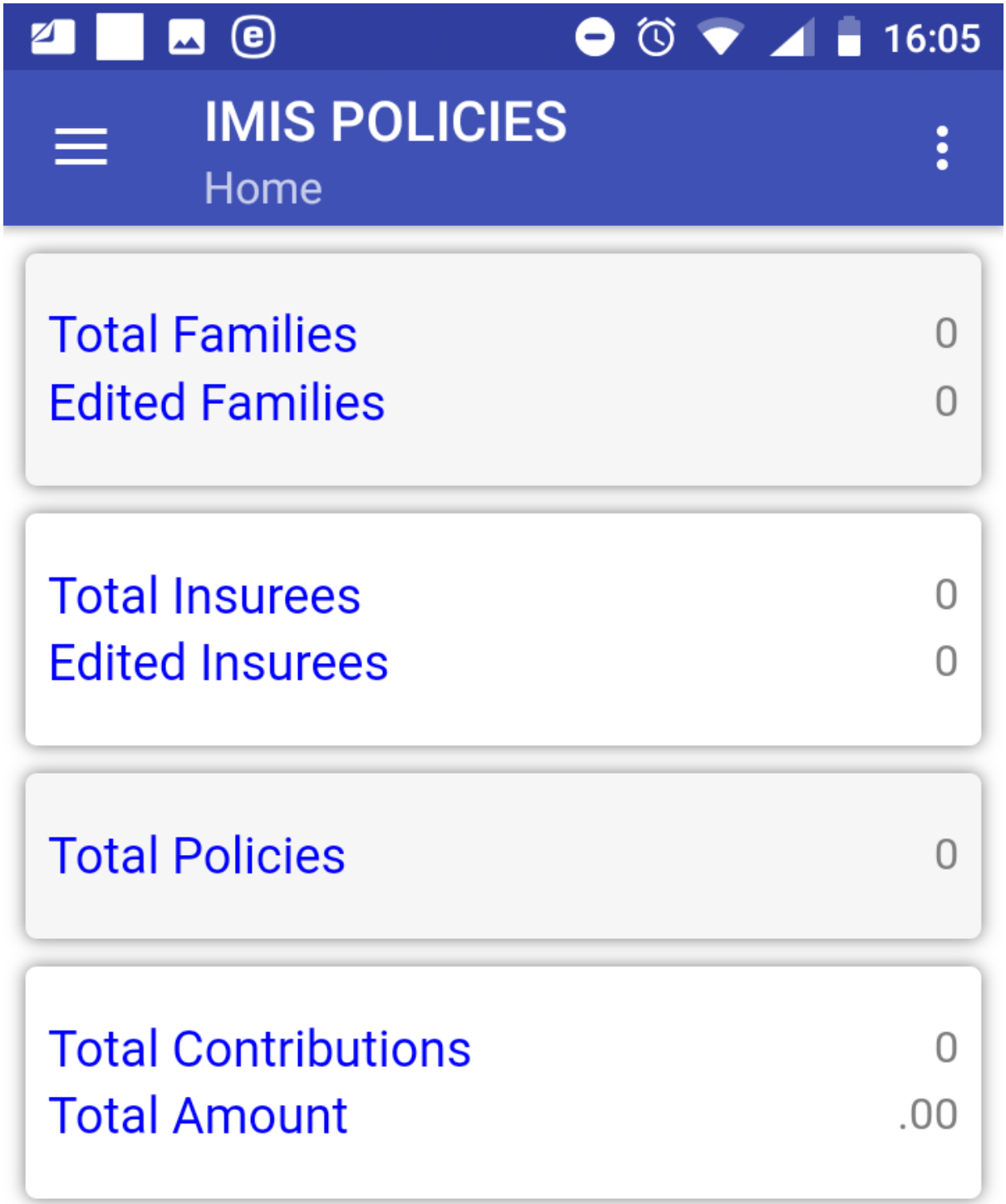

16:05
IMIS POLICIES
Home
Total Families 0
Edited Families 0
Total Insurees 0
Edited Insurees 0
Total Policies 0
Total Contributions 0
Total Amount .00

Image 1.1.2 (Home Page)

The statistics on the number of families/insurees/policies/contributions and on the amount of contributions appears that are currently managed by the application before their uploading to the web IMIS. The statistics is split into two sections in the part for families and insurees: the total numbers including both newly entered families/groups and insurees and downloaded (from the web IMIS) families/groups and only families/groups and insurees downloaded for editing.

Clicking on the <three dots vertically> icon in the upper right corner the menu for selection of language of the user interface appears.

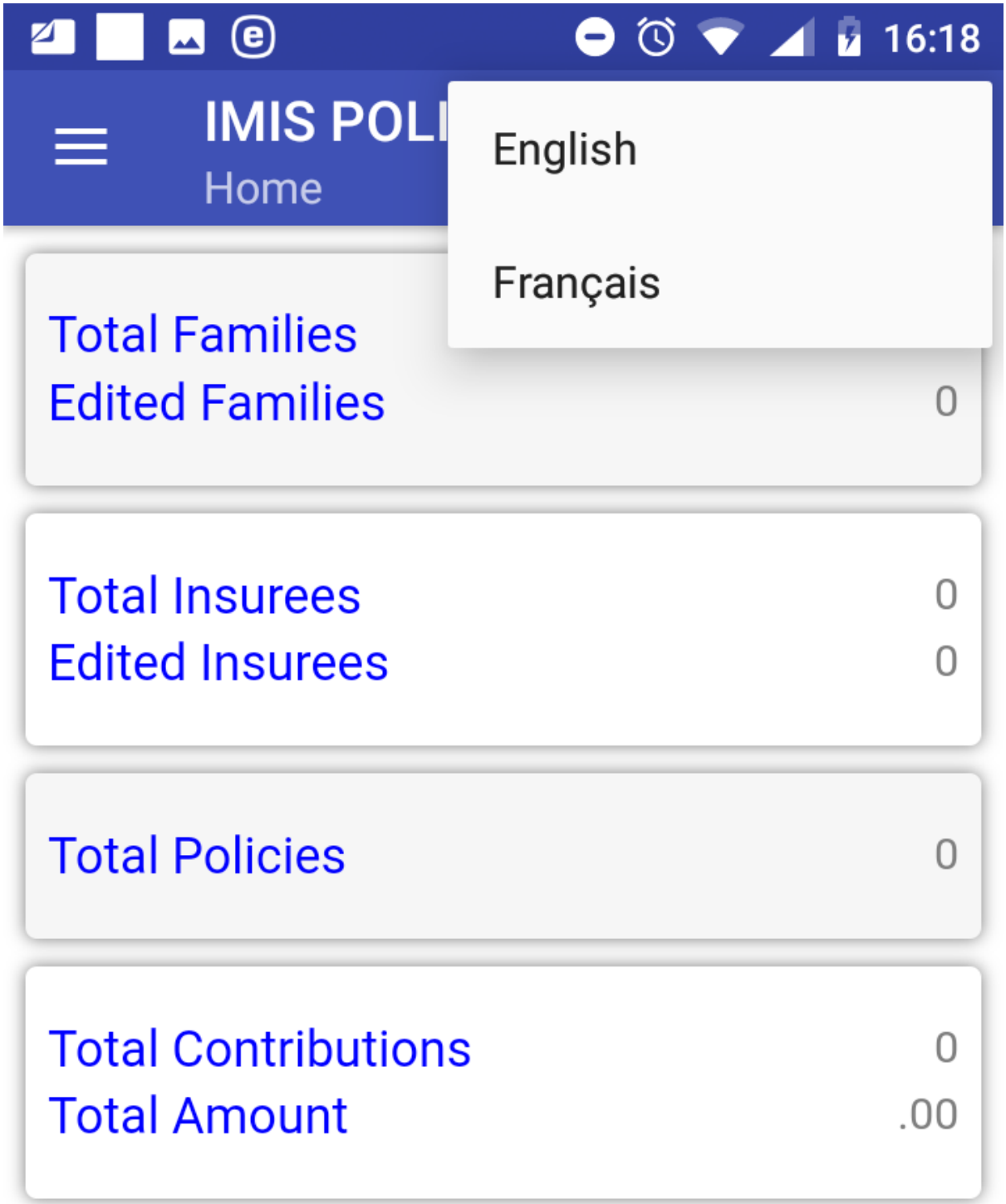

16:18
IMIS POLI
Home
English
Français
Total Families
Edited Families
0
Total Insurees
0
Edited Insurees
0
Total Policies
0
Total Contributions
0
Total Amount
.00

Image 1.1.3 (Menu for selection of a language)

Clicking on the <three bars horizontally> icon (the upper left corner of the *Home Page*) the main menu of the application appears.

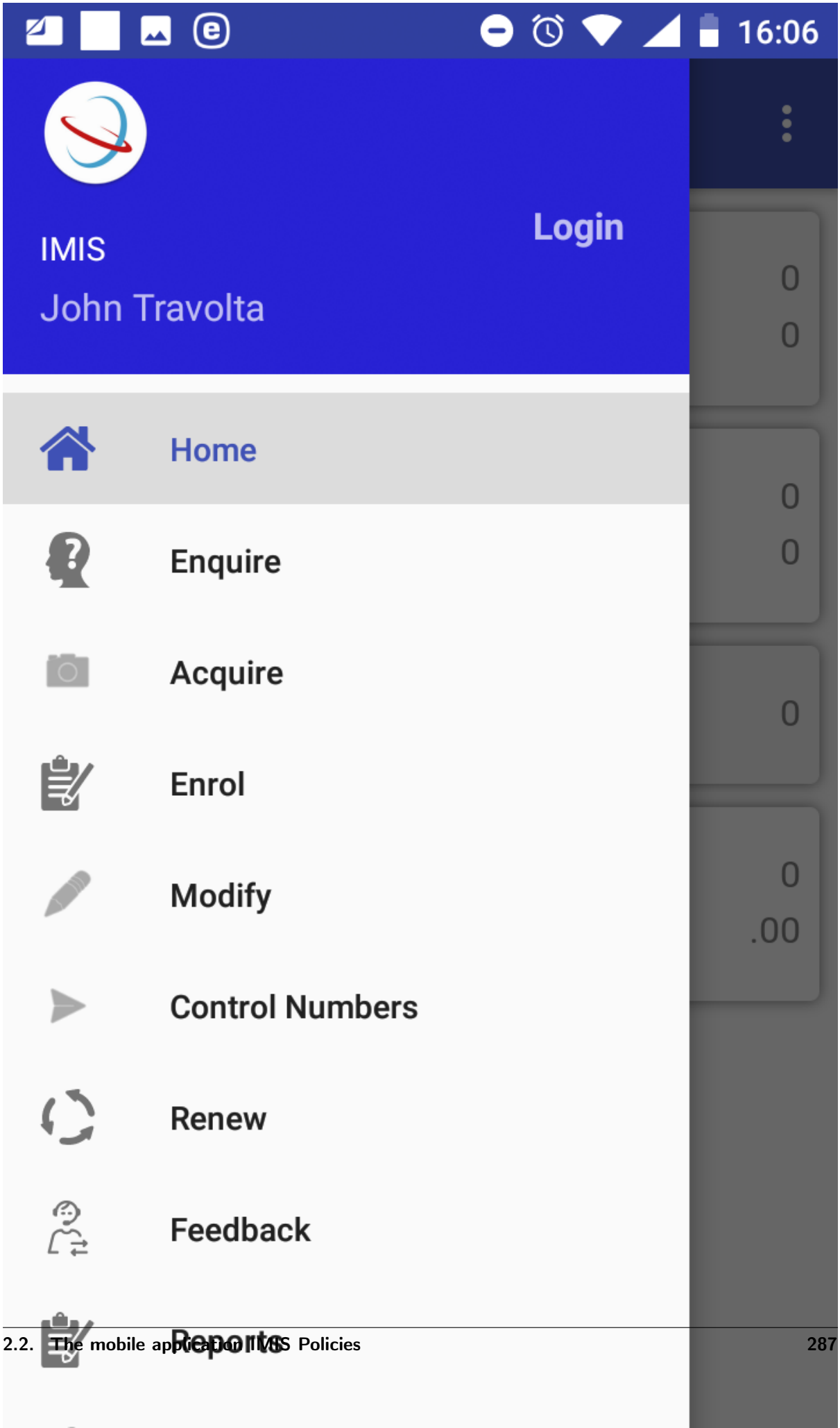

16:06
IMIS
John Travolta
Login
Home
Enquire
Acquire
Enrol
Modify
Control Numbers
Renew
Feedback
Reports
0
0
0
0
0
0
.00

Image 1.1.4 (Main menu of the application)

The menu items stand for the following functionalities:

Home – return to the Home Page

Enquire – getting a photo and information on the coverage of an insuree

Acquire – taking a photo of an insure

Enrol – entering or editing data on families/insurees and entering data on new policies and contributions

Modify – downloading data of families/insurees from the web IMIS

Control Numbers – acquiring of control numbers for electronic payments of contributions

Renew – renewing of policies

Feedback –providing a feedback on provided health care

Reports – providing reports relevant to activities of an enrolment officer

Synchronize – uploading data to the web IMIS

Quit –quitting of the application

About – info on the version of the installed application

2.2.2 Function Acquire

The function Acquire is navigated to by clicking on the menu item **Acquire** in the main menu. The function Acquire allows to take a photo of an insuree and to save the photo for subsequent assignment to the data on the insuree. The *Acquire Page* appears immediately:

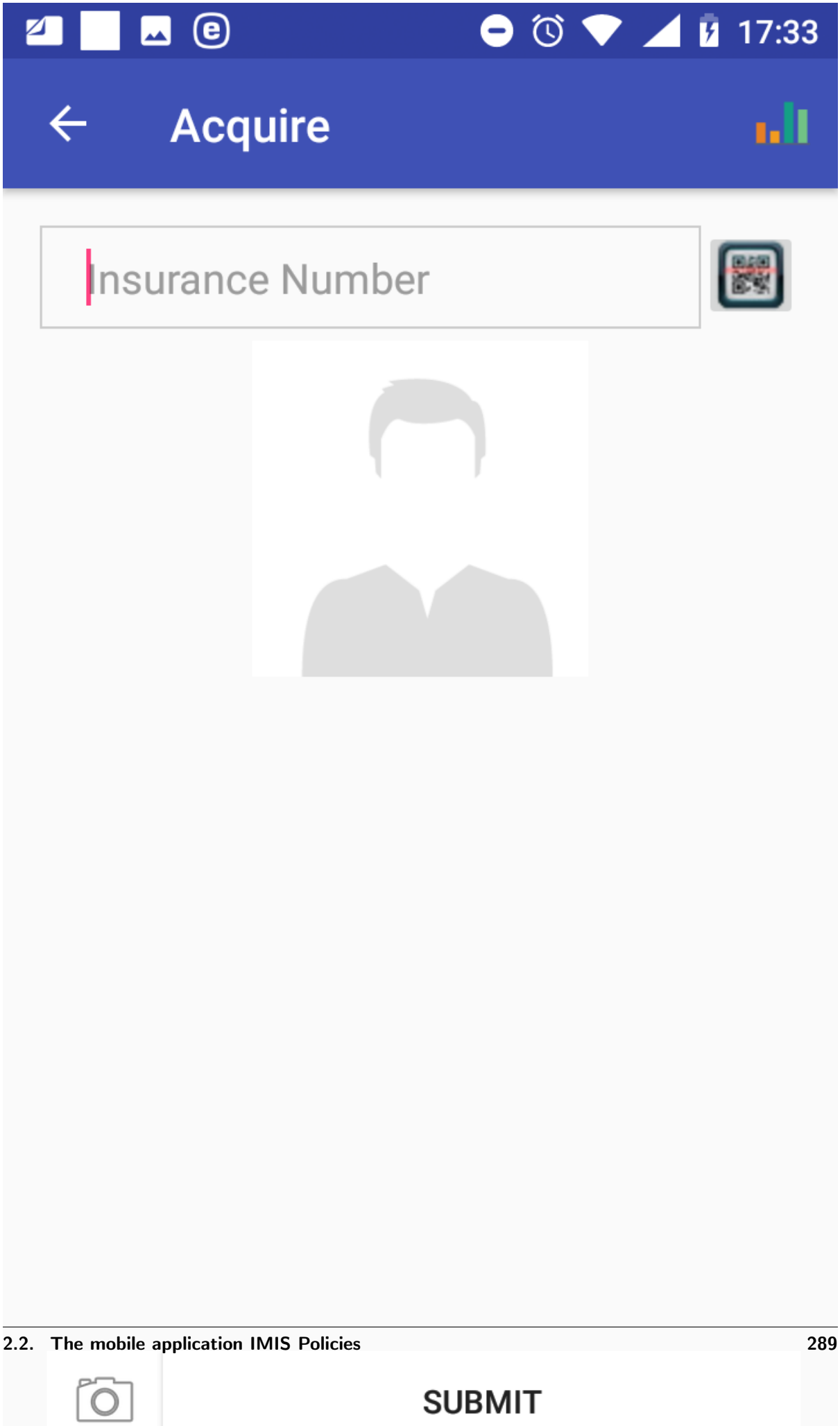

17:33
Acquire
Insurance Number
SUBMIT

Image 1.3.1 (Acquire Page)

- Insurance Number

  Either type in the insurance number of the insuree for whom a photo should be taken or obtain the insurance number by scanning of a QR code by clicking on the **QR** button.

Click on the icon **Photo** for taking a photo in left bottom corner of the page. The *Photo Page* appears.

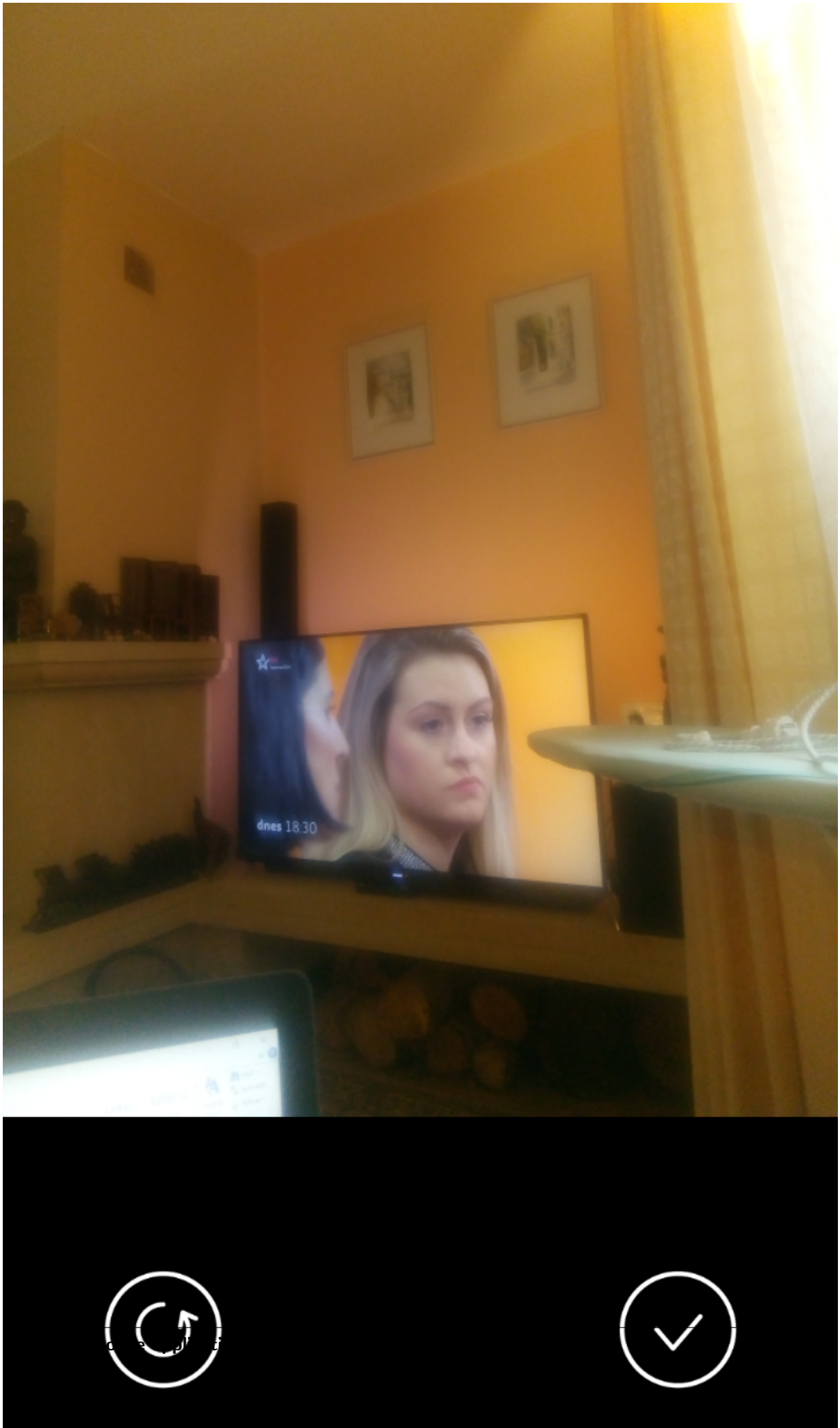

dnes 18:30

Image 1.3.2 (Photo Page)

Subsequently click on the button **Photo** for taking and the icon Checkfor accepting of the taken photo. Finally click on button **Submit** on to the *Acquire Page* save the acquired photo for further processing in the application.

Click on the icon <**-** in the upper part of the *Acquire Page* to return to the *Home Page*.

2.2.3 Function Enrol

The function Enrol is navigated to by clicking on the menu item **Enrol** in the main menu. The function Enrol allows to enter data on new families/insurees/policies/contributions and/or modify data on families/insurees downloaded from the web IMIS. The *Families Page* appears immediately:

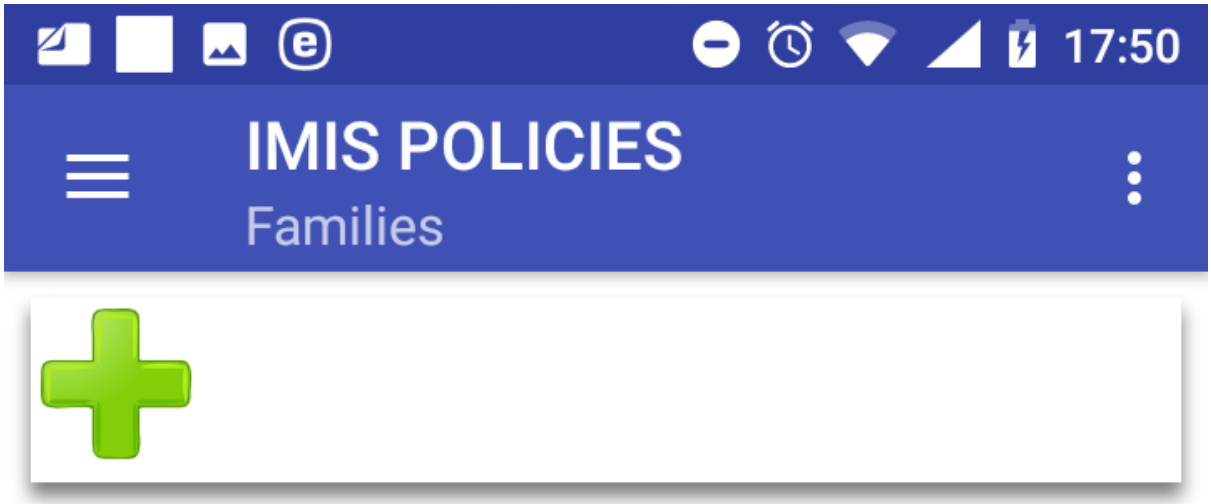

17:50
IMIS POLICIES
Families

Image 1.4.1 (Families Page)

To add a new family click on the icon +. The *Add new family Page* appears.

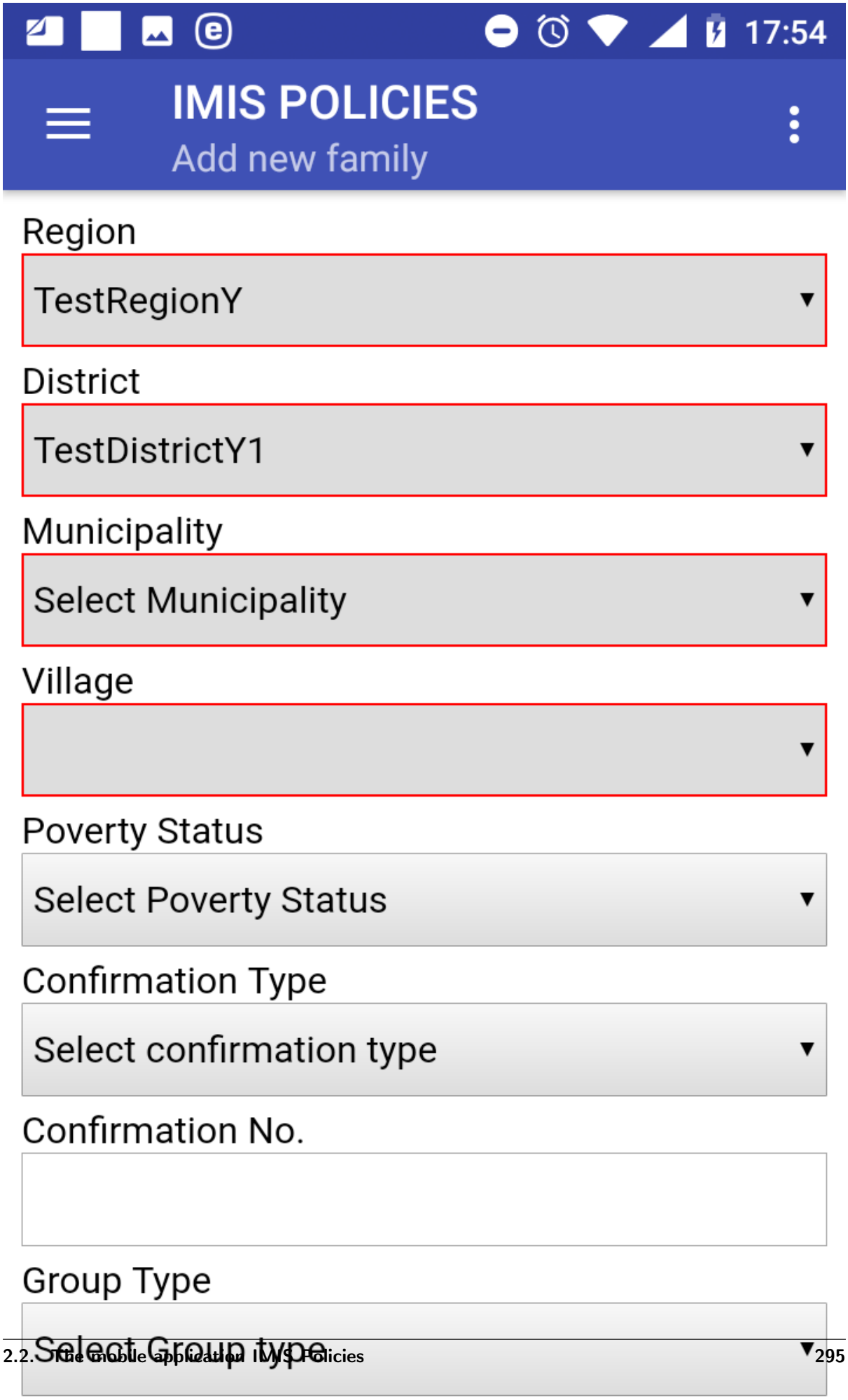

17:54
IMIS POLICIES
Add new family
Region
TestRegionY
District
TestDistrictY1
Municipality
Select Municipality
Village
Poverty Status
Select Poverty Status
Confirmation Type
Select confirmation type
Confirmation No.
Group Type
Select Group type
Permanent Address Details

Image 1.4.2 (Add new family Page)

The following data fields appear:

- Region

  The region of residence of a new family/group. The data field is initialized by the region of activity of the enrolment officer in accordance with the register of enrolment officers in the web IMIS. Mandatory.

- District

  The district of the residence of the new family/group. The data field is initialized by the district of activity of the enrolment officer in accordance with the register of enrolment officers in the web IMIS. Mandatory.

- Municipality

  The municipality of the residence of the new family/group. The data field is initialized by the municipality of activity of the enrolment officer in accordance with the register of enrolment officers in the web IMIS. If the enrolment officer is active in more municipalities of the district then the drop down list associated with the data field is modified accordingly. Mandatory.

- Village

  The village of residence of the new family/group. The data field is initialized by the village of activity of the enrolment officer in accordance with the register of enrolment officers in the web IMIS. If the enrolment officer is active in more villages of the municipality then the drop down list associated with the data field is modified accordingly. Mandatory.

- Poverty Status

  Select one of the offered options from the drop down list associated with the data field. Optional.

- Confirmation Type

  Select one of the offered options for the type of confirmation document from the drop down list associated with the data field. Optional.

- Confirmation No.

  Enter an identification of a confirmation document. Optional.

- Group Type.

  Select one of the offered options for the type of the group from the drop down list associated with the data field. Optional.

- Permanent Address Details.

  Enter further details to the address of residence of the family/group. Optional.

  Click on the button **Next** to navigate to the *Add/Edit Insuree Page*.

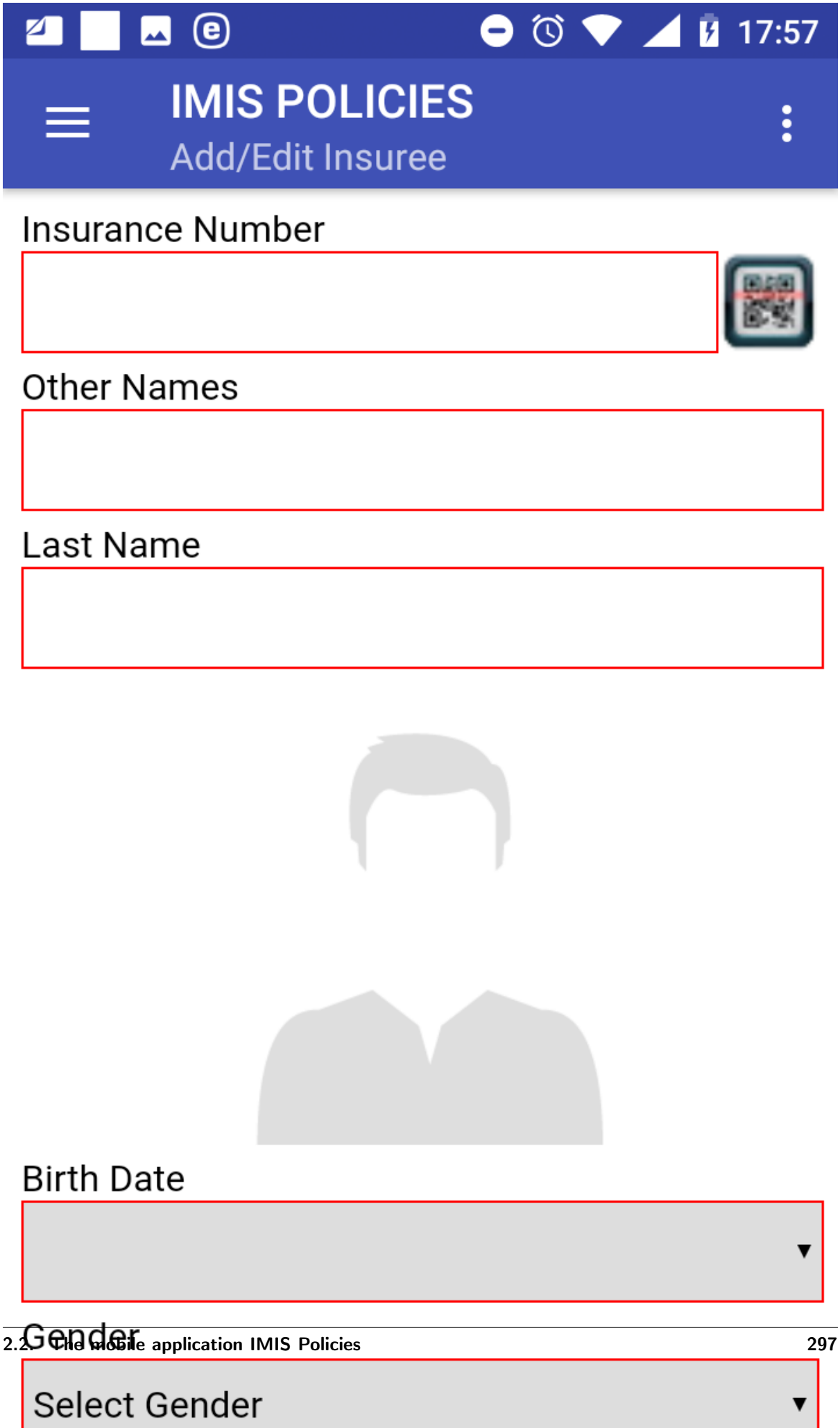

17:57
IMIS POLICIES
Add/Edit Insuree
Insurance Number
Other Names
Last Name
Birth Date
Gender
Select Gender

Image 1.4.3 (Add/Edit Insuree Page)

The following data fields appear:

- Insurance Number

  Either enter the insurance number of the head of the family/group or obtain the insurance number by scanning of a QR code by clicking on the **QR** button. Mandatory.

- Other Names

  Enter other names of the head of the family/group. Mandatory.

- Last Name

  Enter a last name of the head of the family/group. Mandatory.

- Photo area

  Either previously acquired photo of the head of the family/group is inserted automatically based on the equality of the Insurance Number here and of the Insurance Number from the *Acquire Page* or tap in the photo area and choose a photo from your folder in the device. A photo must be assigned otherwise the family/group cannot be uploaded to the web IMIS. Mandatory.

- Birth Date

  Tap on the data field and select a birth date of the head of the family/group in the date selector. Mandatory.

- Gender

  Select the gender of the head of the family/group from the drop down list. Mandatory.

- Marital Status

  Select the marital status of the head of the family/group from the drop down list. Optional.

- Beneficiary Card

  Select from the drop down list whether a beneficiary card was given to the head of the family/group. Optional.

- Current Region

  Region of a current residence of the head of the family/group if it differs from the permanent residence. Optional.

- Current District

  District of a current residence of the head of the family/group if it differs from the permanent residence. Optional.

- Current Municipality

  Municipality of a current residence of the head of the family/group if it differs from the permanent residence. Optional.

- Current Village

  Village of a current residence of the head of the family/group if it differs from the permanent residence. Optional.

- Current Address Details

  Address details of a current residence of the head of the family/group if it differs from the permanent residence. Optional.

- Profession

  Select one of the offered options for profession of the head of the family/group. Optional.

- Education

Select one of the offered options for education of the head of the family/group. Optional.

- Phone Number

  Enter a phone number of the head of the family/group. Optional.

- Email

  Enter an email of the head of the family/group. Optional.

- Identification Type

  Select one of the offered options for the type of an identity document of the head of the family/group. Optional.

- Identification Number

  Enter an identification of identity document of the head of the family/group. Optional.

- Region of FSP

  Region of a First Service Point of the head of the family/group. Optional.

- District of FSP

  District of the First Service Point of the head of the family/group. Optional.

- Level of FSP

  Select the level of a health facility that serves as the First Service Point of the head of the family/group. Optional.

- First Service Point

  Select the health facility that serves as the First Service Point of the head of the family/group. Optional.

Click on the button **Save** to save the data of the head of the family/group in the memory of the device. The *Family and Insurees Page* is displayed after a successful saving:

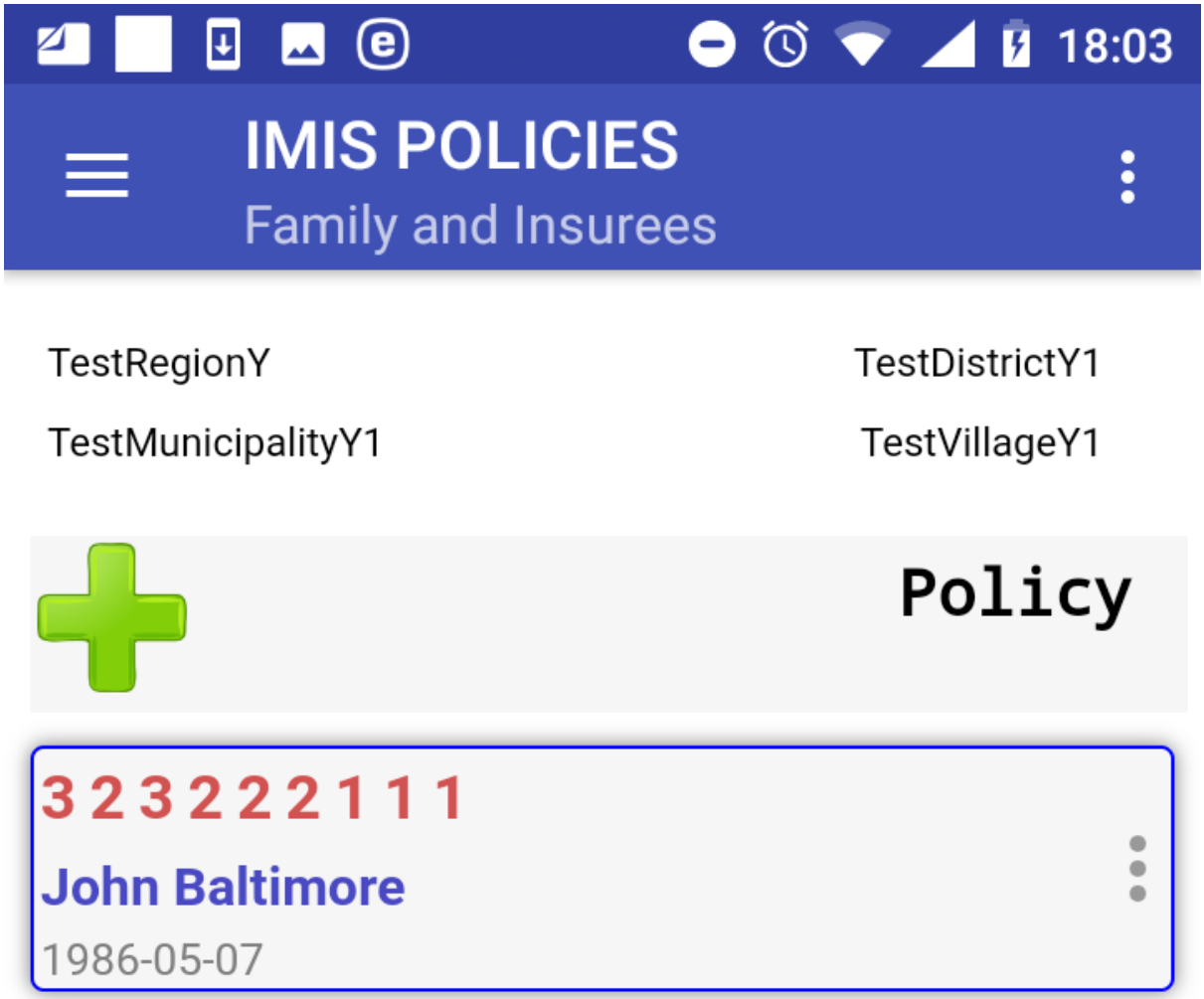

18:03
IMIS POLICIES
Family and Insurees
TestRegionY
TestDistrictY1
TestMunicipalityY1
TestVillageY1
Policy
3 2 3 2 2 2 1 1 1
John Baltimore
1986-05-07

Image 1.4.4 (Family and Insurees Page)

There are four options now:

a) Editing or deleting of the head of family/group.

b) Adding a new family/group

c) Adding a new member to the family/group.

d) Assigning of a new policy to the family/group.

Editing or deleting of a family/group

By clicking on the icon <**three vertical dots**> with the head of the family/group in the *Family and Insurees Page* a menu appears with options of editing of the data of the head of the family or of deleting of the head of the family/group.

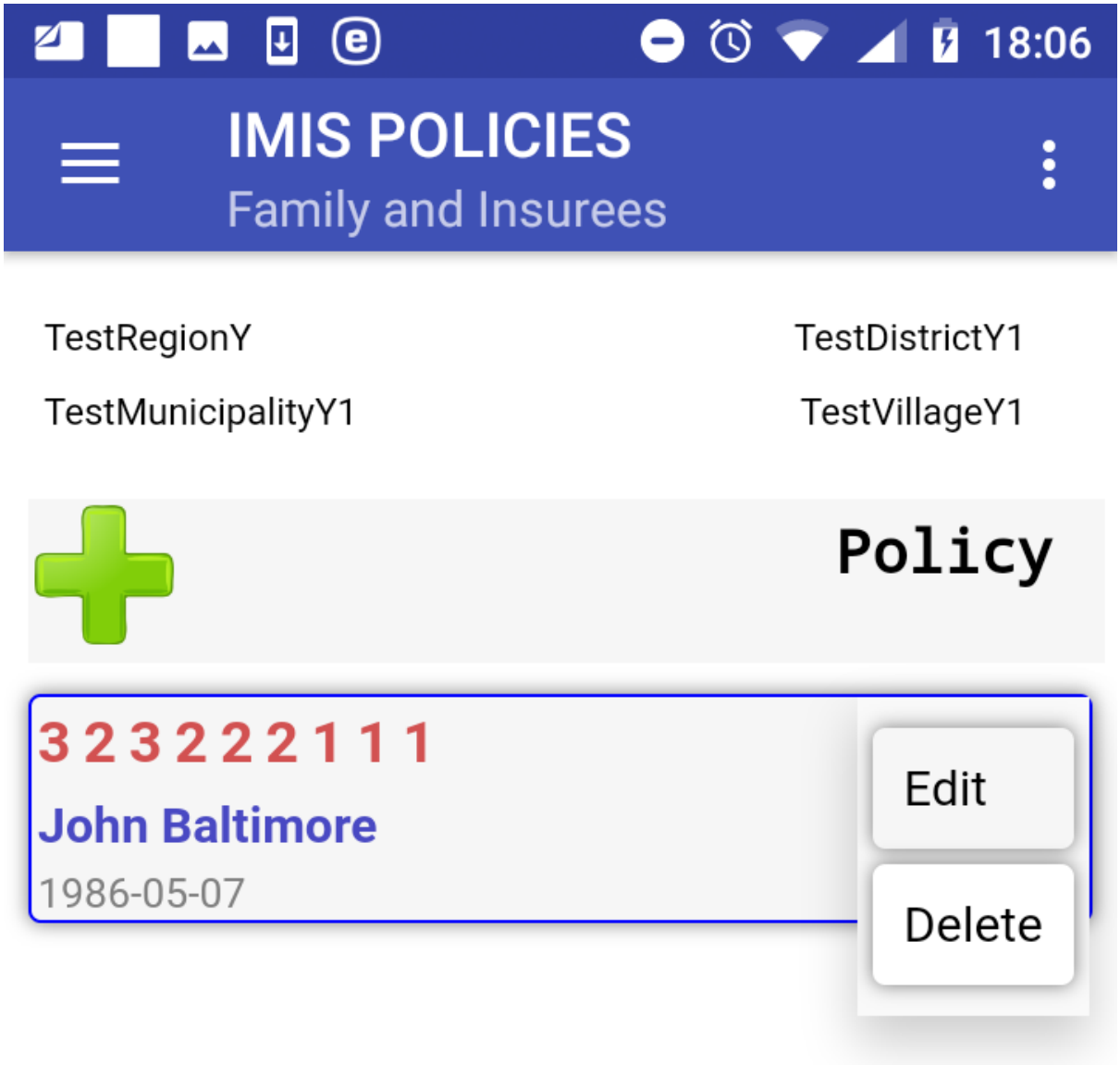

18:06
IMIS POLICIES
Family and Insurees
TestRegionY
TestDistrictY1
TestMunicipalityY1
TestVillageY1
Policy
3 2 3 2 2 2 1 1 1
John Baltimore
1986-05-07
Edit
Delete

Image 1.4.5 (Family and Insurees Page-the menu associated with the head)

Selecting the item **Delete** an alert box appears saying that the head of a family/group cannot be deleted in this situation. This possible only in the context of the *Families Page* where it is considered as deleting of the whole family/group.

Selecting the item **Edit** the *Add/Edit Insuree Page* appears with the data of the head of a family/group that should be edited.

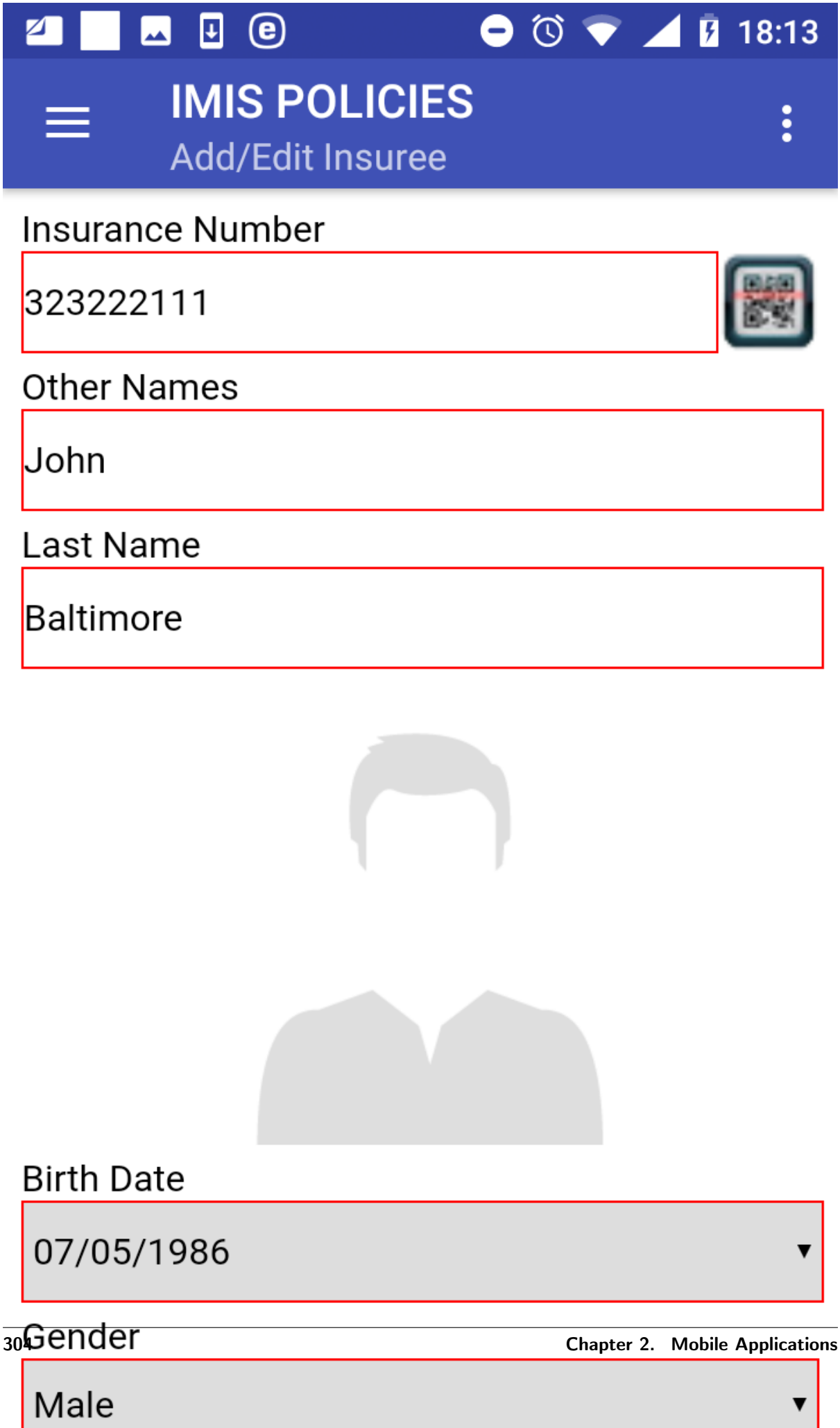

18:13
IMIS POLICIES
Add/Edit Insuree
Insurance Number
323222111
Other Names
John
Last Name
Baltimore
Birth Date
07/05/1986
Gender
Male

Image 1.4.6 (Add/Edit Insuree Page)

Click on the button **Save** to save the edited data of the head of the family/group in the memory of the local device. The *Family and Insurees Page* is displayed after a successful saving.

Adding a new family/group

Clicking on the <three bars horizontally> icon (the upper left corner of the *Family and Insurees Page*) the main menu of the application appears. Select **Enrol** to navigate to the *Families Page*.

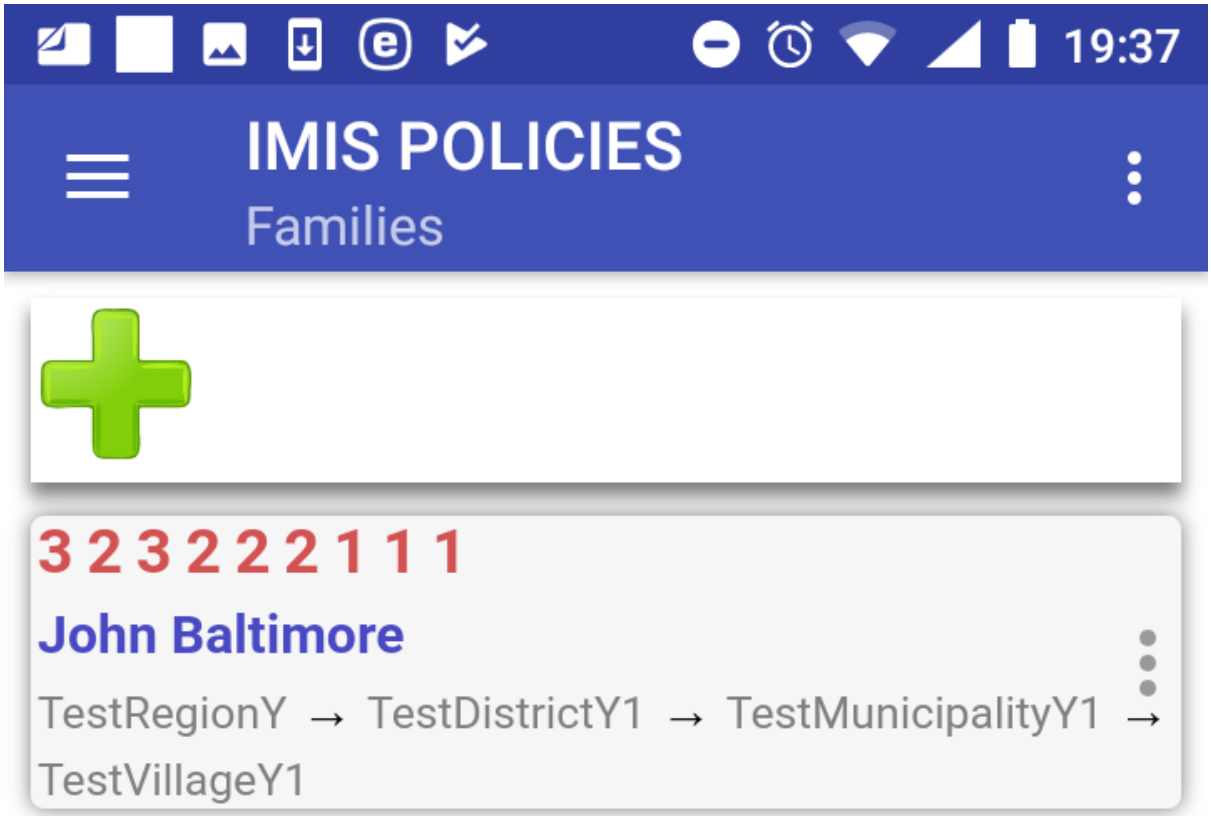

19:37
IMIS POLICIES
Families
3 2 3 2 2 2 1 1 1
John Baltimore
TestRegionY → TestDistrictY1 → TestMunicipalityY1 →
TestVillageY1

Image 1.4.7 (Families Page)

By clicking on the icon + in the *Families Page* the *Add new family Page* appears and a new head of a family/group can be added.

Adding a new member of a family/group

By clicking on the icon + in the *Family and Insurees Page* the *Add/Edit Insuree Page* appears and a new member of the family/group can be added.

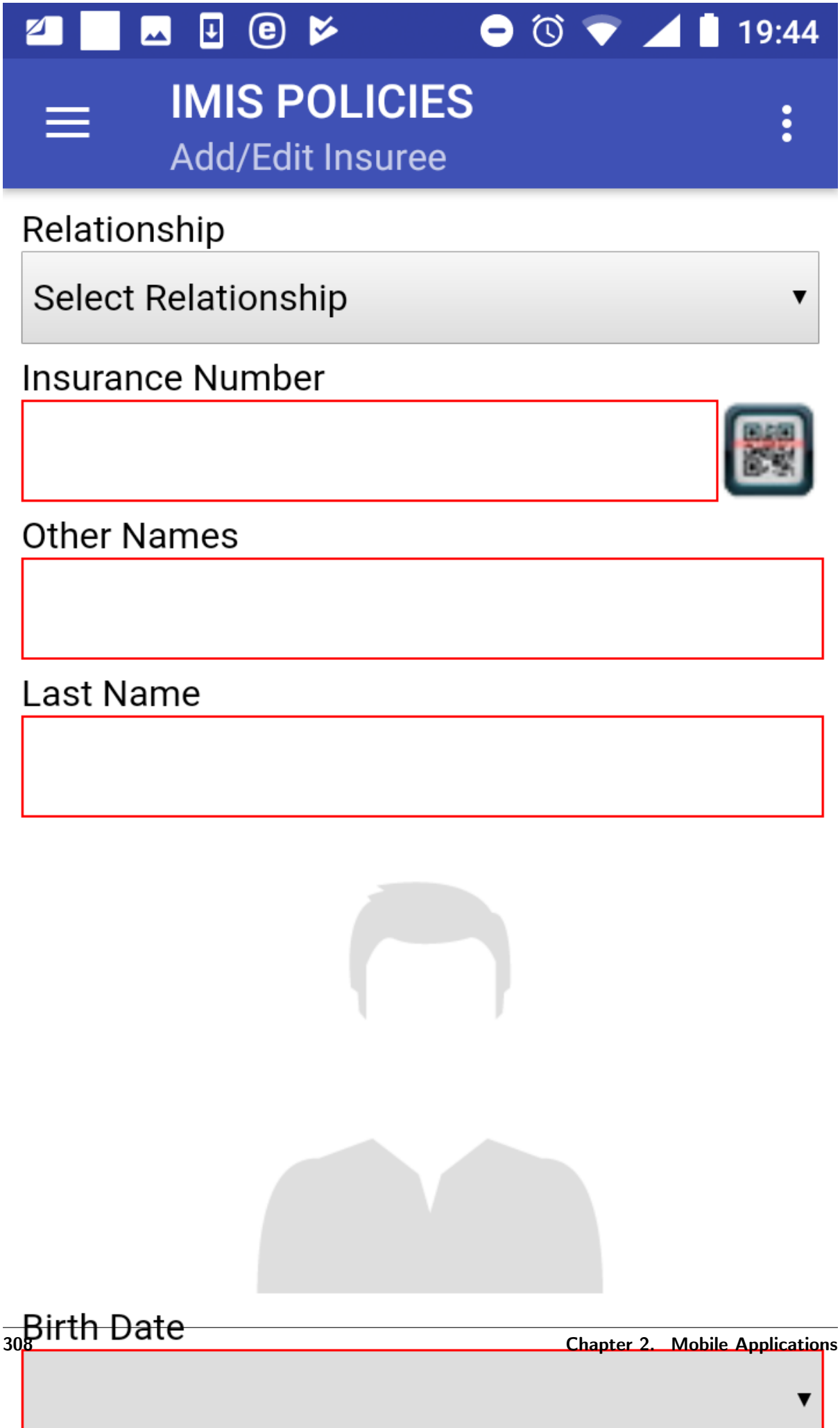

19:44
IMIS POLICIES
Add/Edit Insuree
Relationship
Select Relationship
Insurance Number
Other Names
Last Name
Birth Date

Image 1.4.8 (Add/Edit Insuree Page)

The following data fields appear:

- Relationship

  Select one of the offered relationships of the member to the head of the family/group. Mandatory.

- Insurance Number

  Either enter the insurance number of the member of the family/group or obtain the insurance number by scanning of a QR code by clicking on the **QR** button. Mandatory.

- Other Names

  Enter other names of the member of the family/group. Mandatory.

- Last Name

  Enter the last name of the member of the family/group. Mandatory.

- Photo area

  Either previously acquired photo of the member of the family/group is inserted automatically based on the equality of the Insurance Number here and of the Insurance Number from the *Acquire Page* or tap in the photo area and choose a photo from your folder in the device. A photo must be assigned otherwise the family/group cannot be uploaded to the web IMIS. Mandatory.

- Birth Date

  Tap on the data field and select a birth date of the member of the family/group in the date selector. Mandatory.

- Gender

  Select a gender of the member of the family/group from the drop down list. Mandatory.

- Marital Status

  Select the marital status of the member of the family/group from the drop down list. Optional.

- Beneficiary Card

  Select from the drop down list whether a beneficiary card was given to the member of the family/group. Optional.

- Current Region

  Region of a current residence of the member of the family/group if it differs from the permanent residence of the member of the family/group. Optional.

- Current District

  District of a current residence of the member of the family/group if it differs from the permanent residence of the member of the family/group. Optional.

- Current Municipality

  Municipality of a current residence of the member of the family/group if it differs from the permanent residence of the member of the family/group. Optional.

- Current Village

  Village of a current residence of the member of the family/group if it differs from the permanent residence of the member of the family/group. Optional.

- Current Address Details

Address details of a current residence of the member of the family/group if it differs from the permanent residence of the member of the family/group. Optional.

- Profession

  Select one of the offered options for profession of the member of the family/group. Optional.

- Education

  Select one of the offered options for education of the member of the family/group. Optional.

- Phone Number

  Enter a phone number of the member of the family/group. Optional.

- Email

  Enter an email of the member of the family/group. Optional.

- Identification Type

  Select one of the offered options for the type of an identity document of the member of the family/group. Optional.

- Identification Number

  Enter an identification of identity document of the member of the family/group. Optional.

- Region of FSP

  Region of a First Service Point of the member of the family/group. Optional.

- District of FSP

  District of the First Service Point of the member of the family/group. Optional.

- Level of FSP

  Select the level of a health facility that serves as the First Service Point of the member of the family/group. Optional.

- First Service Point

  Select the health facility that serves as the First Service Point of the member of the family/group. Optional.

Click on the button **Save** to save the data on the member of the family/group in the memory of the device. The *Family and Insurees Page* is displayed after a successful saving:

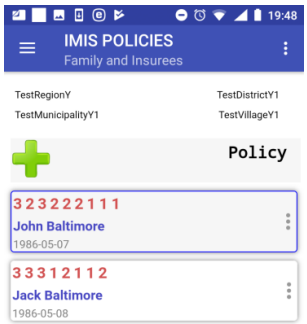


Image 1.4.9 (Family and Insurees Page)

There are three options now:

a) Adding again a new member the family/group (just click on the icon + in the *Family and Insurees Page)*.

b) Editing or deleting of a member (just click on the icon <**three vertical dots**> with a member in the *Family and Insurees Page* a menu appears with options of editing of the data of the member or of deleting of a member of the family/group.

c) Assigning a new policy to the family/group.

Assigning of a policy

By clicking on the button **Policy** the *Family and Policies Page* appears and a new policy can by assigned to the family/group.

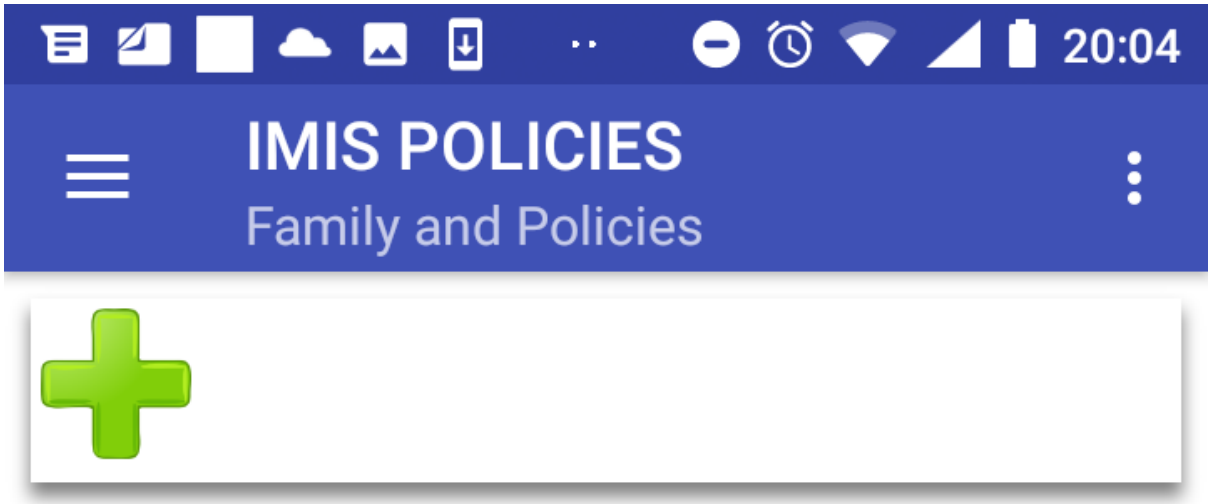

20:04
IMIS POLICIES
Family and Policies

Image 1.4.10 (Family and Policies Page)

Click on the icon + to navigate to the *Add/Edit Policies Page*:

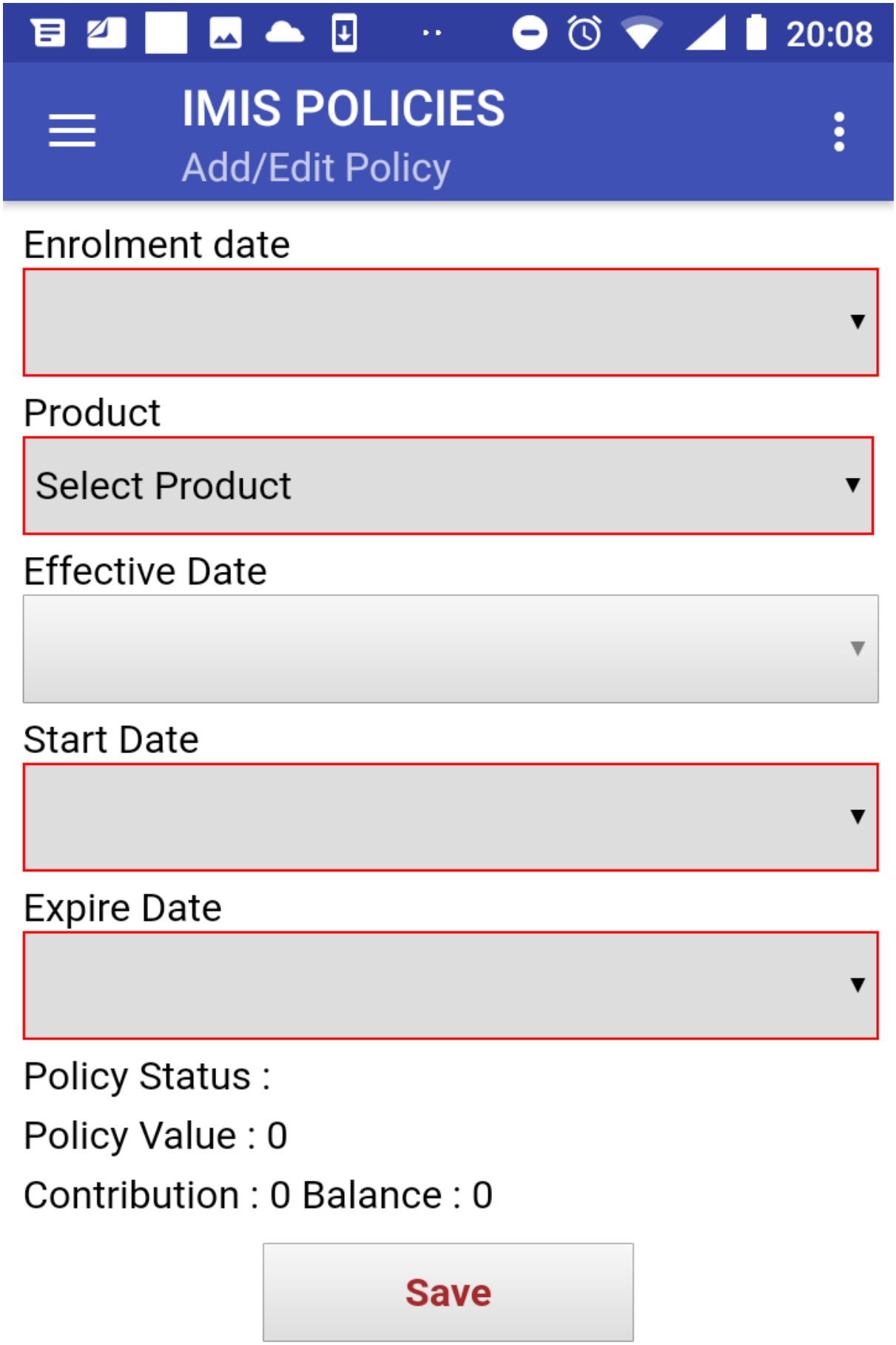

20:08
IMIS POLICIES
Add/Edit Policy
Enrolment date
Product
Select Product
Effective Date
Start Date
Expire Date
Policy Status :
Policy Value : 0
Contribution : 0 Balance : 0
Save

Image 1.4.11 (Add/Edit Policies Page)

The following data fields appear:

- Enrolment Date

  Tap on the data field and select an enrolment date for the policy in the date selector. Mandatory.

- Product

  Select one of the offered insurance products for the policy. Mandatory.

- Effective date

  Read-only calculated data field. Contains the date of effective starting of the policy taking into account all features of the selected insurance products and the date of payment of a contribution.

- Start Date

  Assumed starting date of the policy without taking into account the date of payment of the contribution. Calculated data field based on the enrolment date and the selected insurance product that can be modified. Mandatory.

- Expiry Date

  Assumed expiry date of the policy without taking into account the date of payment of the contribution. Calculated data field based on the starting date and the selected insurance product that can be modified. Mandatory.

- Policy Status

  Read-only data field. Assigned policy status on the device. Actual policy status can change in the web IMIS after uploading.

- Policy Value

  Read-only data field. Calculated policy value that should be covered by contributions.

- Contribution

  Read-only data field. Calculated value of already assigned contributions.

- Balance

  Read-only data field. Calculated value of the balance Policy Value - Contribution

Click on the button **Save** to save the data on the policy in the memory of the device. The *Family and Policies Page* is displayed after a successful saving.

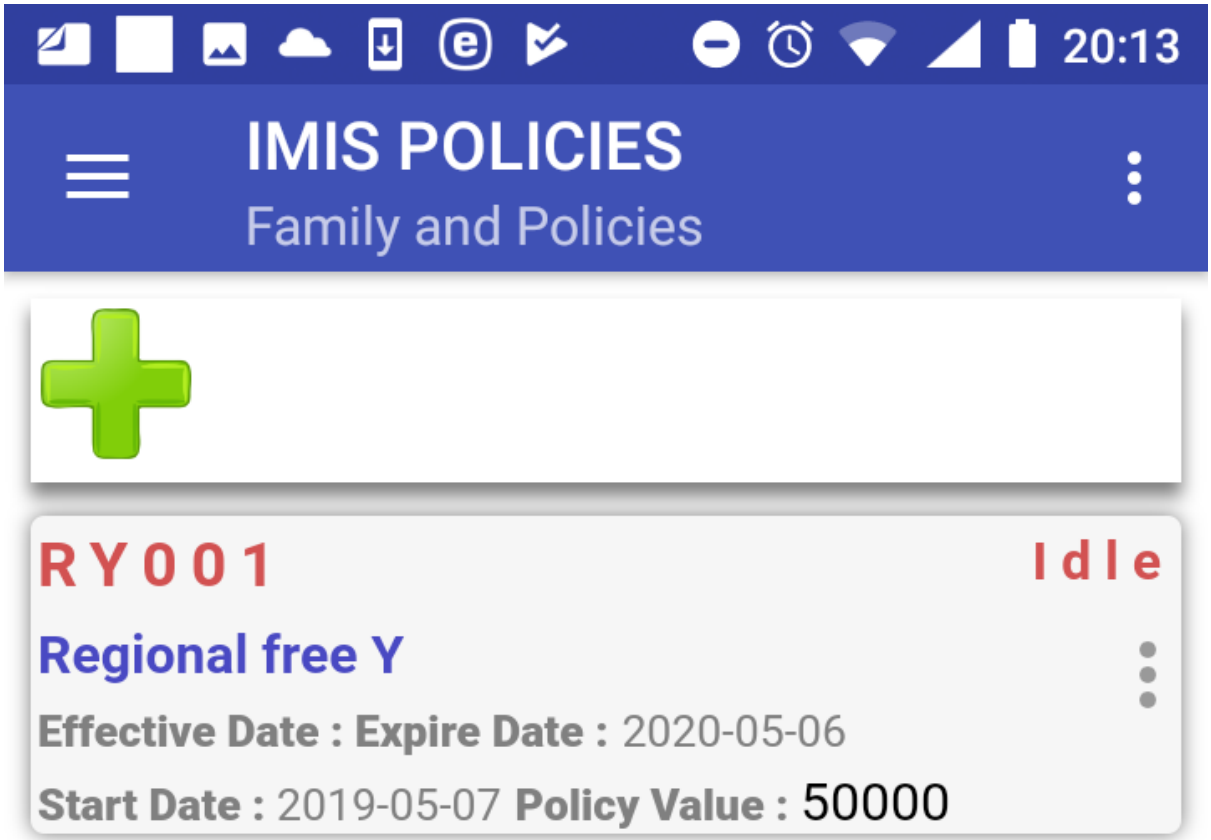

20:13
IMIS POLICIES
Family and Policies
RY001
Idle
Regional free Y
Effective Date : Expire Date : 2020-05-06
Start Date : 2019-05-07 Policy Value : 50000

Image 1.4.12 (Family and Policies Page)

There are three options now:

a) Assigning a new policy to the family/group (just by clicking on the icon + in the *Family and Policies Page* the *Add/Edit Policy Page* appears and the new policy can be assigned).

b) Editing or deleting of the policy.

c) Assigning a new contribution to the policy.

Editing or deleting of a policy

By clicking on the icon <**three vertical dots**> with the policy in the *Family and Policies Page* a menu appears with options of editing of the data of the policy or of deleting of the policy.

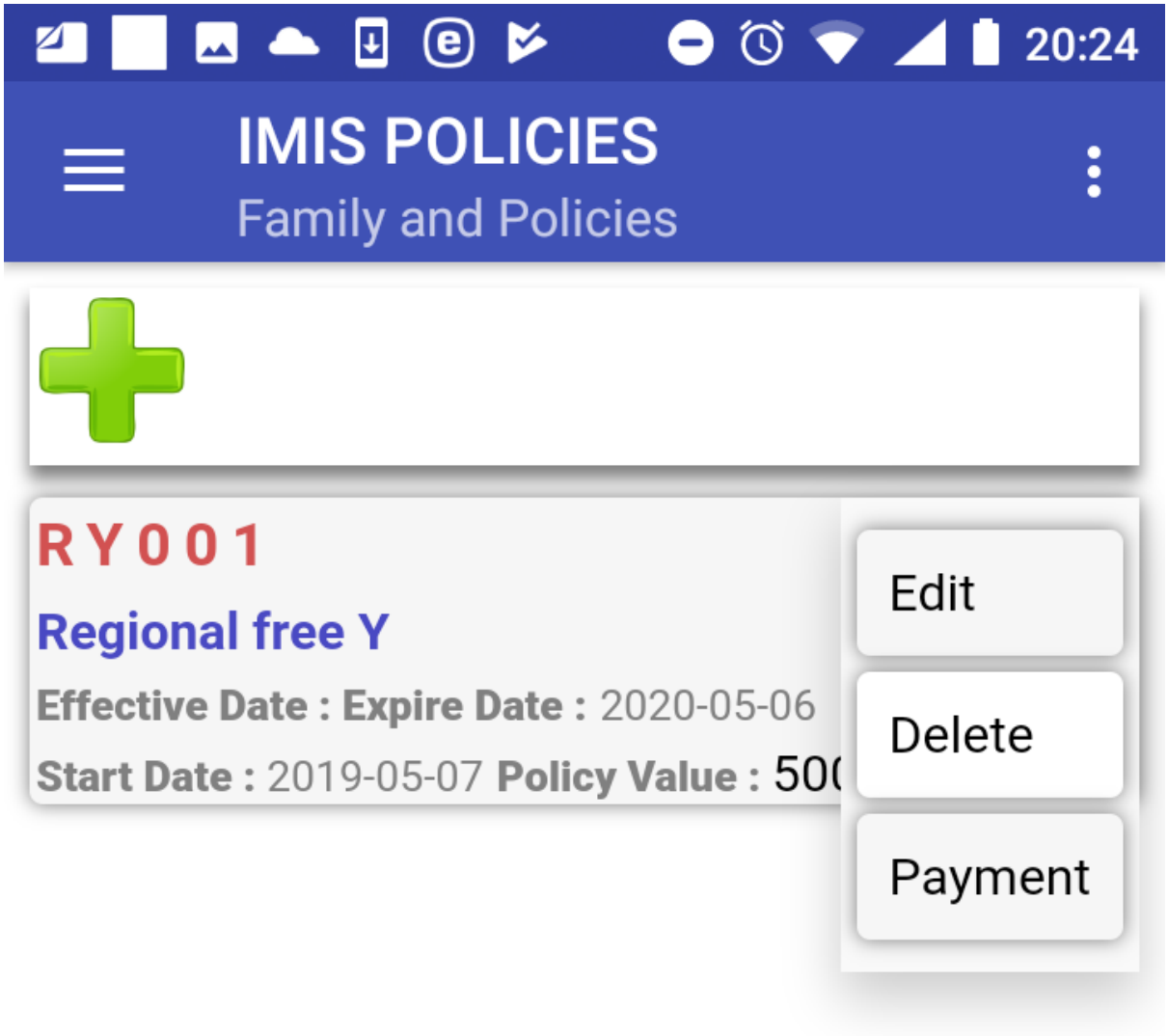

20:24
IMIS POLICIES
Family and Policies
RY001
Regional free Y
Effective Date : Expire Date : 2020-05-06
Start Date : 2019-05-07 Policy Value : 500
Edit
Delete
Payment

Image 1.4.13 (Families and Policies Page-the menu associated with the policy)

By selecting **Edit** the *Add/Edit Policy Page* appears and the data of the policy can be edited. By selecting **Delete** the *Confirmation Box* appears that asks for a confirmation of the deleting. Deleting a policy means also deleting of all contributions associated with the policy.

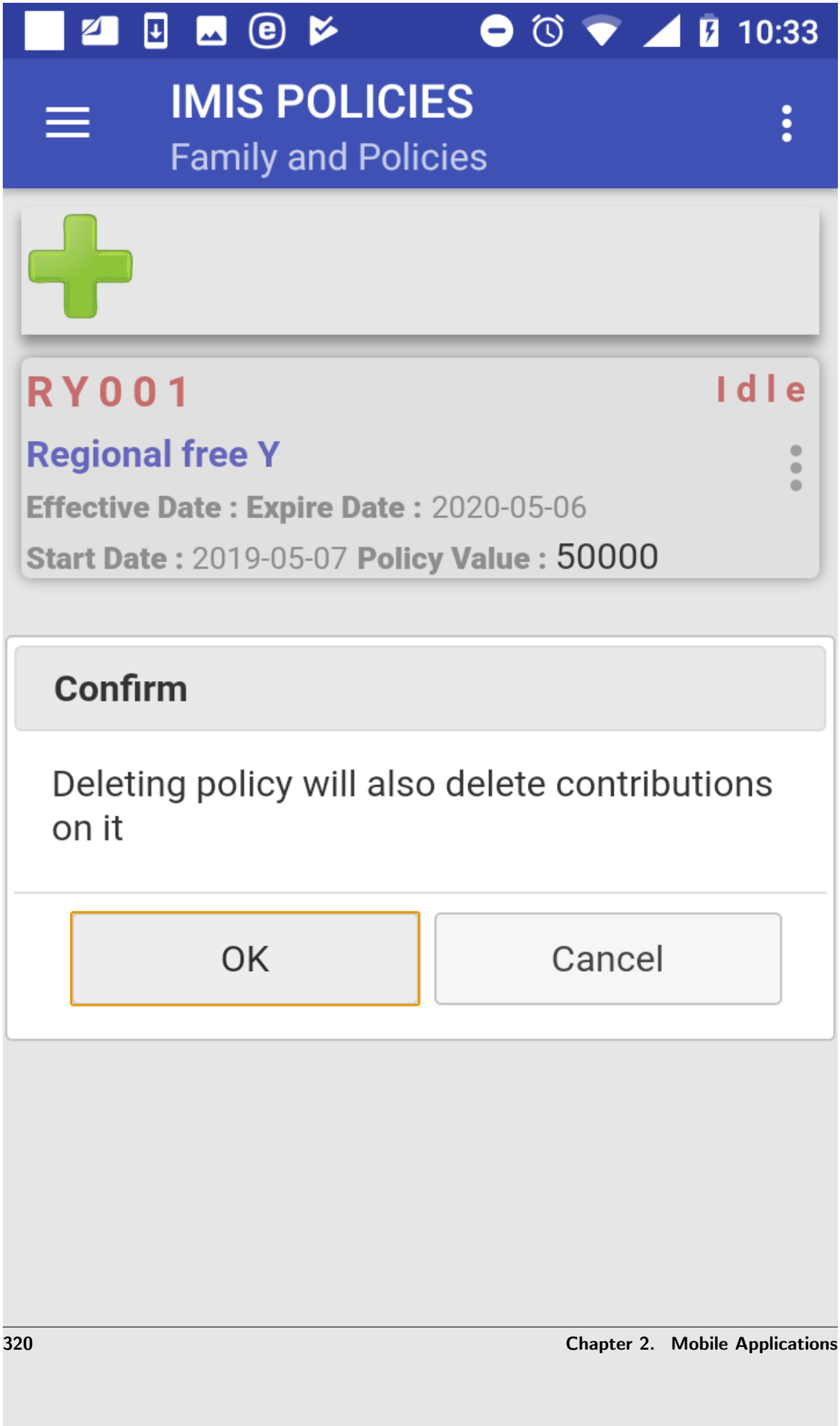

10:33
IMIS POLICIES
Family and Policies
RY001
Idle
Regional free Y
Effective Date : Expire Date : 2020-05-06
Start Date : 2019-05-07 Policy Value : 50000
Confirm
Deleting policy will also delete contributions on it
OK
Cancel

Image 1.4.14 (Families and Policies Page-confirmation of deleting)

The *Family and Policies Page* is displayed after a successful deleting.

Assigning of a new contribution to the policy

By clicking on the icon <**three vertical dots**> with the policy in the *Family and Policies Page* a menu appears with options of editing of the data of the policy, of deleting of the policy and assigning a contribution (**Payment**). Select **Payment**. The *Contribution Page* appears:

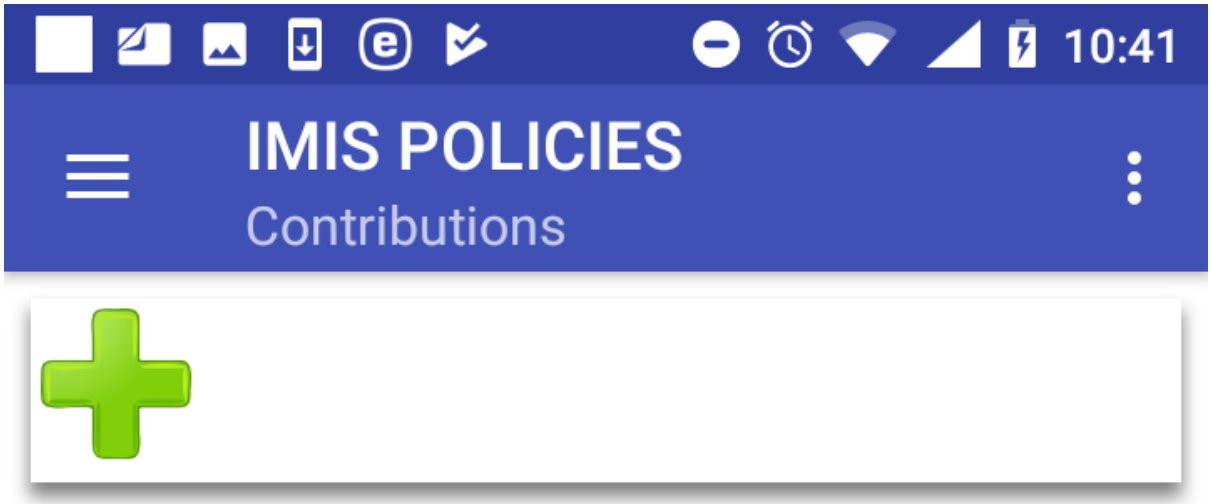

10:41
IMIS POLICIES
Contributions

Image 1.4.15 (Contribution Page)

Click on the + icon to add a new contribution. The *Add/Edit Contribution Page* appears with the following data fields:

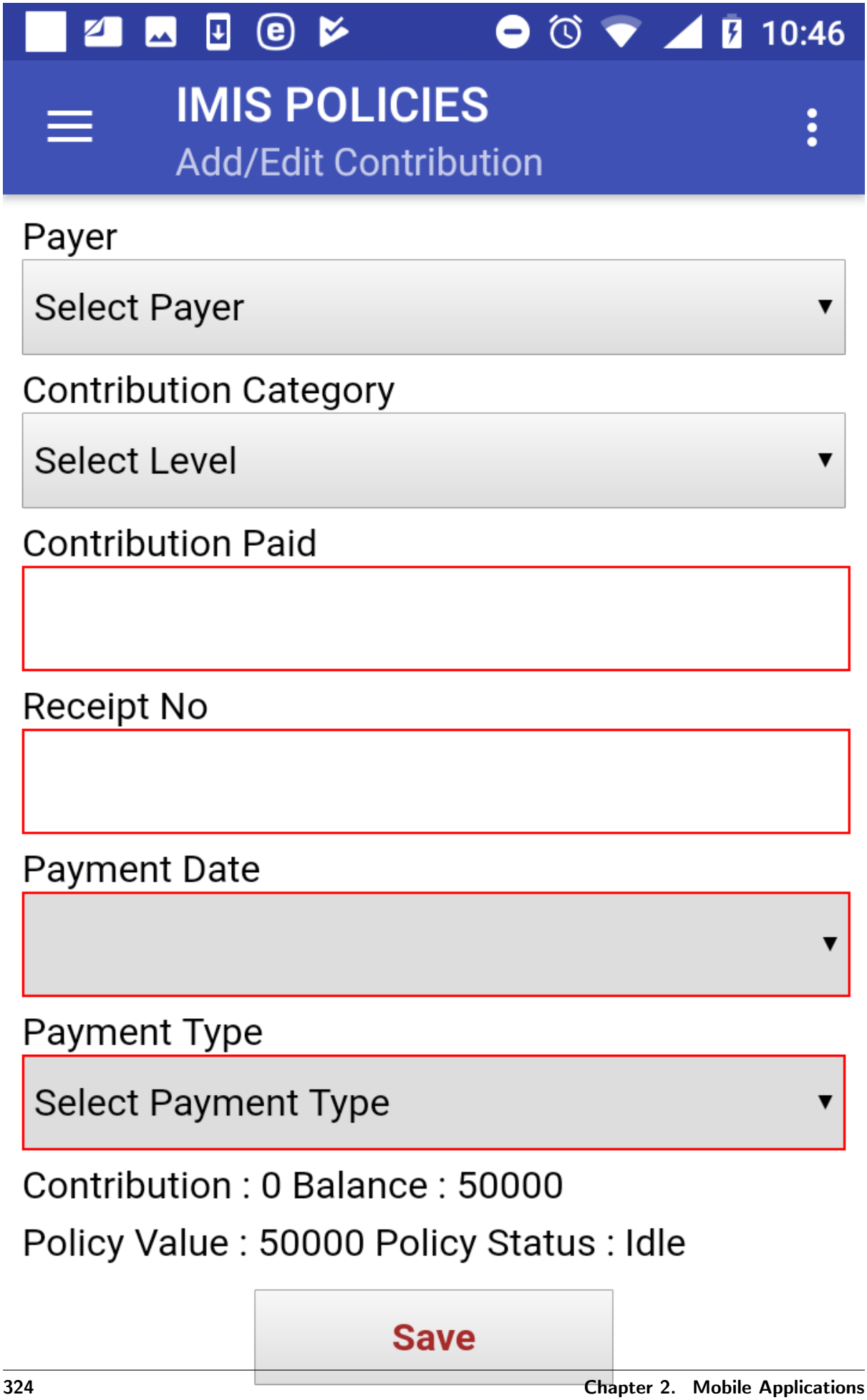

10:46
IMIS POLICIES
Add/Edit Contribution
Payer
Select Payer
Contribution Category
Select Level
Contribution Paid
Receipt No
Payment Date
Payment Type
Select Payment Type
Contribution : 0 Balance : 50000
Policy Value : 50000 Policy Status : Idle
Save

Image 1.4.16 (Add/Edit Contribution Page)

- Payer

  Either leave it blank or select one of the offered payers of the contribution. Optional.

- Contribution Category

  Select one of the offered categories for the contribution. Mandatory.

- Contribution Paid

  The amount of the contribution. If the Contribution and Others is selected in the data field Contribution Category then the data field Contribution Paid is prefilled by the amount still to be paid to reach the policy value. Mandatory.

- Receipt No

  An identification of the receipt issued for the paid contribution. Mandatory.

- Payment Date

  Tap on the data field and select a payment date of the contribution in the date selector. Mandatory.

- Payment Type

  Select one of the offered types of payment of the contribution. Mandatory.

- Policy Status

  Read-only data field. Assigned policy status in the device. Actual policy status can change in the web IMIS after uploading.

- Policy Value

  Read-only data field. Calculated policy value that should be covered by contributions.

- Contribution

  Read-only data field. Calculated value of already assigned contributions.

- Balance

Read-only data field. Calculated value of the balance Policy Value – Contribution

Click on the button **Save** to save the data on the contribution in the memory of the device. The *Contribution Page* is displayed after a successful saving:

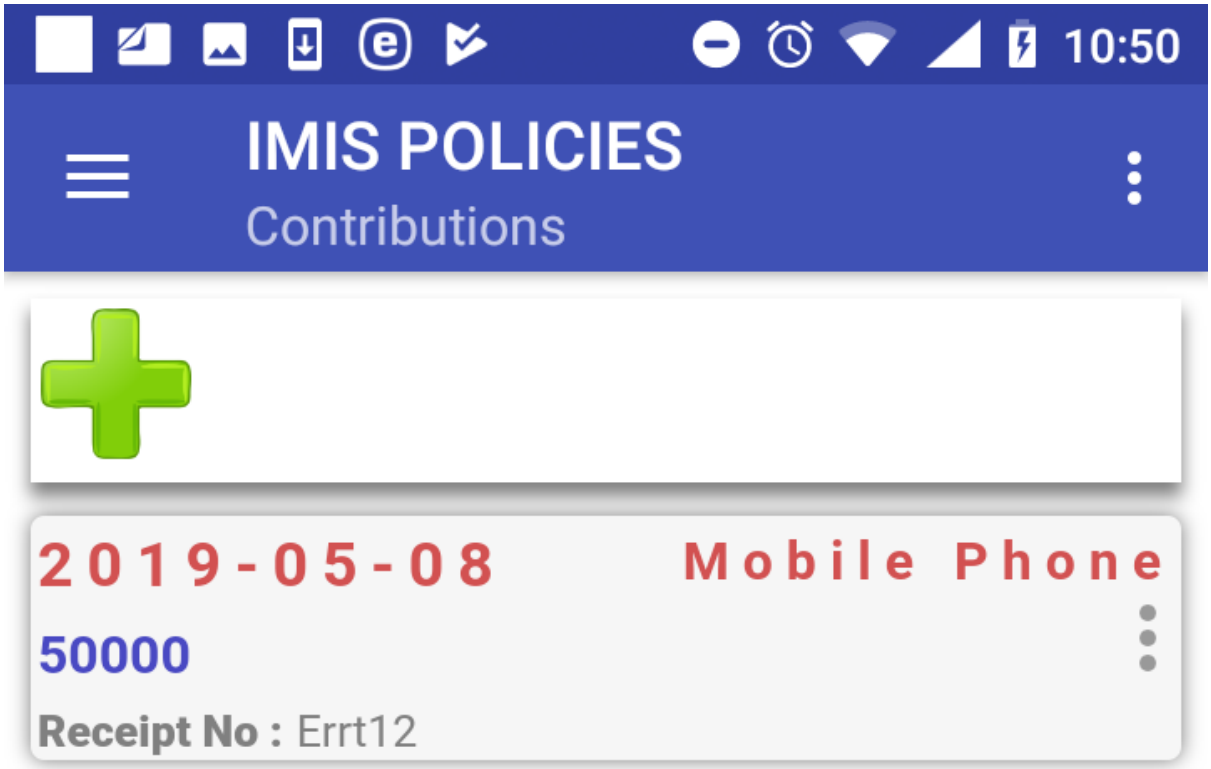

10:50
IMIS POLICIES
Contributions
2019-05-08
Mobile Phone
50000
Receipt No : Errt12

Image 1.4.17 (Contribution Page)

There are three options now:

a) Assigning a new contribution to the same policy (just by clicking on the icon + the *Add/Edit Contribution Page* appears and a new contribution can be added)

b) Editing or deleting of the contribution.

c) Adding of a new family or editing existing ones.

Editing or deleting of the contribution

By clicking on the icon <**three vertical dots**> with the contribution in the *Contribution Page* a menu appears with options of editing of the data of the contribution and of deleting of the contribution.

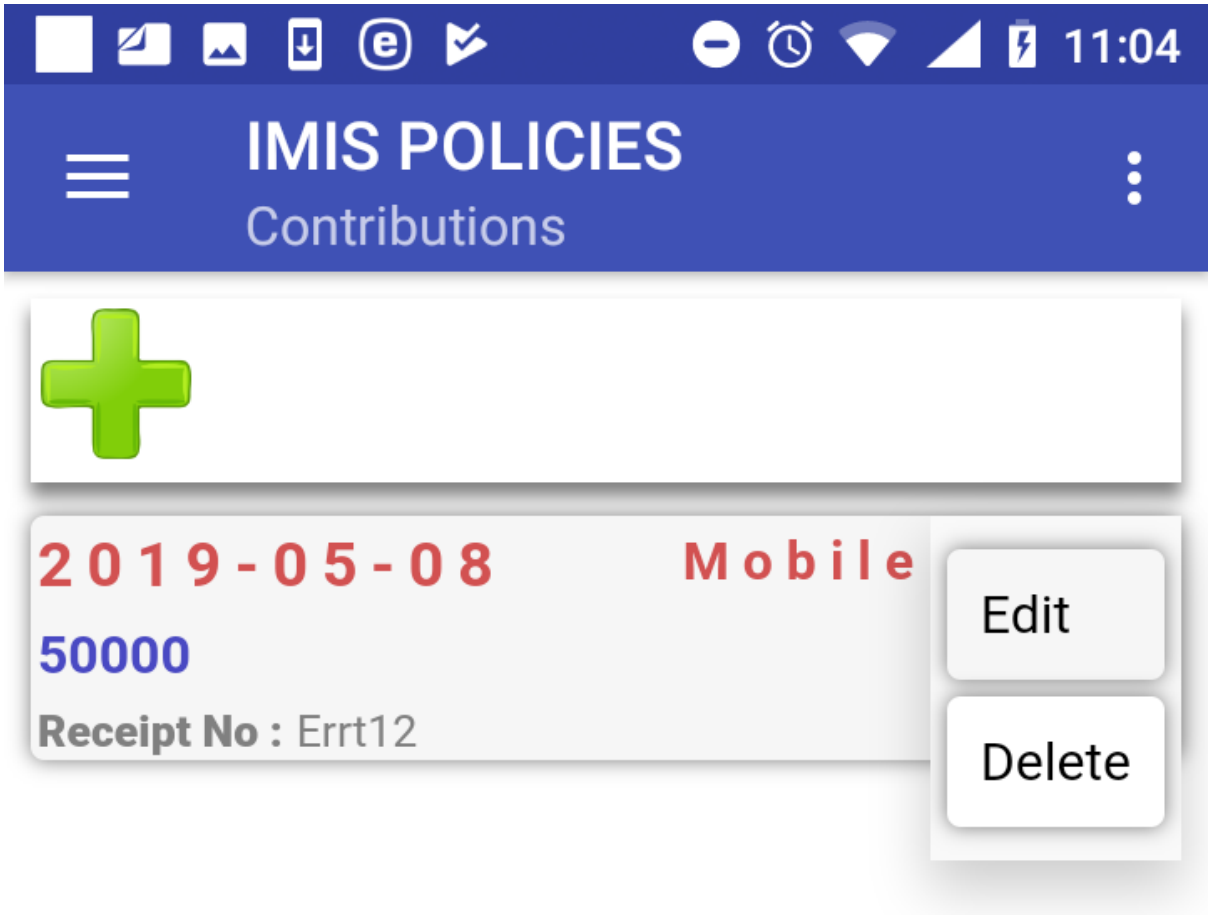

11:04
IMIS POLICIES
Contributions
2019-05-08
Mobile
50000
Receipt No : Errt12
Edit
Delete

Image 1.4.18 (Contribution Page-the menu associated with the contribution)

By selecting **Edit** the *Add/Edit Contribution Page* appears and the data of the contribution can be edited. By selecting **Delete** the contribution is deleted without a confirmation prompt.

2.2.4 Function Modify

The function Modify is navigated to by clicking on the menu item **Modify** in the main menu. The function Modify allows to download data on families/insurees from the web IMIS for their further editing or using for association with policies. A user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Insurees and Families/Family +Insurees/Edit** as an access to the functionality Modify is guarded by the *Login Page*

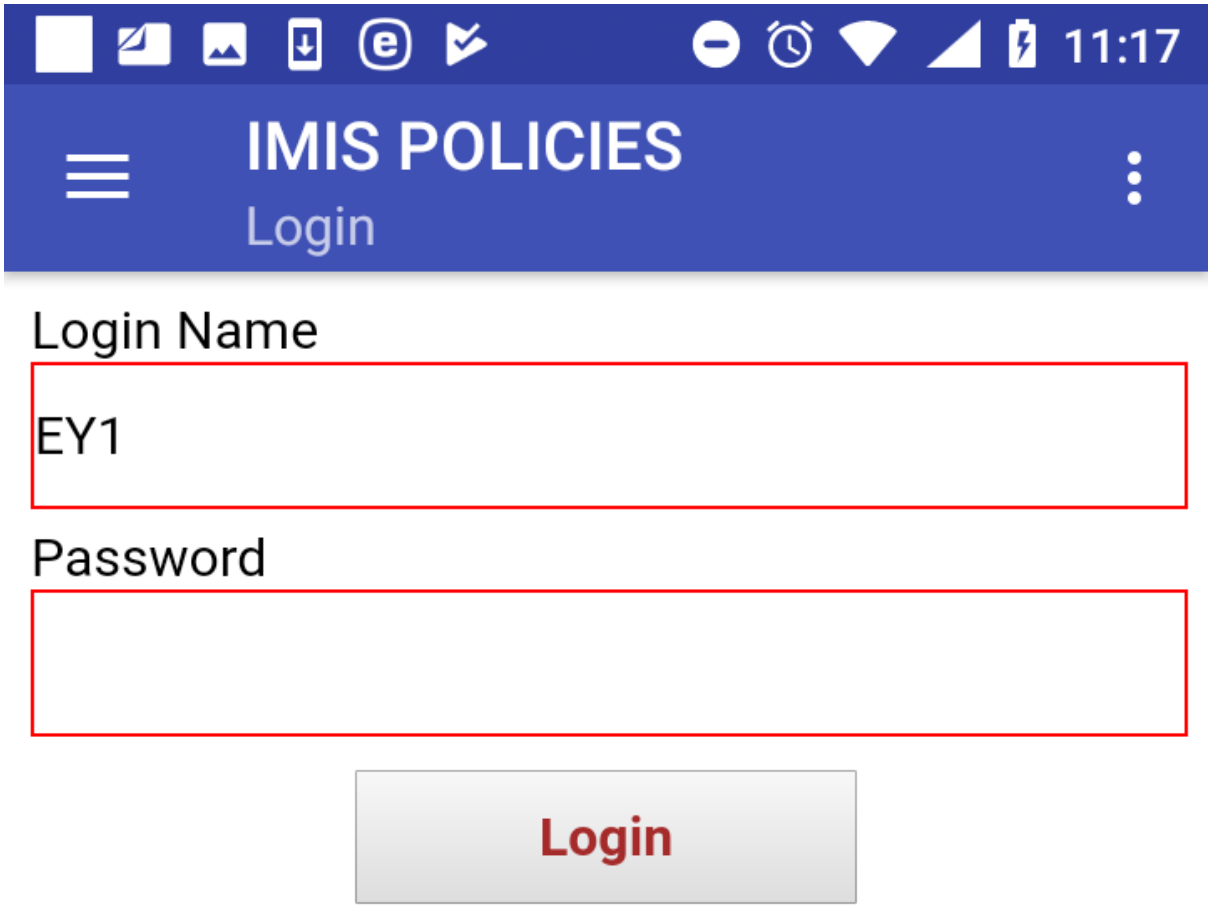

11:17
IMIS POLICIES
Login
Login Name
EY1
Password
Login

Image 1.5.1 (Modify function-Login Page)

If login is successful the *Search Page* appears:

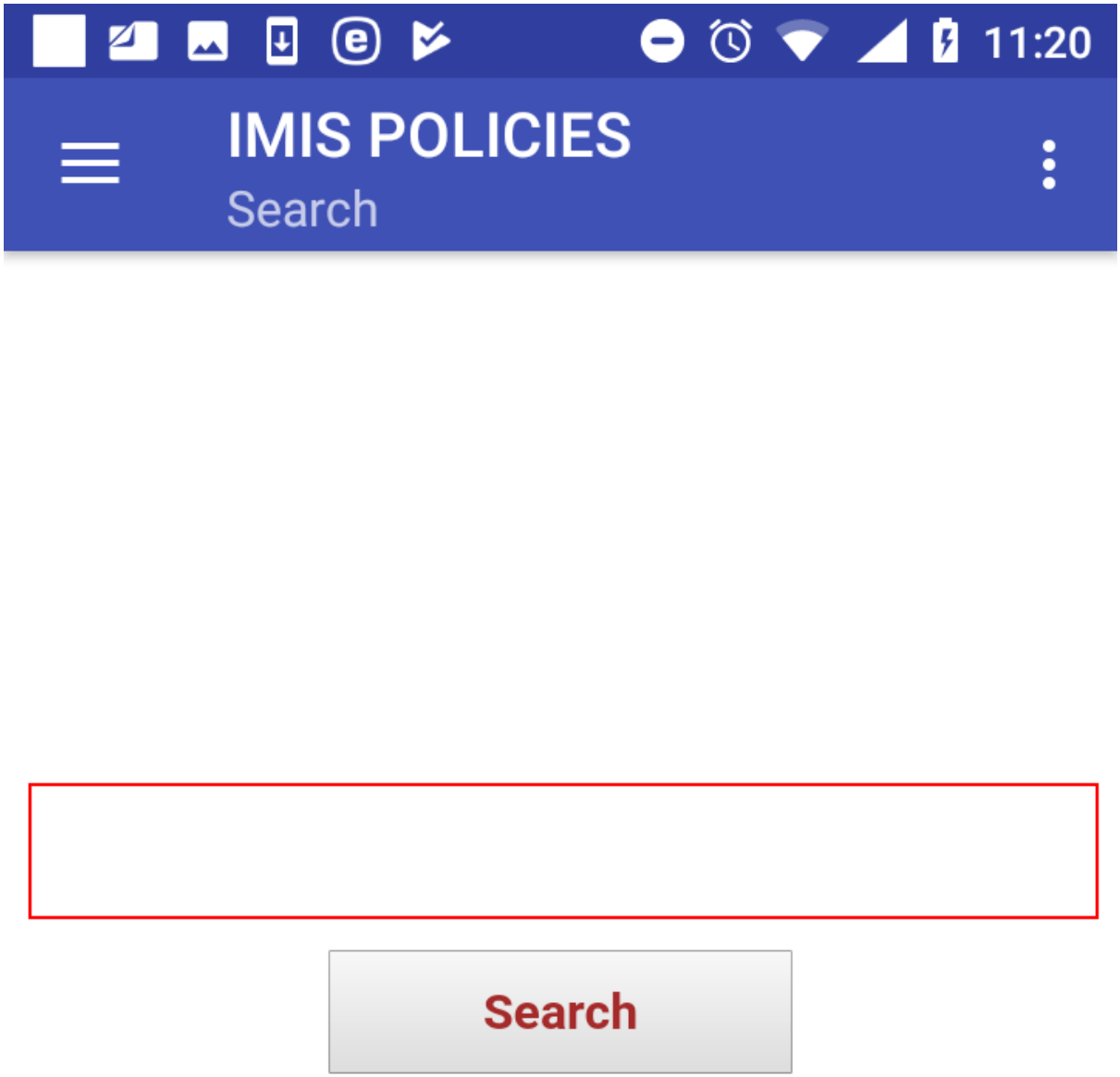

11:20
IMIS POLICIES
Search
Search

Image 1.5.2 (Search Page)

Enter the insurance number of any member of a family/group having a residence in the district where the enrolment officer is acting and click on the button **Search**. If the family/group with a member having the entered insurance number is found in the web IMIS, the *Family Page* appears with the retrieved family.

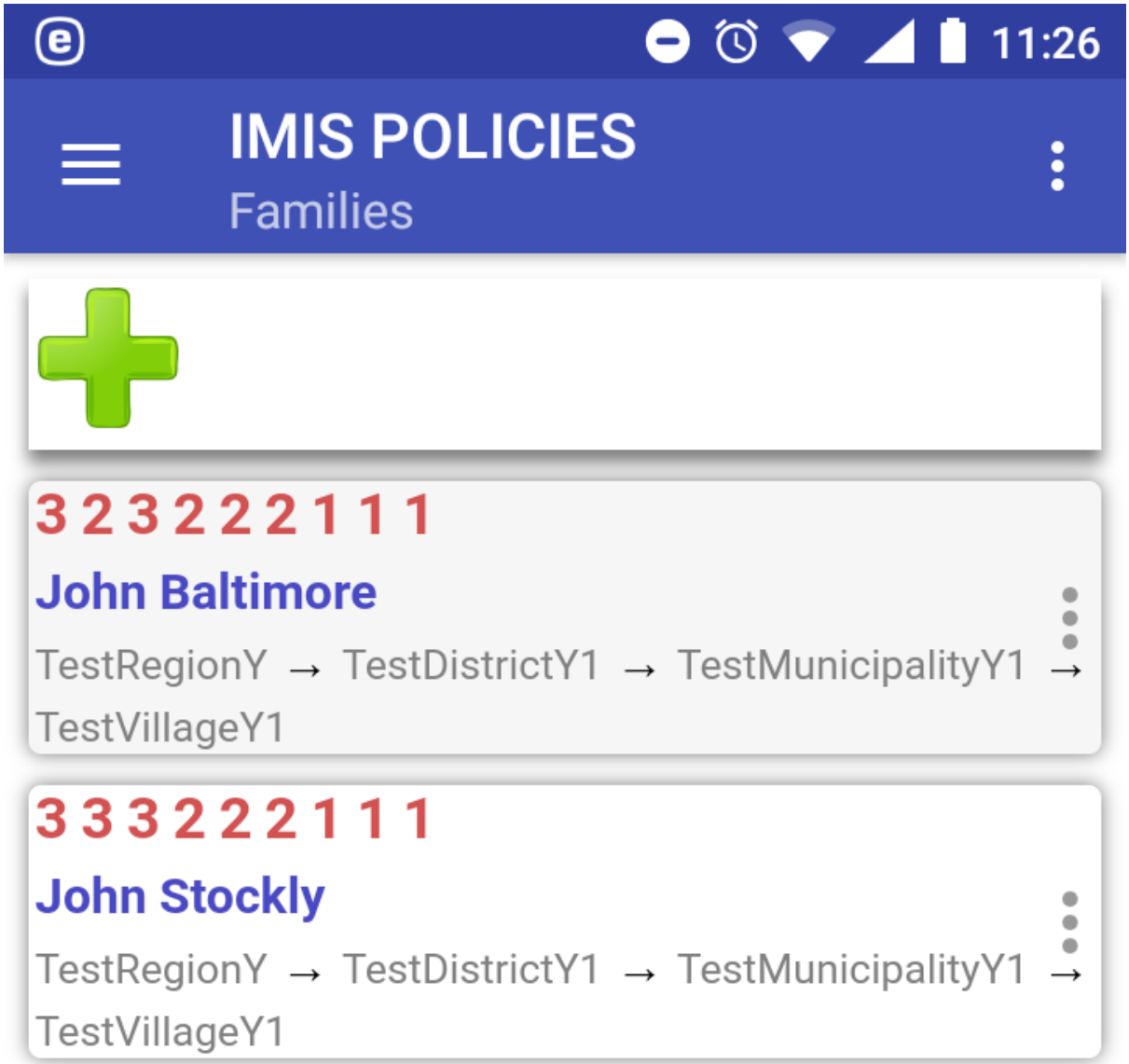

11:26
IMIS POLICIES
Families
3 2 3 2 2 2 1 1 1
John Baltimore
TestRegionY → TestDistrictY1 → TestMunicipalityY1 → TestVillageY1
3 3 3 2 2 2 1 1 1
John Stockly
TestRegionY → TestDistrictY1 → TestMunicipalityY1 → TestVillageY1

Image 1.5.3 (Family Page with the retrieved family)

From now on, any operations like editing of members and deleting members of the family/group, associating new policies and contributions can be accomplished in the same way as for newly entered families as described with the function *Enrol*.

2.2.5 Function Control Numbers

The function Control Numbers is navigated to by clicking on the menu item **Control Numbers** in the main menu. The function Control Number allows sending requests for assigning of control numbers for intended payments of contributions and getting assigned control numbers. A user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Insurees and Families/Payment/Add** as an access to the functionality Control Numbers is guarded by the by the *Login Page*.

The *Overviews Page* appears after selecting **Contrl Numbers** in the main menu:

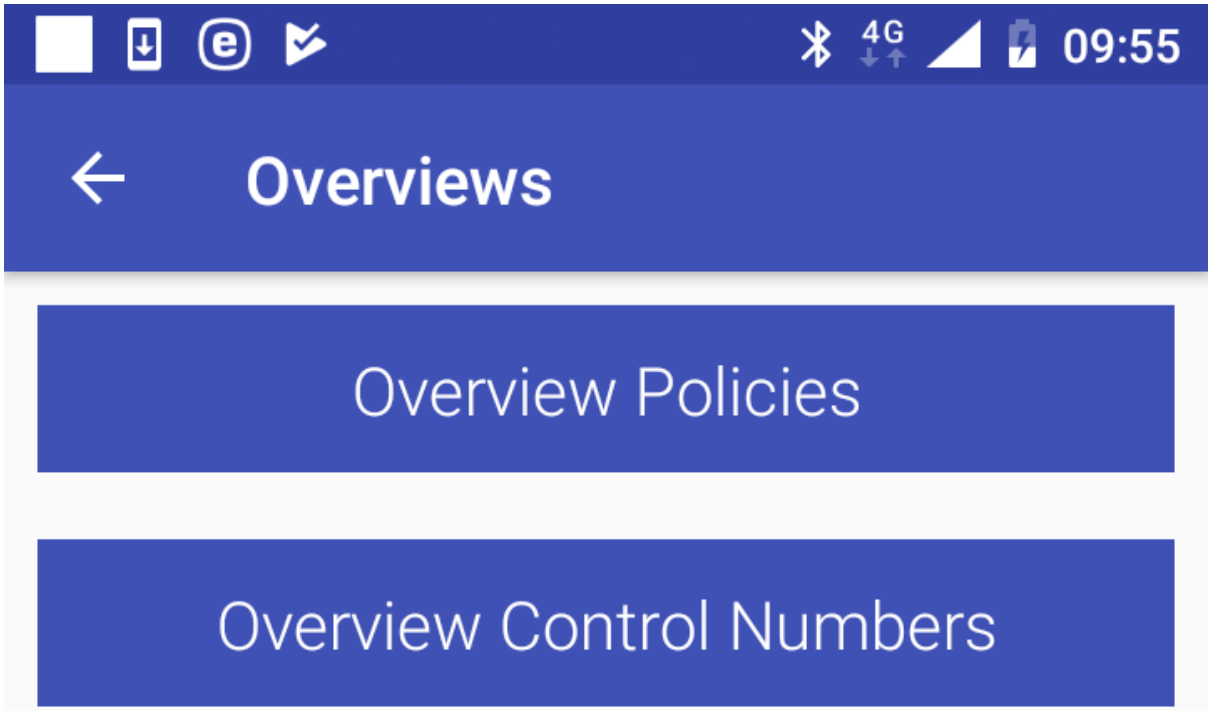

09:55
Overviews
Overview Policies
Overview Control Numbers

Image 1.6.1 (Overviews Page)

Click on the button **Overview Policies** to move to the *Search Policies Page* with search criteria for policies in the memory of the device:

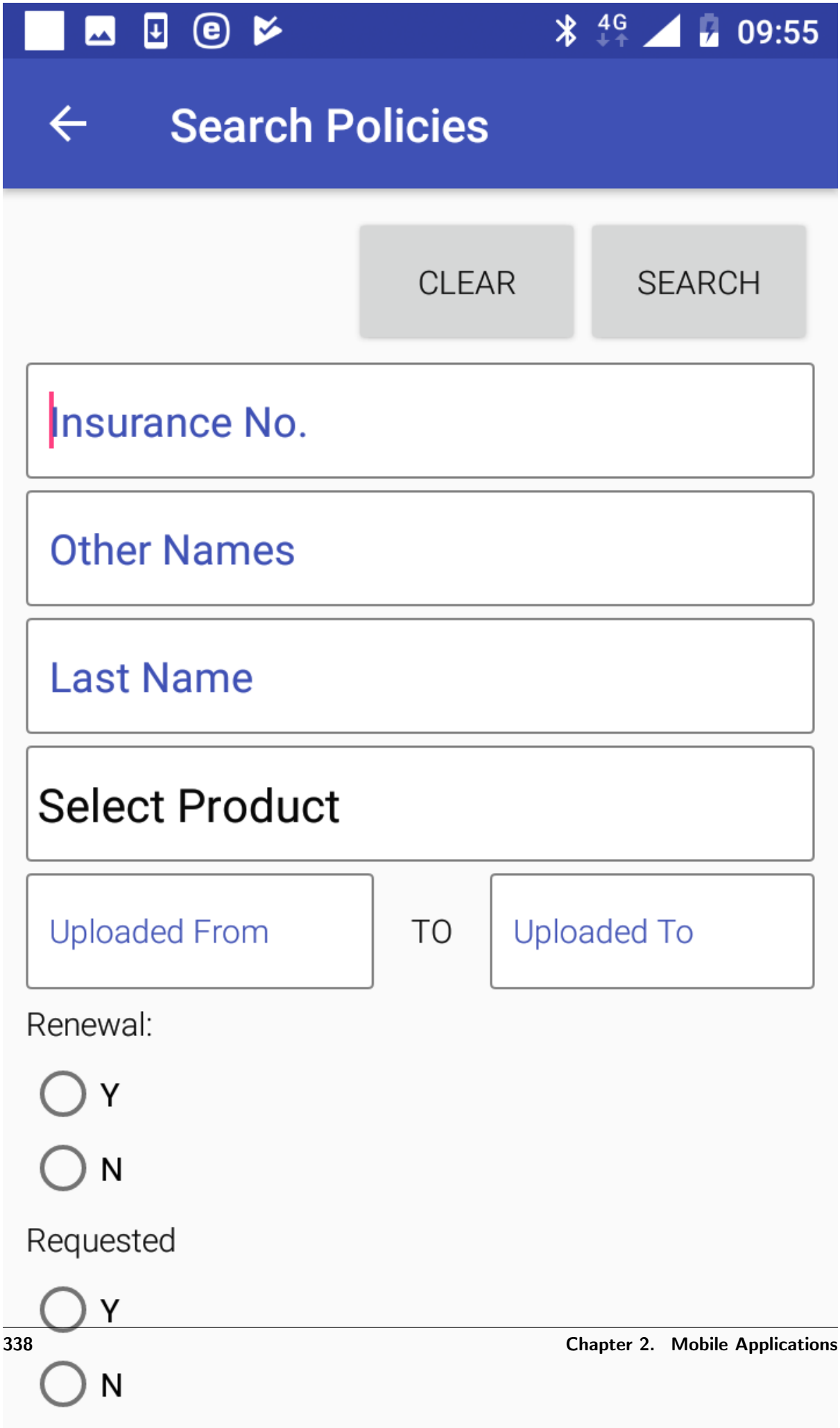

09:55
Search Policies
CLEAR
SEARCH
Insurance No.
Other Names
Last Name
Select Product
Uploaded From
TO
Uploaded To
Renewal:
Y
N
Requested
Y
N

Image 1.6.2 (Search Policies Page)

The application keeps track of all policies that were created within the application and/or uploaded unless the track of a policy is explicitly deleted by a user (see below). This feature allows to send requests for assigning control numbers for one or several policies simultaneously to the web IMIS before or after the policies are uploaded (after uploading is a preferred option).

The following search criteria are at disposal:

- Insurance No.

  Enter an insurance number (or a subset of) of the head of family/group holding searched policies.

- Other Names

  Enter another name (or a subset of) of the head of family/group holding searched policies.

- Last Names

  Enter a last name (or a subset of) of the head of family/group holding searched policies.

- Insurance Product

  Select from the list of available insurance products of searched policies.

- Uploaded From

  Select from the date selector the lowest date of uploading to the web IMIS of searched policies.

- Uploaded To

  Select from the date selector the highest date of uploading to the web IMIS of searched policies.

- Renewal Y/N

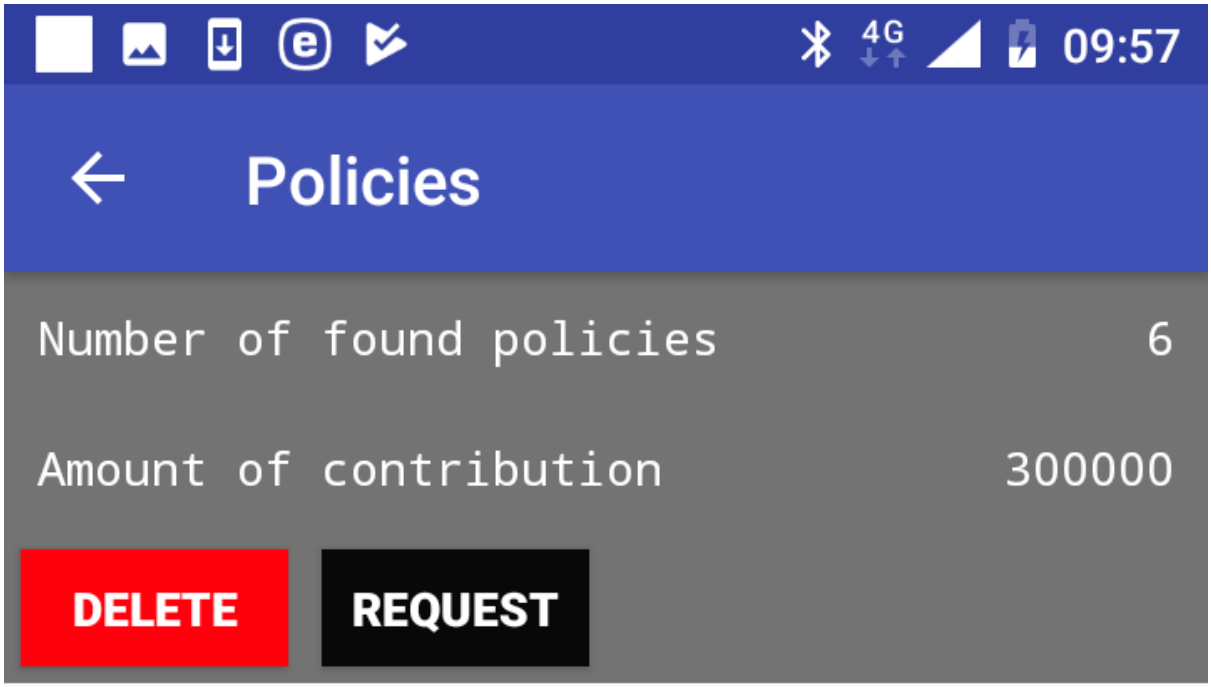
  Select whether only renewed or only new policies are search for. Optional.

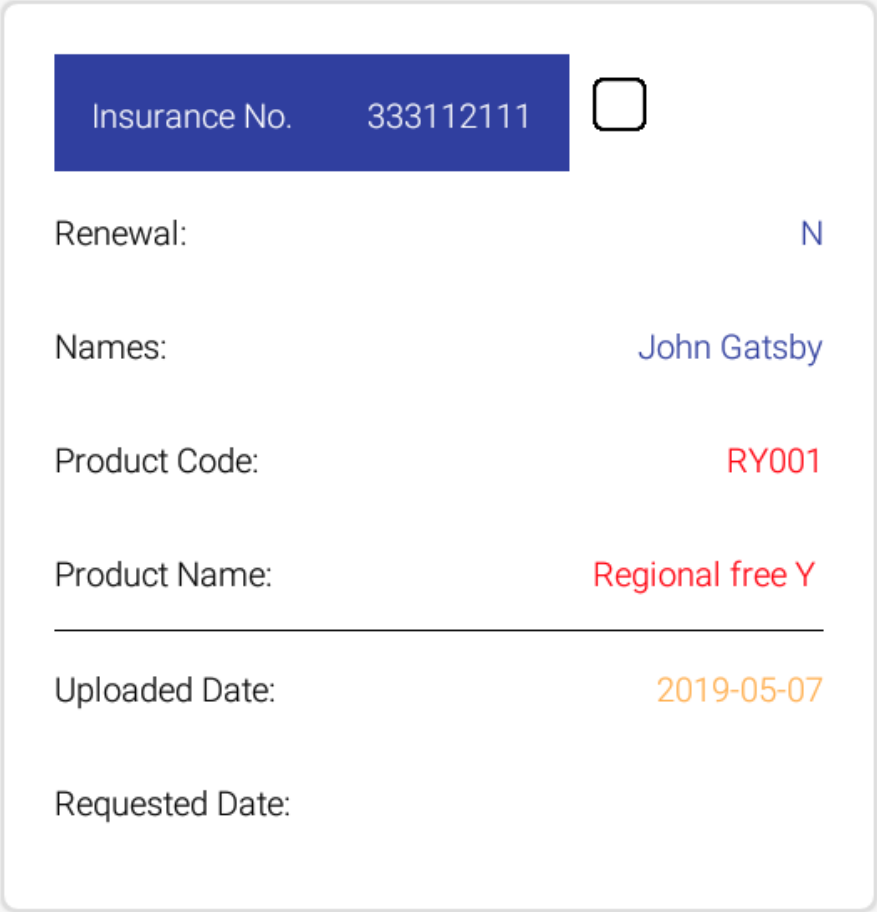
- Requested Y/N

  Select whether only policies for which a control number has been requested or only policies for which a control number hasn't been requested yet. Optional.

Click on the button **Clear** to clear all search criteria entered.

Click on the button **Search** to get a list of policies satisfying the search criteria. The *Policies Page* with the list of policies satisfying the search criteria appears:


09:57
Policies
Number of found policies 6
Amount of contribution 300000
DELETE
REQUEST


Insurance No. 333112111
Renewal: N
Names: John Gatsby
Product Code: RY001
Product Name: Regional free Y
Uploaded Date: 2019-05-07
Requested Date:

Insurance No. 333221111
Renewal: N

Image 1.6.3 (Policies Page)

The following data are included with each policy:

- Insurance No.

  Read-only data field. The insurance number of the head of a family/group holding a policy.

- Renewal

  Read-only data field. An indication whether it is a new policy (N) or a renewal (Y).

- Names

  Read-only data field. The full name (the other and the full name) of the head of the family/group holding the policy.

- Product Code

  Read-only data field. The code of the insurance product of the policy.

- Product Name

  Read-only data field. The name of the insurance product of the policy.

- Uploaded Date

  Read-only data field. The date of uploading of the policy if it has been uploaded.

- Requested Date

  Read-only data field. The date of requesting a control number for the policy if it has been requested.

- Checkbox

  Check the box if the policy should be included in a subsequent operation (**Delete, Request**).

Click on the button **Delete** if the selected policies should be deleted from the list of policies.

Click on the button **Request** if assignment of a control number for the selected policies should be performed. The *Request Control Number Page* appears.

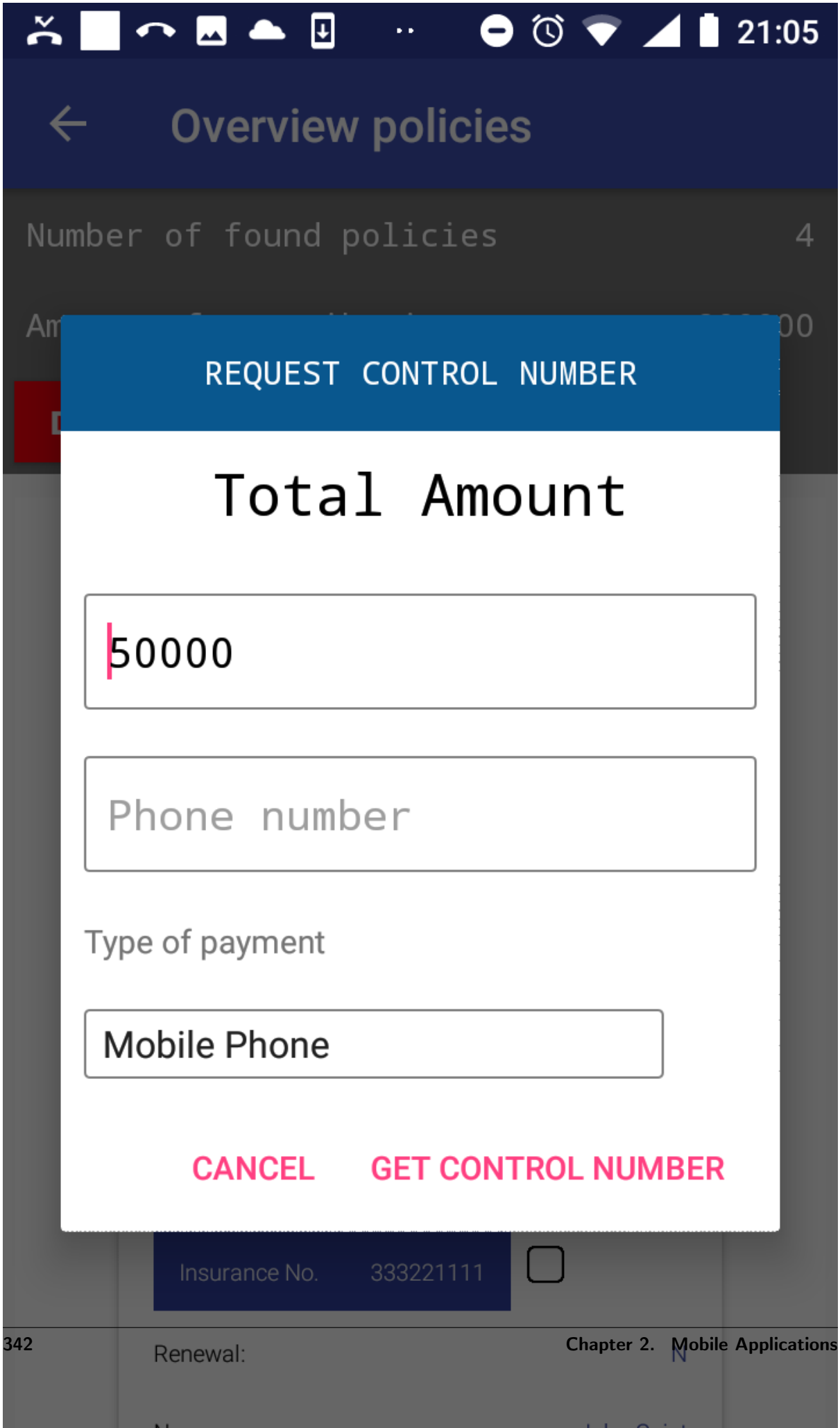

21:05
Overview policies
Number of found policies
4
REQUEST CONTROL NUMBER
Total Amount
50000
Phone number
Type of payment
Mobile Phone
CANCEL
GET CONTROL NUMBER
Insurance No.
333221111
Renewal:

Image 1.6.4 (Request Control Number Page)

The following data items are included:

- Total Amount

  The total amount of contributions associated with the selected policies for the request.

- Phone Number

  The phone number of the requester/user where a SMS with the assigned control number should be sent.

- Type of Payment

  Select one of the two relevant types of payment (**Mobile Phone, Bank Transfer**).

  Click on button **Get Control Number**. The *Login Page* appears:

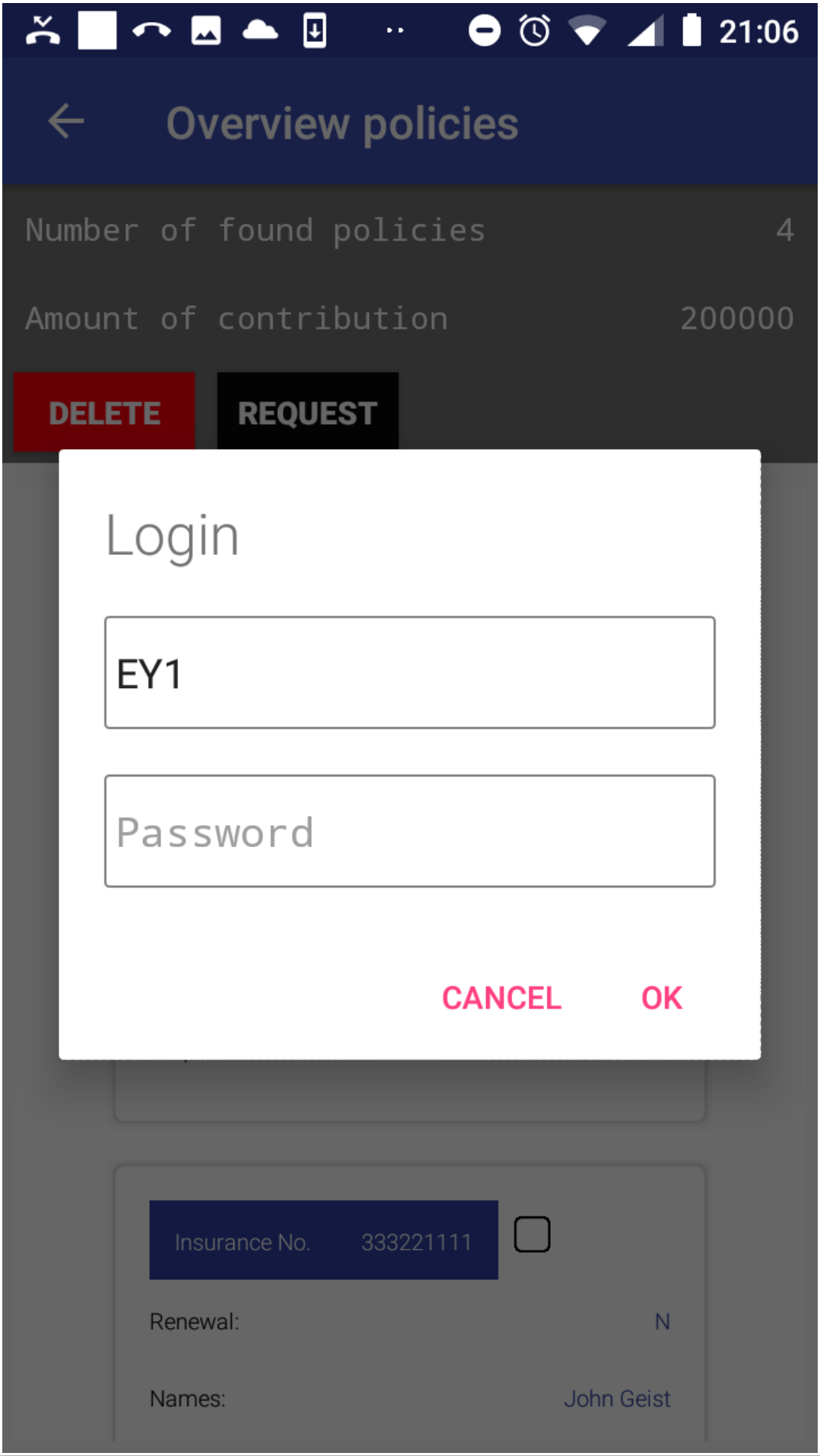

21:06
Overview policies
Number of found policies 4
Amount of contribution 200000
DELETE
REQUEST
Login
EY1
Password
CANCEL
OK
Insurance No. 333221111
Renewal: N
Names: John Geist

Image 1.6.5 (Request Control Number – Login Page)

If the application successfully logs in the *Policies Page* appears again.

Click on the icon <- in the upper part of the *Policies Page* to return to the *Search Policies Page*.

Click on the button **Overview Control Numbers** to move to the *Search Control Numbers Page* with search criteria for assigned control numbers:

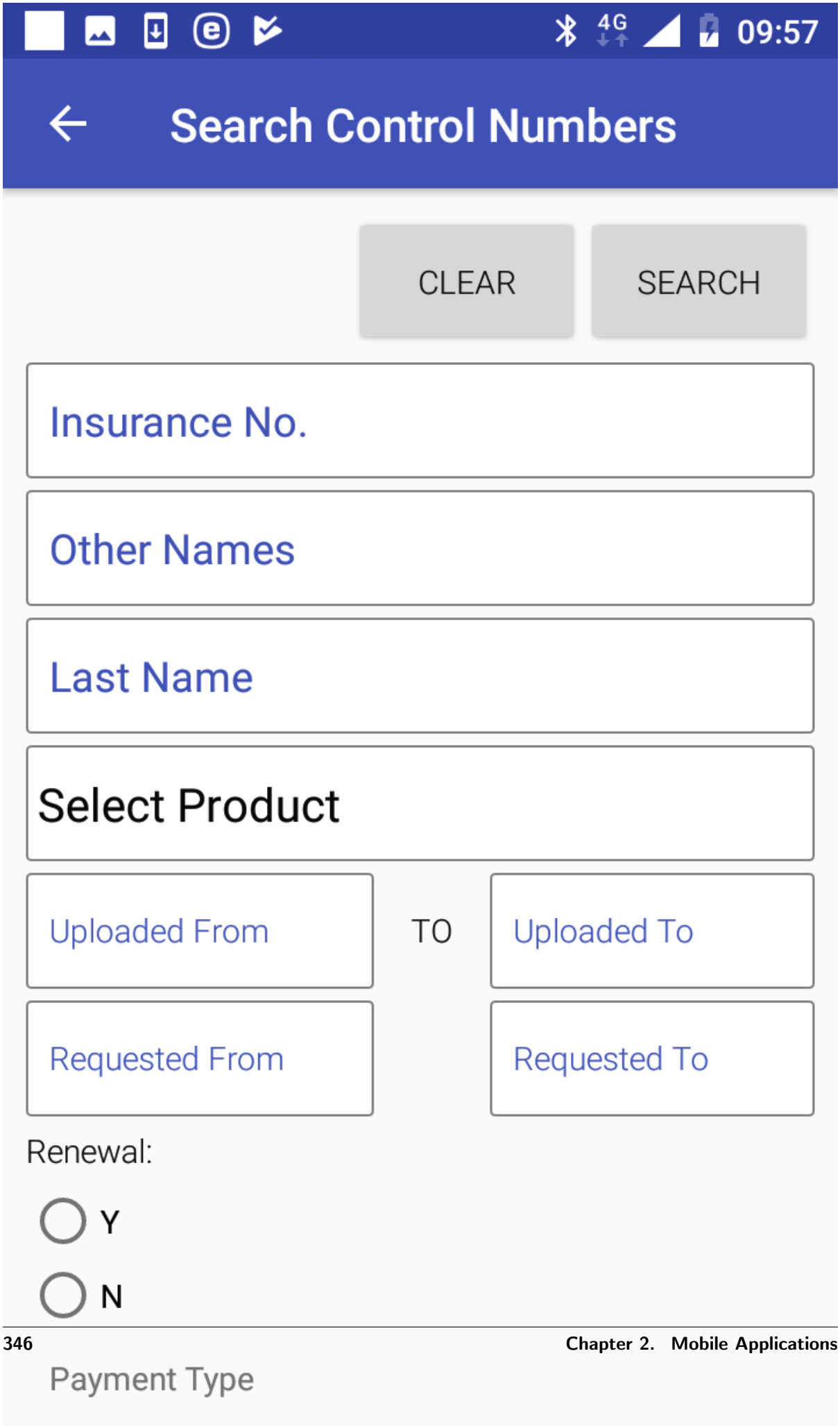

09:57
Search Control Numbers
CLEAR
SEARCH
Insurance No.
Other Names
Last Name
Select Product
Uploaded From
TO
Uploaded To
Requested From
Requested To
Renewal:
Y
N
Payment Type

Image 1.6.4 (Search Control Numbers Page)

Searching is done based on policies to which control numbers are assigned. The following search criteria are at disposal:

- Insurance No.

  Enter an insurance number (or a subset of) of the head of family/group holding searched policies.

- Other Names

  Enter another name (or a subset of) of the head of family/group holding searched policies.

- Last Names

  Enter a last name (or a subset of) of the head of family/group holding searched policies.

- Insurance Product

  Select from the list of available insurance products of policies of which control numbers are searched for.

- Uploaded From

  Select from the date selector the lowest date of uploading to the web IMIS of searched policies.

- Uploaded To

  Select from the date selector the highest date of uploading to the web IMIS of searched policies.

- Renewal Y/N

  Select whether only renewed or only new policies are search for. Optional.

- Payment Type

  Select one of possible type of payment (Bank Transfer, **Mobile Phone**). Optional.

Click on the button **Clear** to clear all search criteria entered.

Click on the button **Search** to get a list of policies satisfying the search criteria and assigned control numbers. The *Control Numbers Page* with the list of policies satisfying the search criteria and assigned control numbers appears:

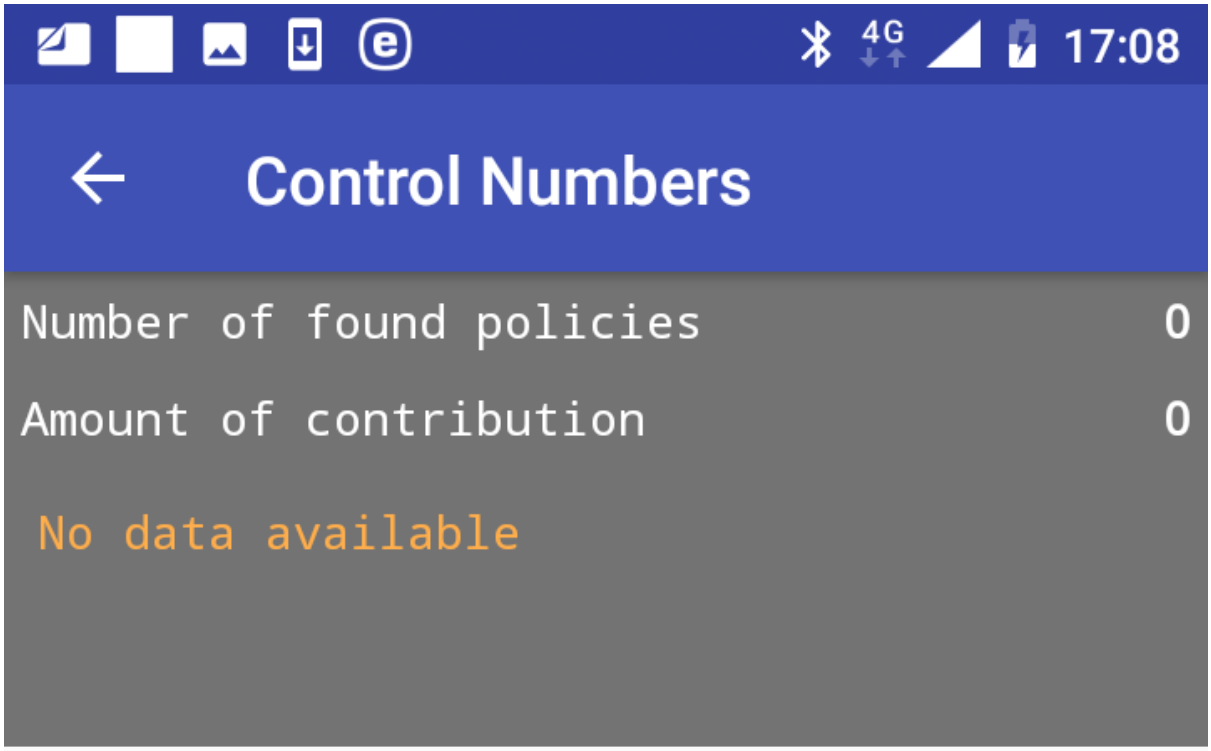

17:08
Control Numbers
Number of found policies 0
Amount of contribution 0
No data available

Image 1.6.5 (Control Numbers Page)

Click on the icon <- in the upper part of the *Control Numbers Page* to return to the *Search Control Numbers Page* .

2.2.6 Function Renew

The function Renew is navigated to by clicking on the menu item **Renew** in the main menu. The function Renew allows getting of prompts for renewing of policies from the web IMIS and posting of renewals for selected policies. A user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Insurees and Familiies/Policy/Renew** as an access to the functionality Renew is guarded by the *Login Page*.

The *Renewals Page* with the generic prompt (Unlisted Renewal Policies) appears after selecting **Renew** in the main menu. The generic prompt allows to the user to renew any policy, not only policies offered by prompts transferred from the web IMIS.

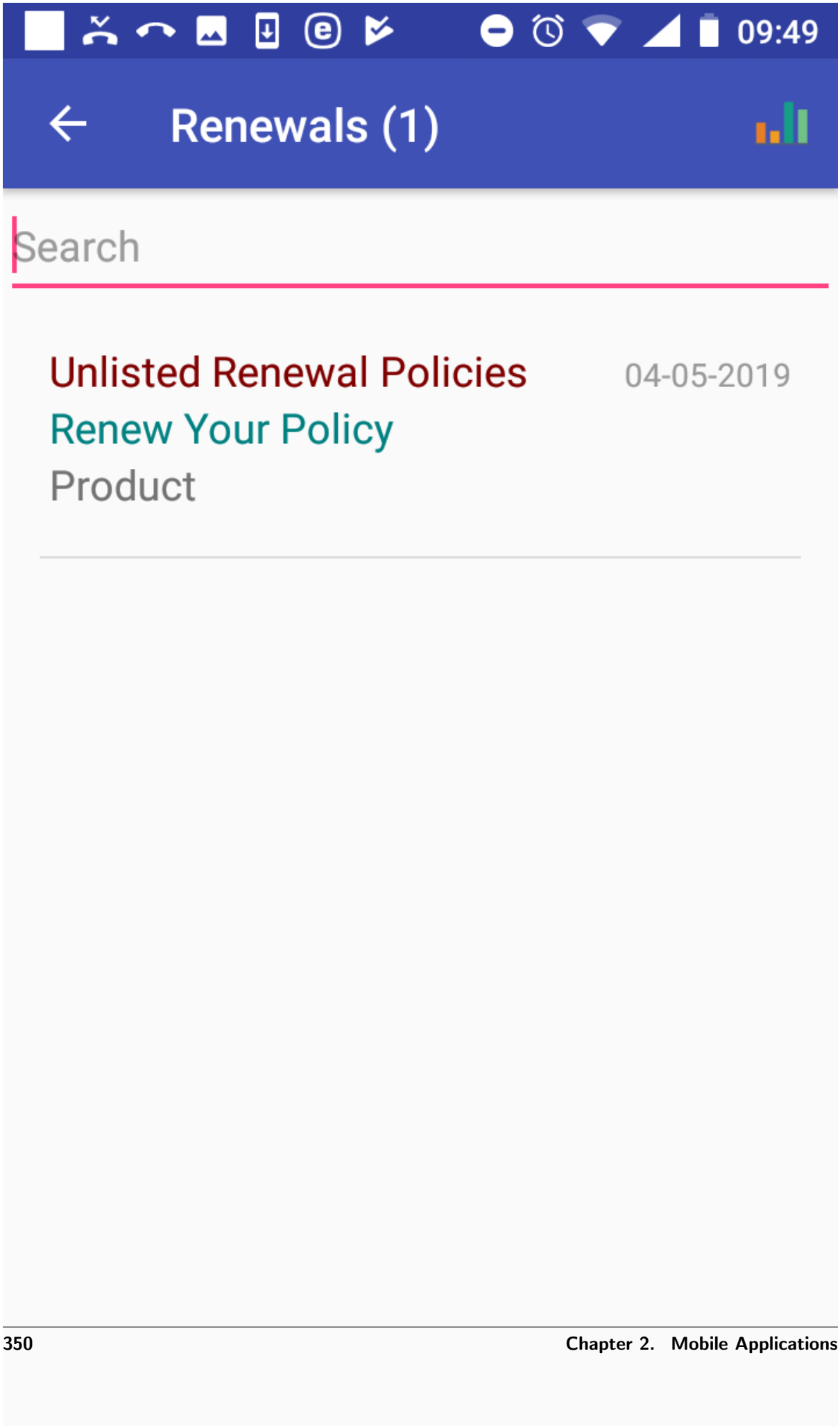

09:49
Renewals (1)
Search
Unlisted Renewal Policies
04-05-2019
Renew Your Policy
Product

Image 1.7.1 (Renewals Page)

Swapping around the *Renewals Page* leads to the *Login Page* and after a successful login shows renewal prompts transferred from the web IMIS.

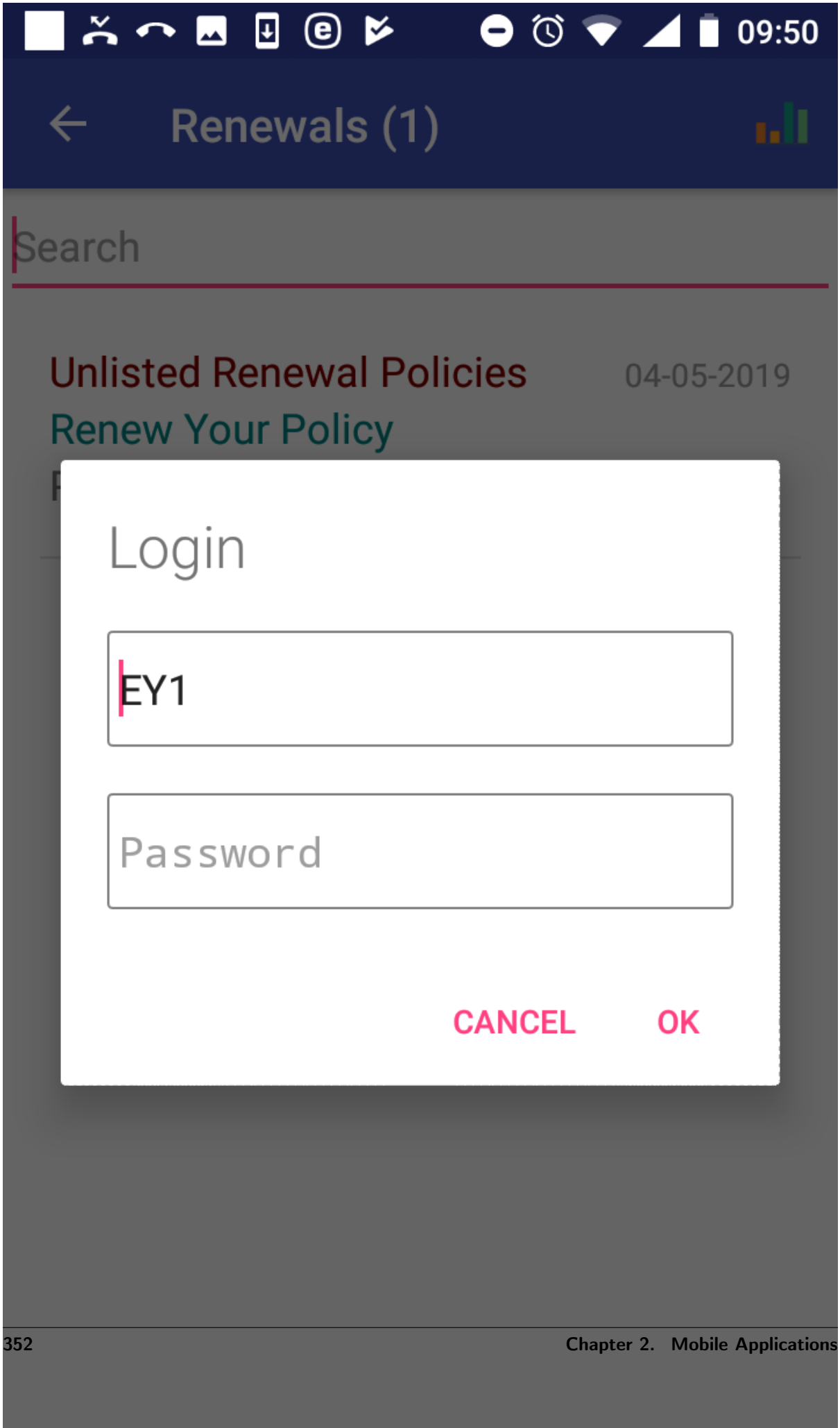

09:50
Renewals (1)
Search
Unlisted Renewal Policies
04-05-2019
Renew Your Policy
Login
EY1
Password
CANCEL
OK

Image 1.7.2 (Renewals Page-Login Page)

The following rules apply for selecting of policies for which renewal prompts are displayed:

- A policy is maintained by the enrolment officer with the enrolment officer code entered while launching the application.
- The expiry date of a policy is in the past or within the fortnight from the current day
- There is no policy for the same family/group and for the same insurance product active after the expiry date of the policy to be prompted.

The *Renewal Page* with prompts appears after the swap and the successful login.

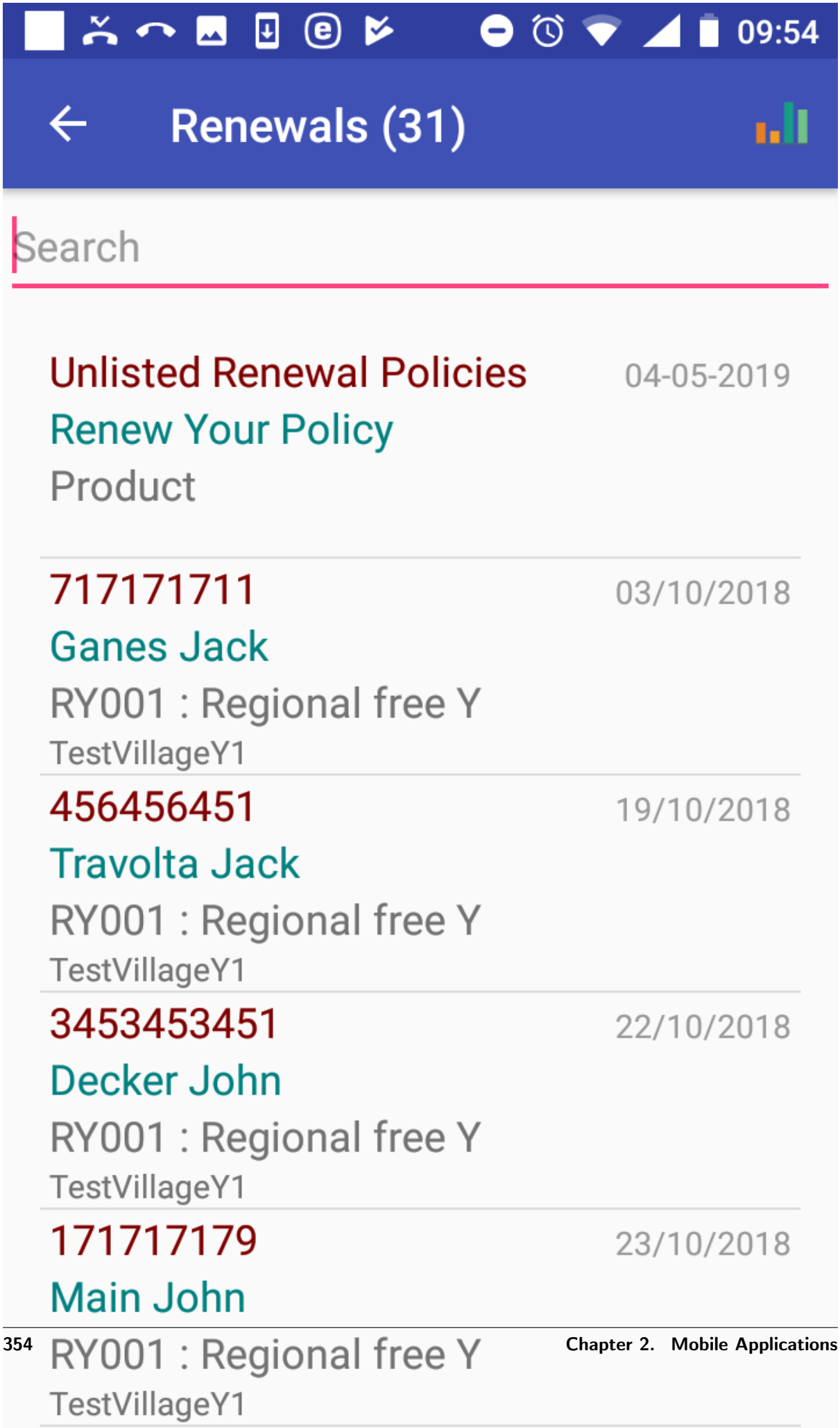

09:54
Renewals (31)
Search
Unlisted Renewal Policies
04-05-2019
Renew Your Policy
Product
717171711
03/10/2018
Ganes Jack
RY001 : Regional free Y
TestVillageY1
456456451
19/10/2018
Travolta Jack
RY001 : Regional free Y
TestVillageY1
3453453451
22/10/2018
Decker John
RY001 : Regional free Y
TestVillageY1
171717179
23/10/2018
Main John
RY001 : Regional free Y
TestVillageY1

Image 1.7.3 (Renewals Page with displayed prompts)

Each renewal prompt contains the following data items:

- Insurance Number

  The insurance number of the head of a family/group who holds the policy to be renewed.

- Name and Other Names

  The full name of the head of the family/group.

- Insurance Product

  The code and the name of an insurance product with which the policy should be renewed.

- Village

  The village of residence of the family/group.

- Period

  The period in which health care was provided.

The list of prompts can be temporarily reduced by entering a string in the **Search** field. Clicking on a selected prompt results in displaying of the *Renew Page*.

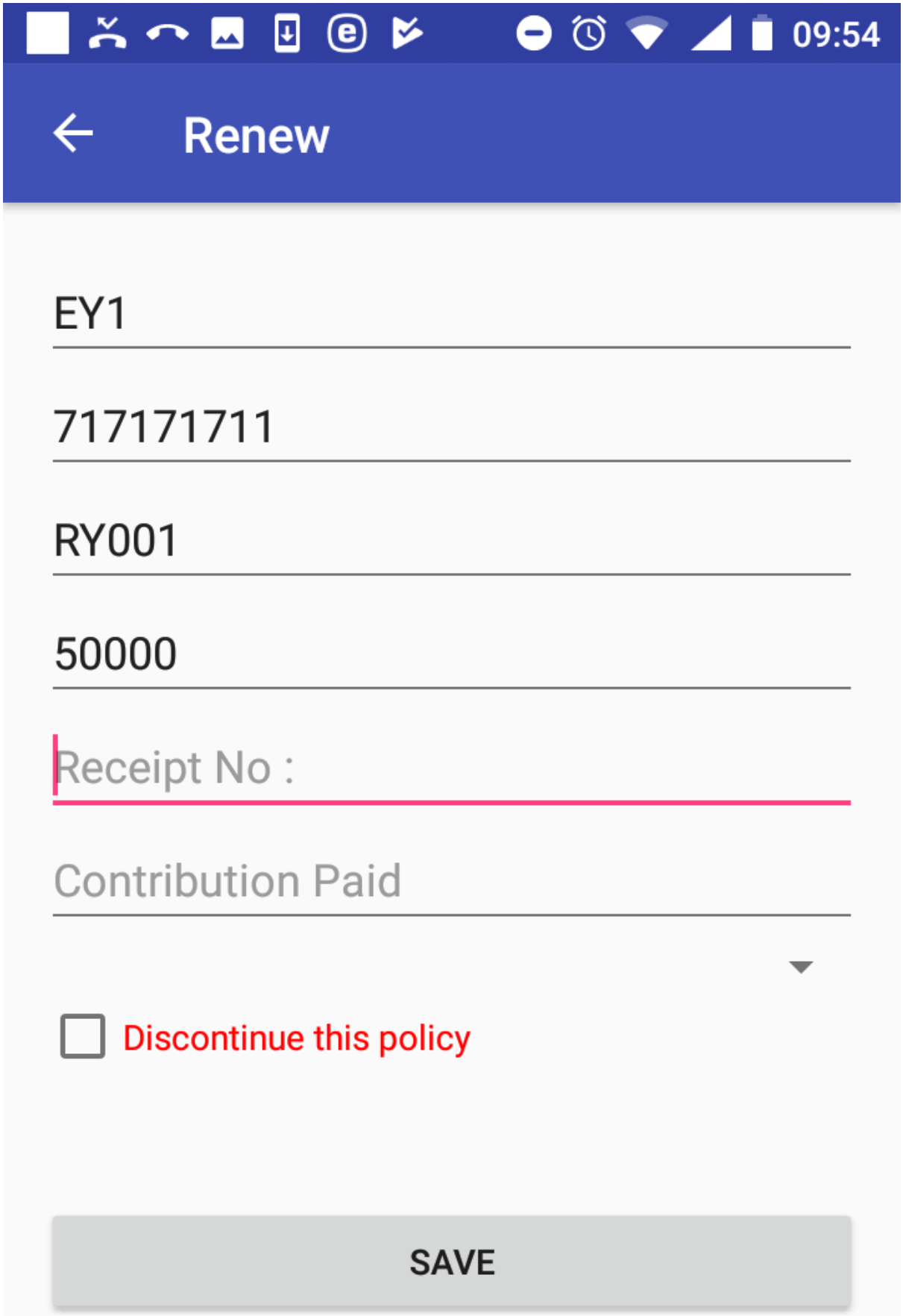

09:54
Renew
EY1
717171711
RY001
50000
Receipt No :
Contribution Paid
Discontinue this policy
SAVE

Image 1.7.4 (Renew Page - a specific prompt)

The following data fields are displayed:

- Enrolment Officer Code

  Read-only data field. Pre-filled by the code of an enrolment officer with which the application is launched.

- Insurance Number

  Read-only data field for a specific prompt. Pre-filled by the insurance number from the prompt. For the generic prompt, enter the insurance number for the policy to be renewed. Mandatory.

- Select Insurance Product

  Read-only data field for a specific prompt. Pre-filled by the insurance product from the prompt. For the generic prompt, select from the drop down list the insurance product with which the policy renewed. Mandatory.

- Value of Renewed policy

  Read-only data field for a specific prompt. Pre-filled by the value of the renewed policy that should be covered by a contribution. This data field is not given for the generic prompt.

- Receipt No.

  Read-only data field for a specific prompt. Pre-filled by the value of the renewed policy that should be covered by a contribution. This data field is not given for the generic prompt.

- Contribution Paid.

  The amount of contribution actually paid for the renewal. Mandatory..

- Select Payer

  Select a payer of the contribution from the drop down list. Optional.

- Discontinue This Policy

  Check the box if the policy should be not be renewed and it should be excluded from the list of renewal prompts. If checked the *Renewals Page* is displayed again and the corresponding prompt is removed from the list. This check box is not at disposal for the generic prompt.

Click on the button **Save** to save (post) the renewal data for this policy into the memory of the device. Subsequently it can be uploaded to the web IMIS by the function *Synchronize*. The *Renewals Page* is displayed after saving with the prompt just saved being removed.

Click on the icon **<-** in the upper part of the *Renewals Page* to return to the *Home Page* .

2.2.7 Function Feedback

The function Feedback is navigated to by clicking on the menu item **Feedback** in the main menu. The function Feedback allows getting of prompts for feedbacks on claims from the web IMIS and saving (posting) of feedbacks. A user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Claims/Claim/Feedback** as an access to the functionality Renew is guarded by the *Login Page* .

The *Feedbacks Page* appears after selecting **Feedbacks** in the main menu.

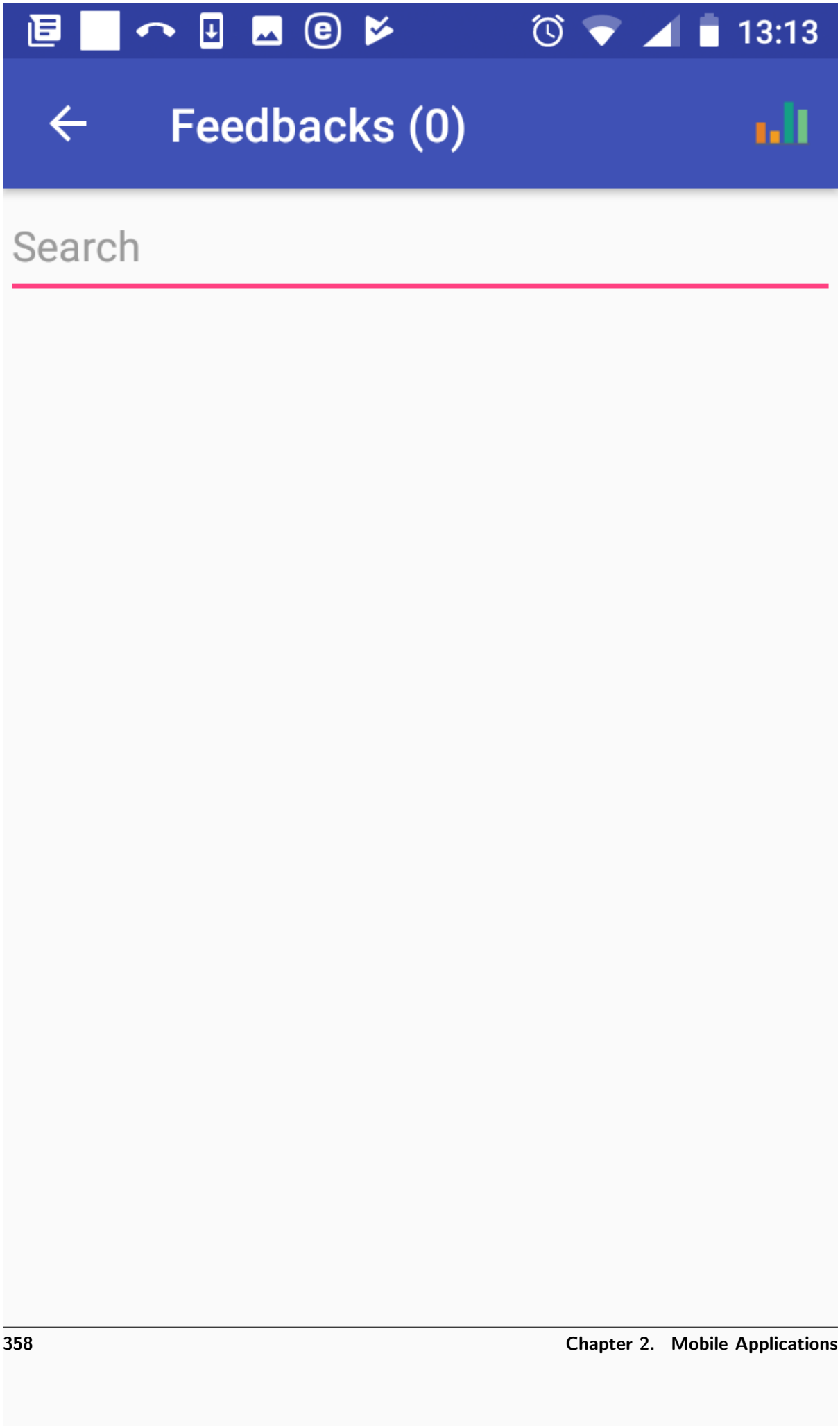

13:13
Feedbacks (0)
Search

Image 1.8.1 (Feedbacks Page)

Swapping around the *Feedbacks Page* leads to the *Login Page* and after a successful login shows feedback prompts transferred from the web IMIS.

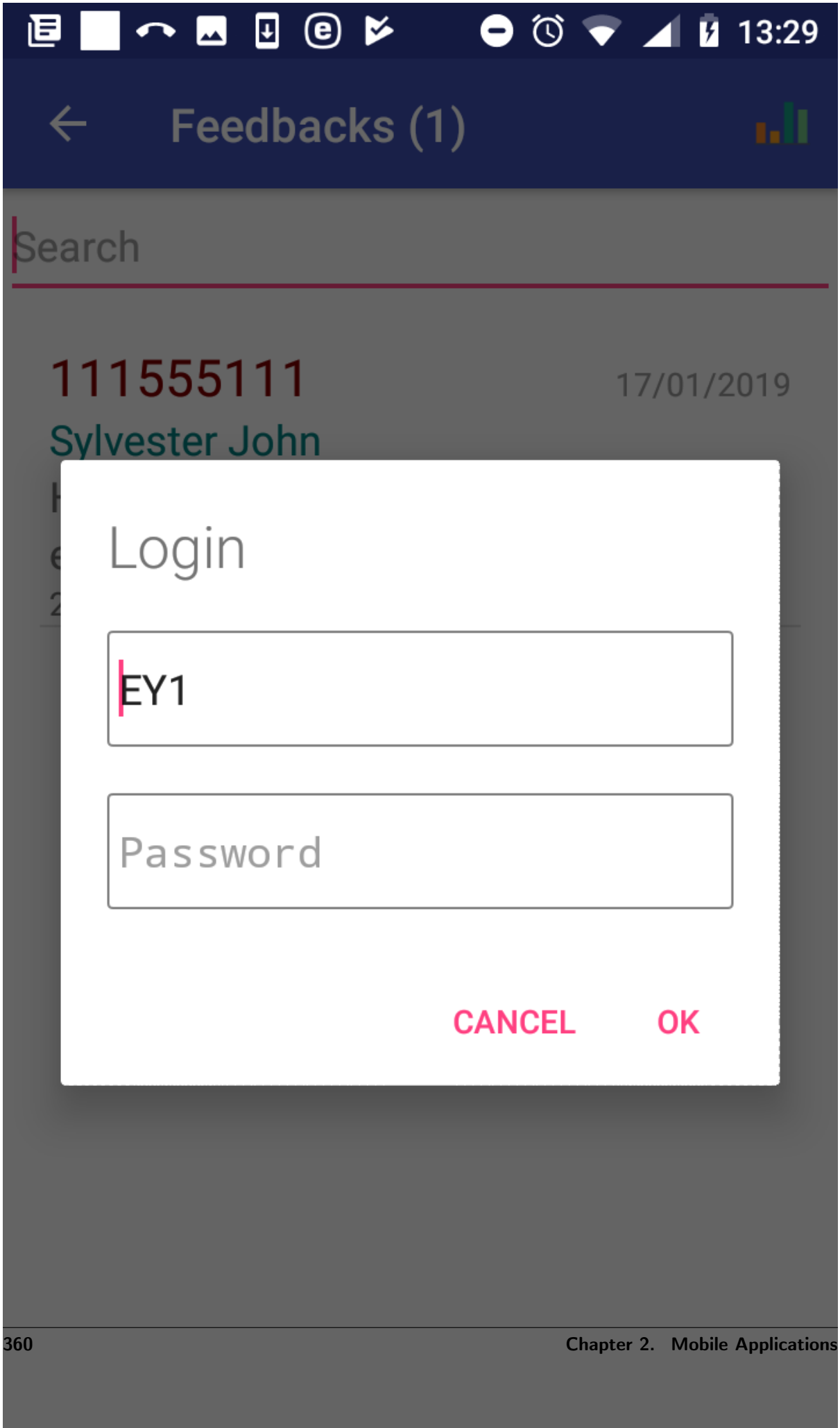

13:29
Feedbacks (1)
Search
111555111
17/01/2019
Sylvester John
Login
EY1
Password
CANCEL
OK

Image 1.8.2 (Feedbacks Page-Login Page)

The *Feedbacks Page* with prompts for acquiring feedbacks appears after the swap and the successful login.

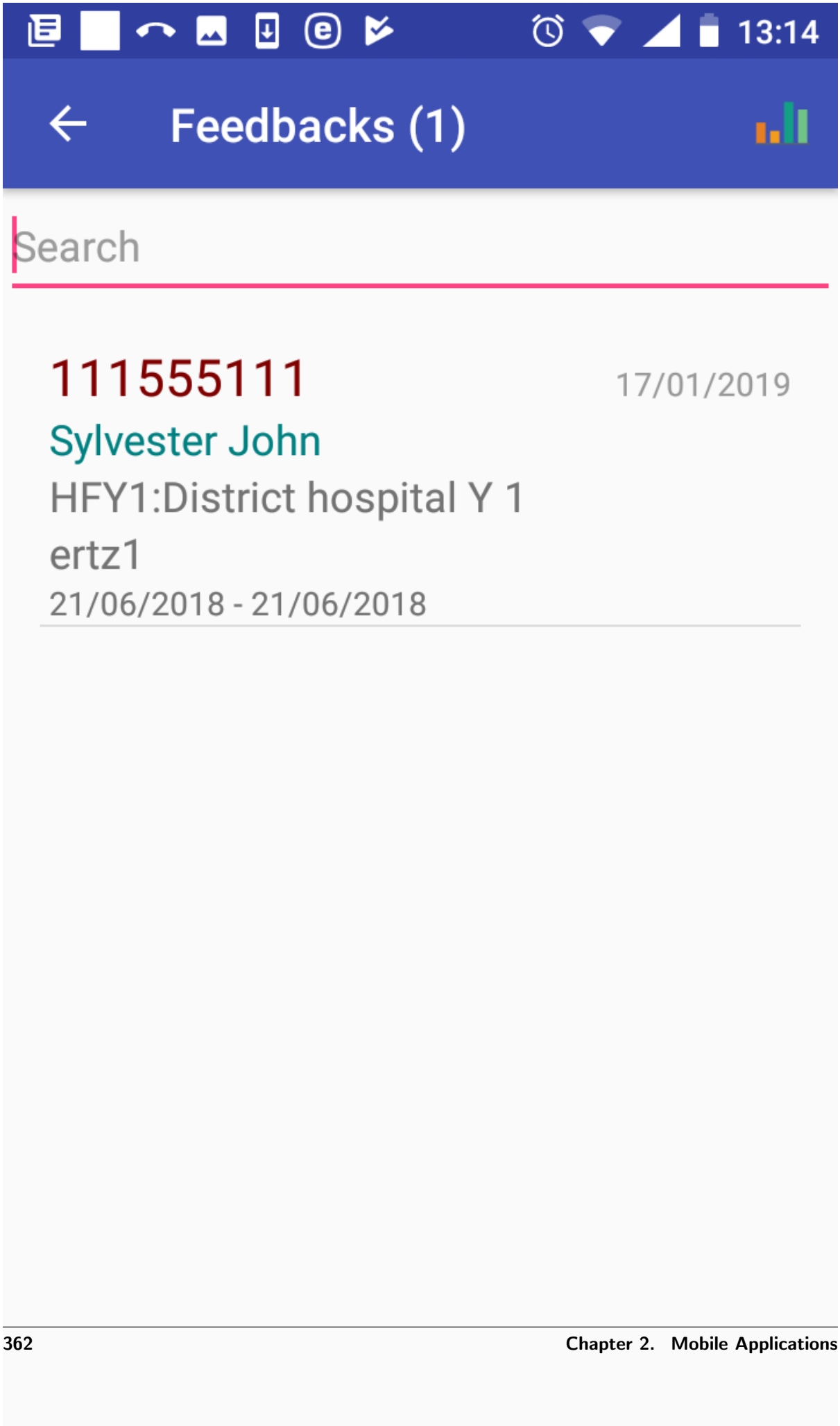

13:14
Feedbacks (1)
Search
111555111
17/01/2019
Sylvester John
HFY1:District hospital Y 1
ertz1
21/06/2018 - 21/06/2018

Image 1.8.3 (Feedbacks Page with displayed prompts)

The list of prompts can be temporarily reduced by entering a string in the **Search** field. Each feedback prompt contains the following data items:

- Insurance Number

  The insurance number of a patient.

- Name and Other Names

  The full name of the patient.

- Code and Name of Health Facility

  The identification of a health facility that provided health care for which the feedback is asked.

- Code of Claim

  The identification of a claim for which the feedback is asked.

- Period

  The period in which health care was provided.

Clicking on a selected prompt results in displaying of the *Feedback Page*.

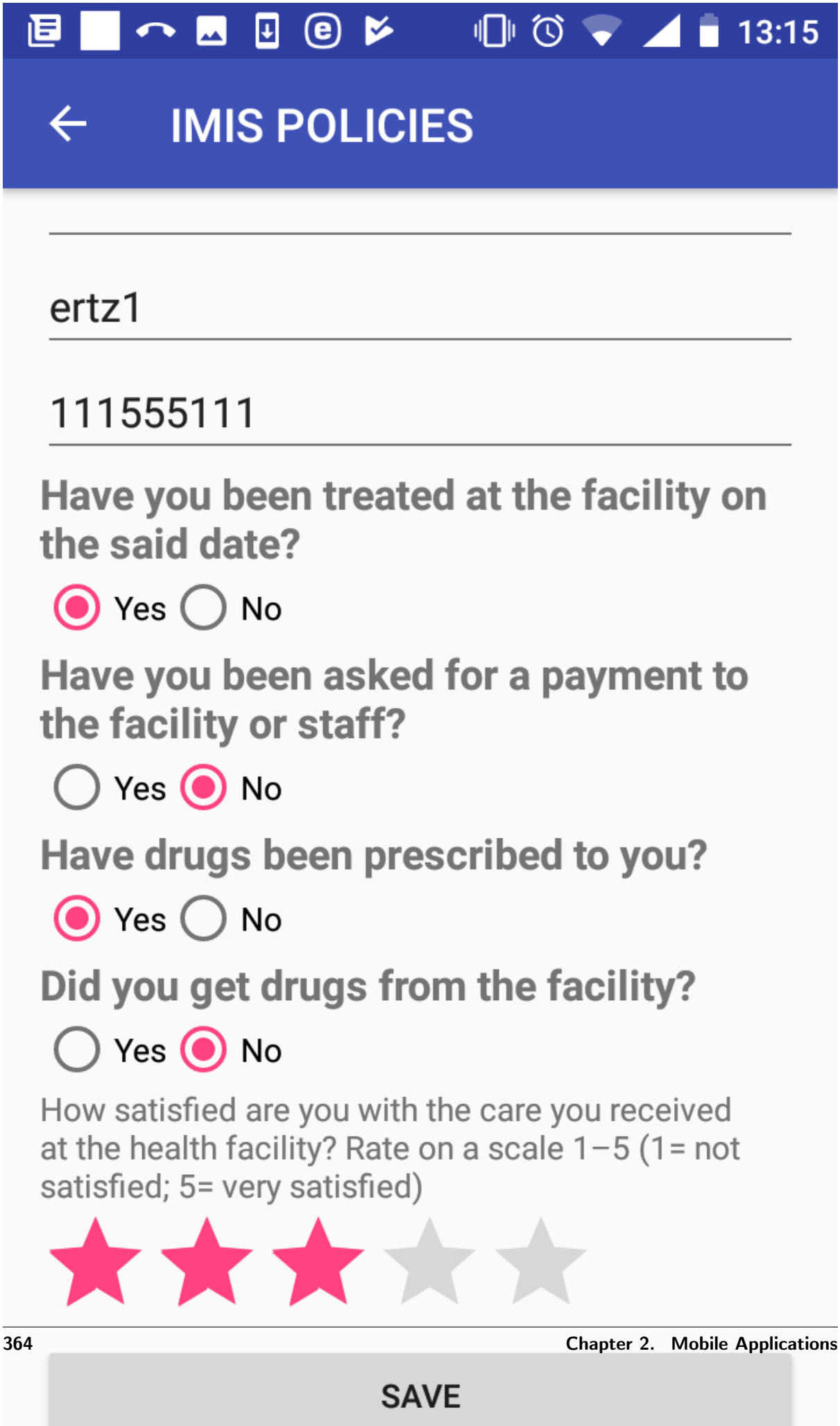

13:15
IMIS POLICIES
ertz1
111555111
Have you been treated at the facility on the said date?
Yes
No
Have you been asked for a payment to the facility or staff?
Yes
No
Have drugs been prescribed to you?
Yes
No
Did you get drugs from the facility?
Yes
No
How satisfied are you with the care you received at the health facility? Rate on a scale 1–5 (1= not satisfied; 5= very satisfied)
SAVE

Image 1.8.4 (Feedback Page)

The following data fields are displayed:

- Enrolment Officer Code

  The read-only data field. The code of the enrolment officer giving the feedback. The data field is populated by the code of the enrolment officer that launched the application.

- Code of Claim

  The read-only data field. The identification of a claim for which the feedback is asked.

- Insurance Number

  The read-only data field. The insurance number of the patient of a claim from whom the feedback is asked for.

- Feedback Questions
  - Have you been teated at the health facility on the said date?
  - Have you been asked for a payment to the health facility or staff?
  - Have been drugs prescribed to you?
  - Did you get drugs from the health facility?

Check the box either **Yes** or **No**.

- Overall Satisfaction Scale

  Rate by clicking on an appropriate asterisk.

Click on the button **Save** to save (post) the feedback data for the claim into the memory of the device. Subsequently it can be uploaded to the web IMIS by the function *Synchronize*. The *Feedbacks Page* is displayed after saving with the prompt just saved being removed.

Click on the icon **<-** in the upper part of the *Feedbacks Page* to return to the *Home Page* .

2.2.8 Function Reports

The function Reports is navigated to by clicking on the menu item **Reports** in the main menu. The function Reports provides basic statistics on the numbers families/insurees/policies associated with the enrolment officer. The *Report Page* appears immediately:

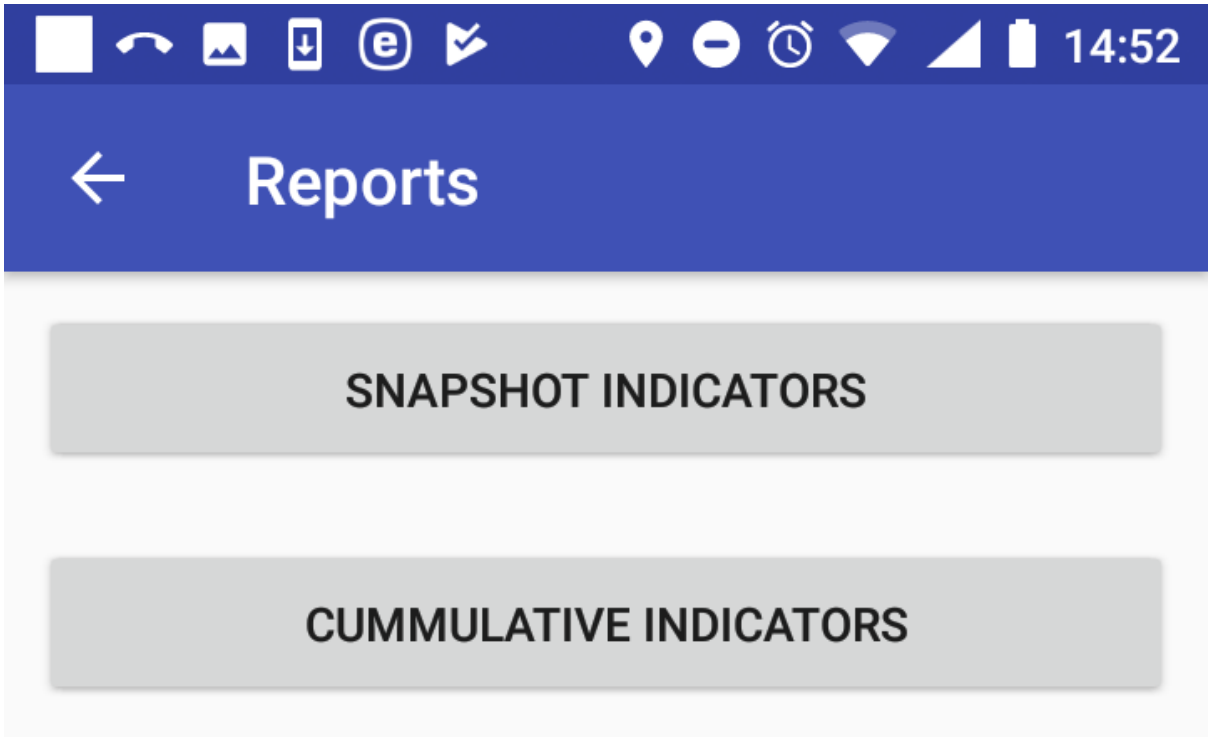

14:52
Reports
SNAPSHOT INDICATORS
CUMMULATIVE INDICATORS

Image 1.9.1 (Reports Page)

Click on the button Snapshot Indicators to get data from the web IMIS on the date of reporting. The *Snapshot Indicators Page* appears:

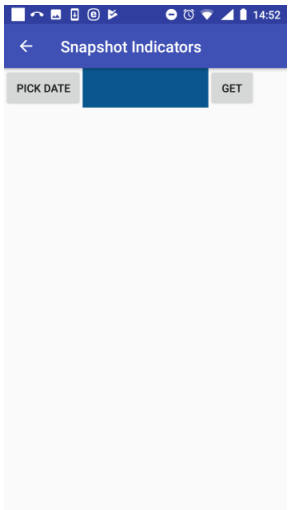


Image 1.9.2 (Snapshot Indicators Page)

- Pick Date

  Enter the date for which the snapshot statistics are required.

  Click on the button **Get** to display the statistics in the *Snapshot Indicators Page*.

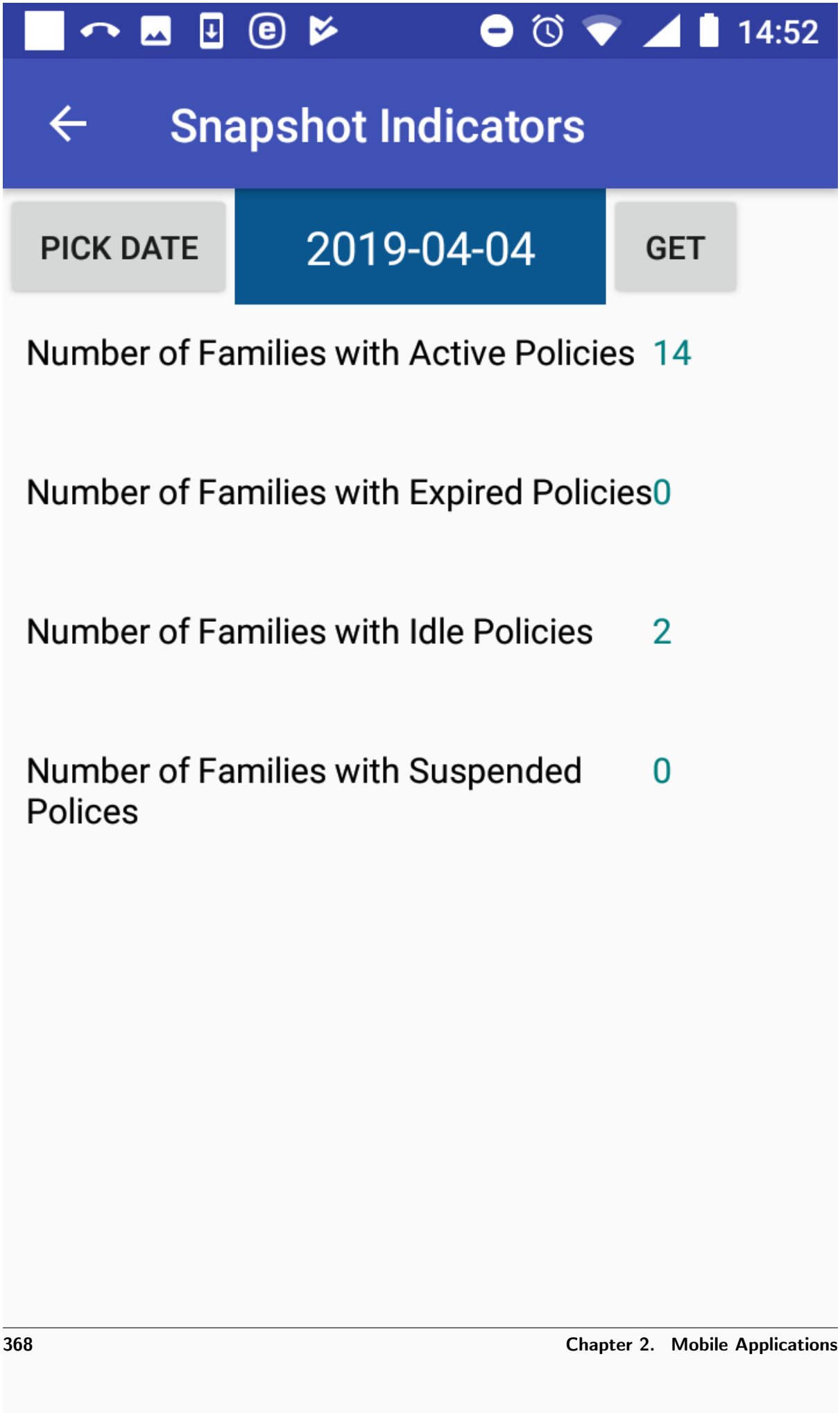

14:52
Snapshot Indicators
PICK DATE
2019-04-04
GET
Number of Families with Active Policies 14
Number of Families with Expired Policies 0
Number of Families with Idle Policies 2
Number of Families with Suspended Polices 0

Image 1.9.3 (Snapshot Indicators Page with statistics)

The following indicators are provided on the date of creating of the report:

- Number of Families with Active Policies

  The number of families/groups having at least one active policy managed by the enrolment officer for which the expiry date is after or on the date of creating of the report.

- Number of Families with Expired Policies

  The number of families/groups having at least one expired policy managed by the enrolment officer for which there is no active follow-up policy of the same insurance product or its converted product entered into the web IMIS by the date of creating of the report.

- Number of Families with Idle Policies

  The number of families/groups having at least one idle policy managed by the enrolment officer for which the date of expiry is after or on date of creating of the report and there is no active follow-up policy of the same insurance product or its converted product entered into the web IMIS by the date of creating of the report.

- Number of Families with Suspended Policies

  The number of families/groups having at least one suspended policy managed by the enrolment officer for which the date of expiry is after or on date of creating of the report and there is no active follow-up policy of the same insurance product or its converted product entered into the web IMIS by the date of creating of the report.

  Click on the icon <- in the upper part of the *Snapshot Indicators Page* to return to the *Reports Page*

Click on the button Cumulative Indicators to get data from the web IMIS on the date of reporting. The *Cumulative Indicators Page* appears:

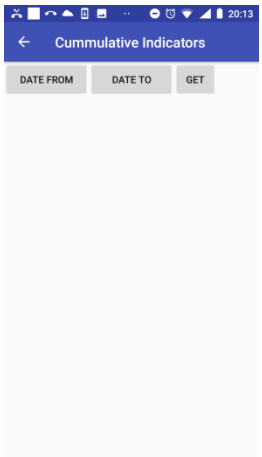


Image 1.9.4 (Cumulative Indicators Page)

- Date From

  Enter the starting date for which the cumulative statistics are required.

- Date To

  Enter the last date for which the cumulative statistics are required.

  Click on the button **Get** to display the statistics in the *Cumulative Indicators Page*.

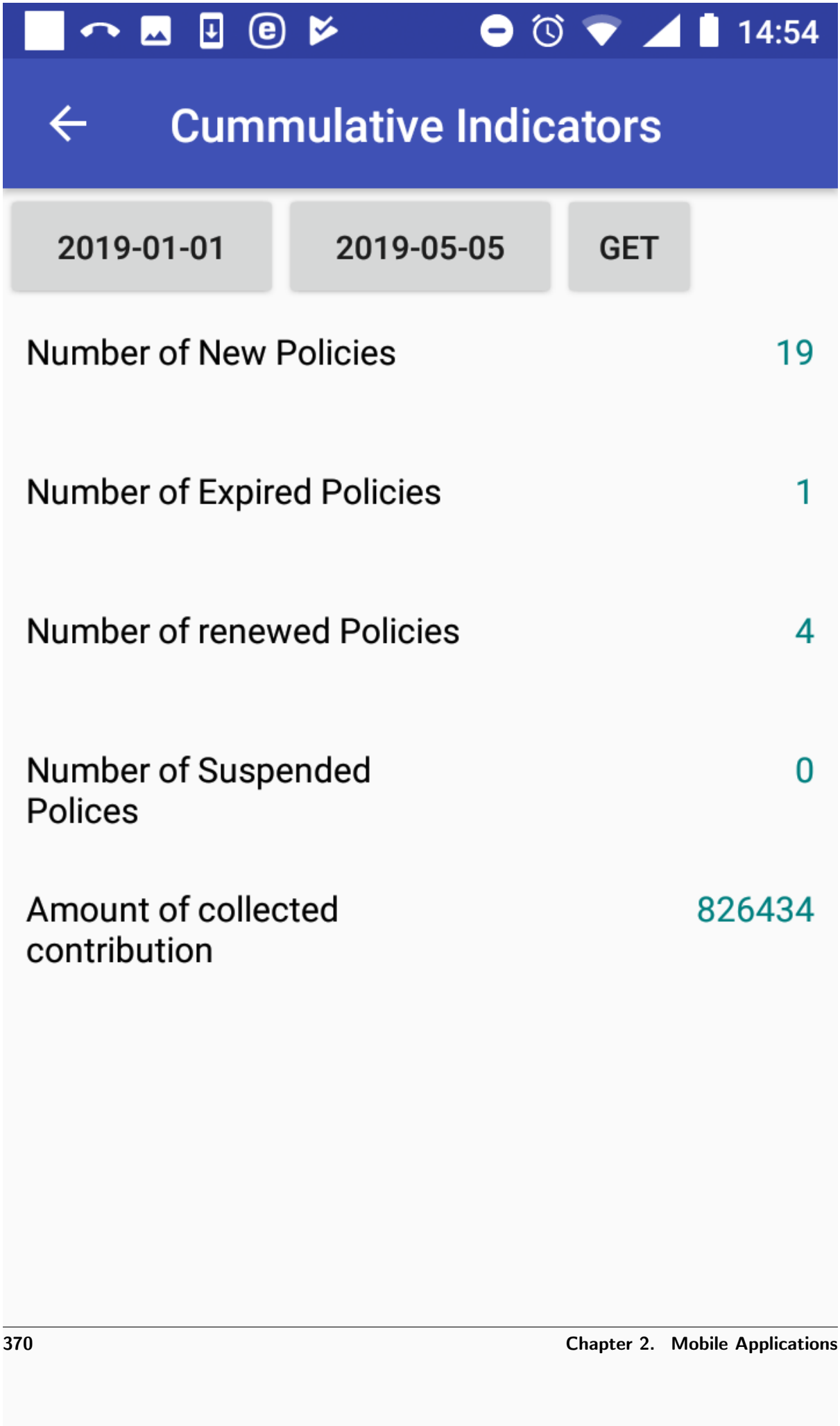

14:54
Cummulative Indicators
2019-01-01
2019-05-05
GET
Number of New Policies
19
Number of Expired Policies
1
Number of renewed Policies
4
Number of Suspended Polices
0
Amount of collected contribution
826434

Image 1.9.5 (Cumulative Indicators Page with statistics)

The following cumulative indicators are provided for the specified period:

- Number of New Policies

The number of policies managed by the enrolment officer that were enrolled within the specified period irrespective of their status.

- Number of Renewed Policies

The number of policies managed by the enrolment officer that were renewed by the renewal functionality within the specified period irrespective of their status.

- Number of Expired Policies

The number of policies managed by the enrolment officer that expired within the specified period and they have no active follow-up policy of the same insurance product or its converted product entered into IMIS by the date of creating of the report.

- Number of Suspended Policies

  The number of policies managed by the enrolment officer that were suspended within the specified period.

- Amount of Collected Contributions

  The amount of contributions collected within the specified period for all policies managed by the enrolment officer.

Remark 1: All statistics are taken from the web IMIS irrespective whether policies originated in the application or were entered via the web IMIS.

Remark 2: The enrolment officer means the officer with the enrolment officer code that was entered while launching the application and all of its predecessors that he/she substituted directly or indirectly.

Click on the icon <- in the upper part of the *Cumulative Indictors Page* to return to the *Reports Page*

2.2.9 Off-line mode of IMIS Policies

The following table gives an overview of functions according to their requirements towards Internet connectivity and possible off-line substitutions.

IMIS Policies		
Functionality	connectivity required /autonomous	Off-line substitution
Initial launching	connectivity required	yes, by off-line transfer of the Master Data
Enquire	connectivity required	not available
Acquire	autonomous	not needed
Enrol	autonomous	not needed
Modify	connectivity required	not available
Control Numbers	connectivity required	not available
Renew	connectivity required	yes, by off-line transfer of the Renewal Data
Feedback	connectivity required	yes, by off-line transfer of the Feedback Data
Reports	connectivity required	not available
Synchronize	connectivity required	yes, off-line synchronization by XML files
Quit	autonomous	not needed
About	autonomous	not needed

Creation and transfer of off-line files to IMIS Policies

The off-line files for IMIS Policies is created in the web IMIS by selecting of the **Tools/Extracts** menu item. The form IMISExtracts is displayed.

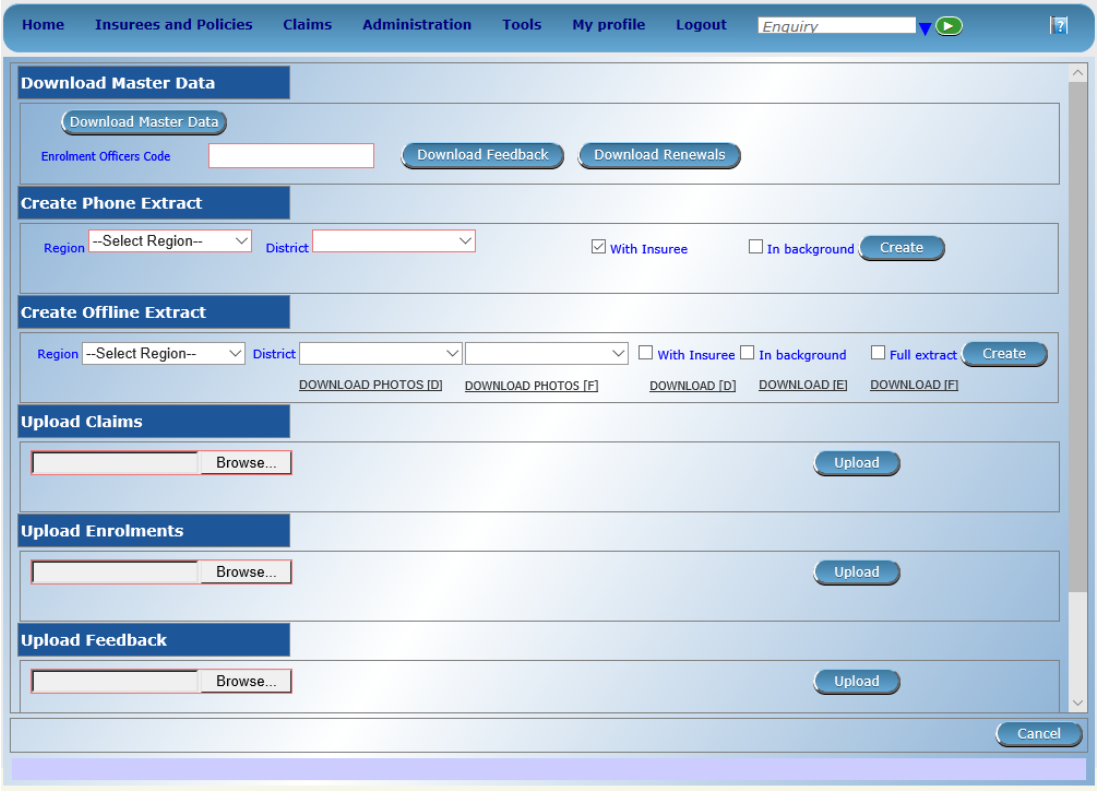


Image 3.1.1 (IMISExtracts Form)

The Download Master Section is used for creation of the off-line files for IMIS Policies.

- Enrolment Officer Code

  The code of an enrolment officer for whom the off-line files should be generated.

Click on the button:

- **Download Master Data**

  The file MasterData.rar is generated.

- **Download Renewals**

  The file Renewals_<enrolment officer code>.RAR is generated. It contains renewal prompts associated with the enrolment officer at the time.

- **Download Feedbacks**

  The file Feedbacks_<enrolment officer code>.RAR is generated. It contains feedback prompts associated with the enrolment officer at the time.

  The off-line files should be transferred to the device and stored in any folder (Renewals_<code>, Feedbacks_<code>) and in the folder IMIS/Database (MasterData). The off-line files Renewals_<code> and Feedbacks_<code> are selected by the user after swapping in the Renewals Page and *Feedbacks Page* .

Creation and transfer of off-line files from IMIS Policies

Use the function *Synchronize* and the following buttons:

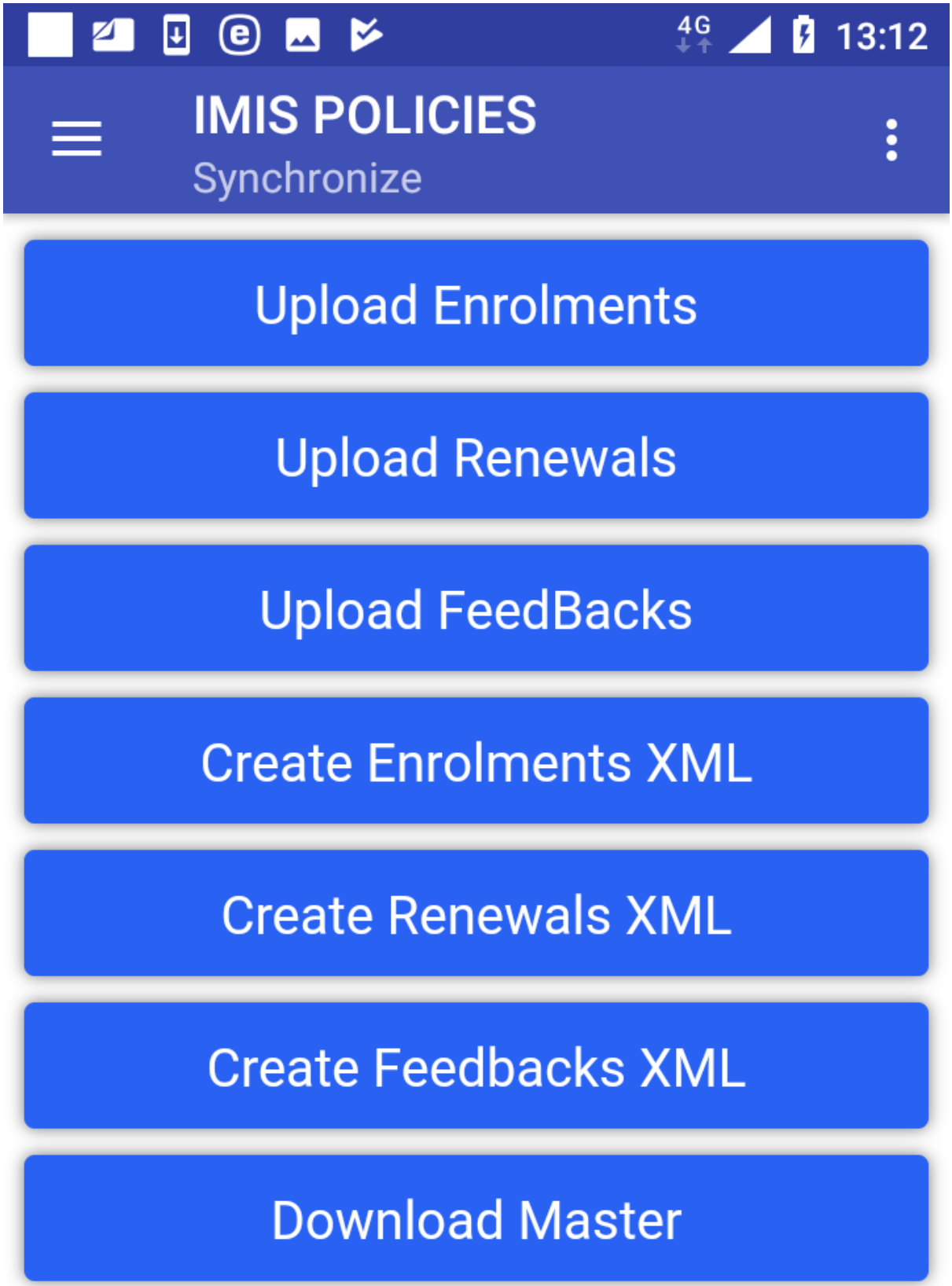

4G
13:12
IMIS POLICIES
Synchronize
Upload Enrolments
Upload Renewals
Upload FeedBacks
Create Enrolments XML
Create Renewals XML
Create Feedbacks XML
Download Master

Image 3.1.2 (Synchronize Page)

- **Create Enrolments XML**

  Creates a file with all enrolments including policies/contributions that haven't been uploaded or included in a generated file yet. It is required that each insuree has to have a photo associated with him/her. The name of the file is Enrolment_<enrolment officer code>_<date of creating>_<time of creating>.rar and it is stored in the folder IMIS/Enrolment.

- **Create Renewals XML**

  Creates a file with all renewals that haven't been uploaded or included in a generated file yet. The name of the file is MasterRenewal.rar and it is stored in the folder IMIS.

- **Create Feedbacks XML**

  Creates a file with all feedbacks that haven't been uploaded or included in a generated file yet. The name of the file is MasterFeedback.rar and it is stored in the folder IMIS.

The off-line files should be transferred to a client device of the web IMIS and uploaded to the web IMIS by means of the *IMISExtracts form* – in the sections Upload Enrolment, Upload Renewal, Upload Feedback.

2.2.10 Function Synchronize

The function Synchronize is navigated to by clicking on the menu item **Synchronize** in the main menu. The function Synchronize uploads posted enrolments/renewals/feedbacks to the web IMIS. For on-line uploading a user must have a valid User Name and Password provided by an administrator of the web IMIS with an assigned role incorporating an access to the functionality **Insurees and Familiies/Family +Insuree+Policy+Contribution/Add+Edit** as an access to the functionality Synchronize is guarded by the *Login Page* for on-line uploads.

The *Synchronize Page* appears immediately:

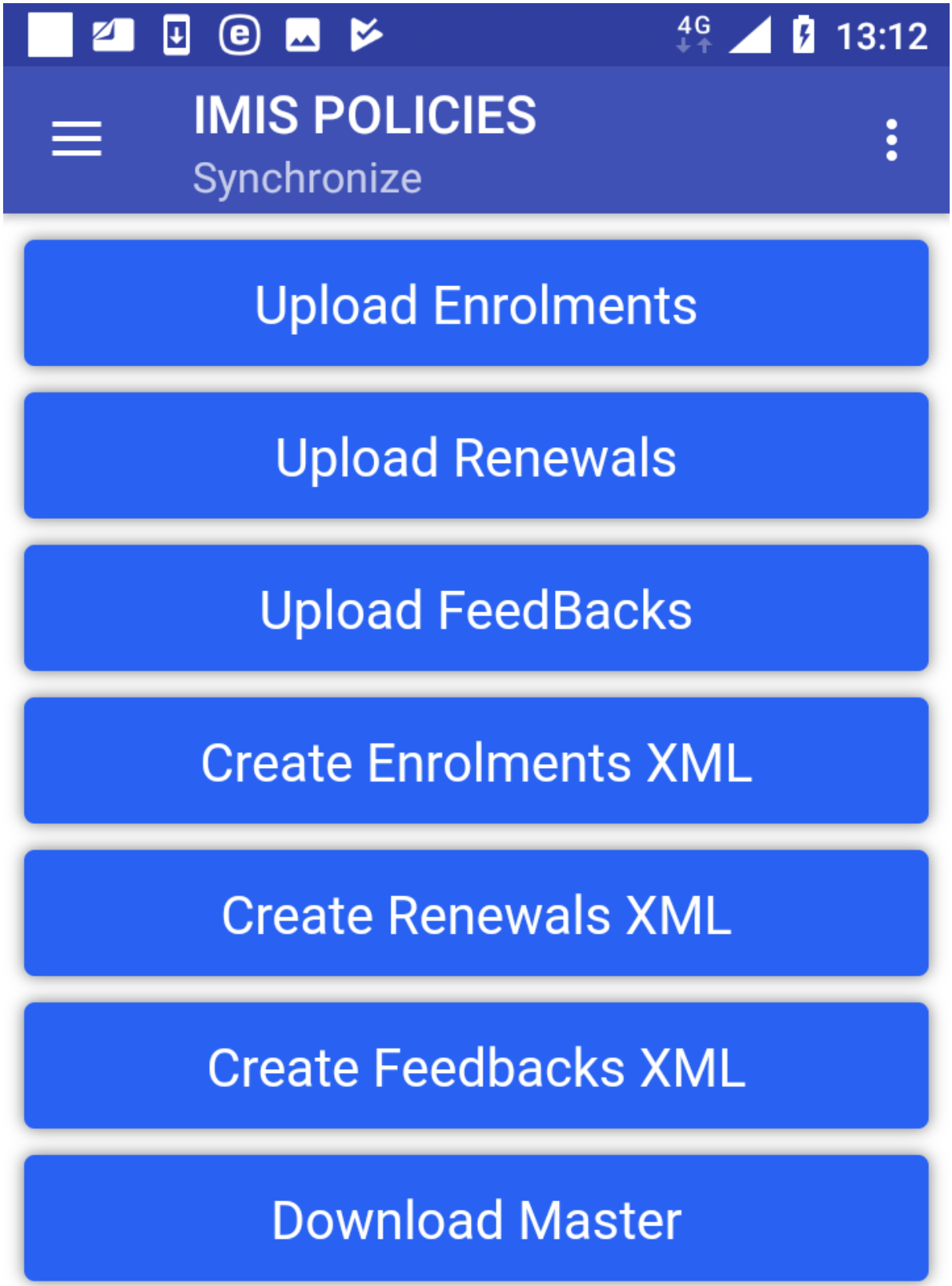

4G
13:12
IMIS POLICIES
Synchronize
Upload Enrolments
Upload Renewals
Upload FeedBacks
Create Enrolments XML
Create Renewals XML
Create Feedbacks XML
Download Master

Image 1.10.1 (Synchronize Page)

Clicking on any of the buttons **Upload Enrolments, Upload Renewals, Upload Feedbacks** the *Login Page* appears.

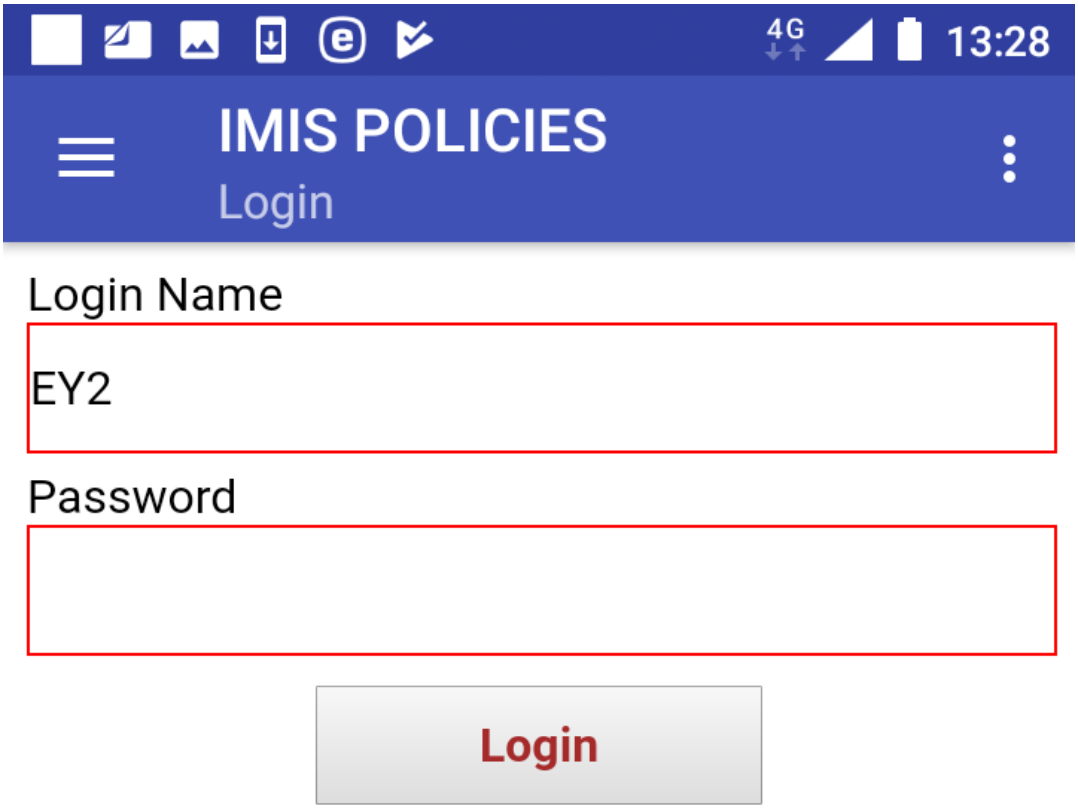

4G
13:28
IMIS POLICIES
Login
Login Name
EY2
Password
Login

Image 1.10.2 (Synchronize Page – Login Page)

If the application successfully logs in the *Synchronize Page* appears again with the following buttons:

- **Upload Enrolments**

  Uploads all enrolments including policies/contributions that haven't been uploaded yet. It is required that each uploaded insuree has to have a foto associated with him/her.

- **Upload Renewals**

  Uploads all renewals that haven't been uploaded yet.

- **Upload Feedbacks**

  Uploads all feedbacks that haven't been uploaded yet.

- **Download Master**

  Updates the master data in the device from the web IMIS. This update doesn't require a login; nevertheless after the update entering of the enrolment officer code is required.

Another buttons in the *Synchronize Page* relate to the off-line mode of the application and they are described *elsewhere*.

2.2.11 Function Quit

The function Quit is navigated to by clicking on the menu item **Quit** in the main menu. The function Quit quits the application after *Quit Confirmation*.

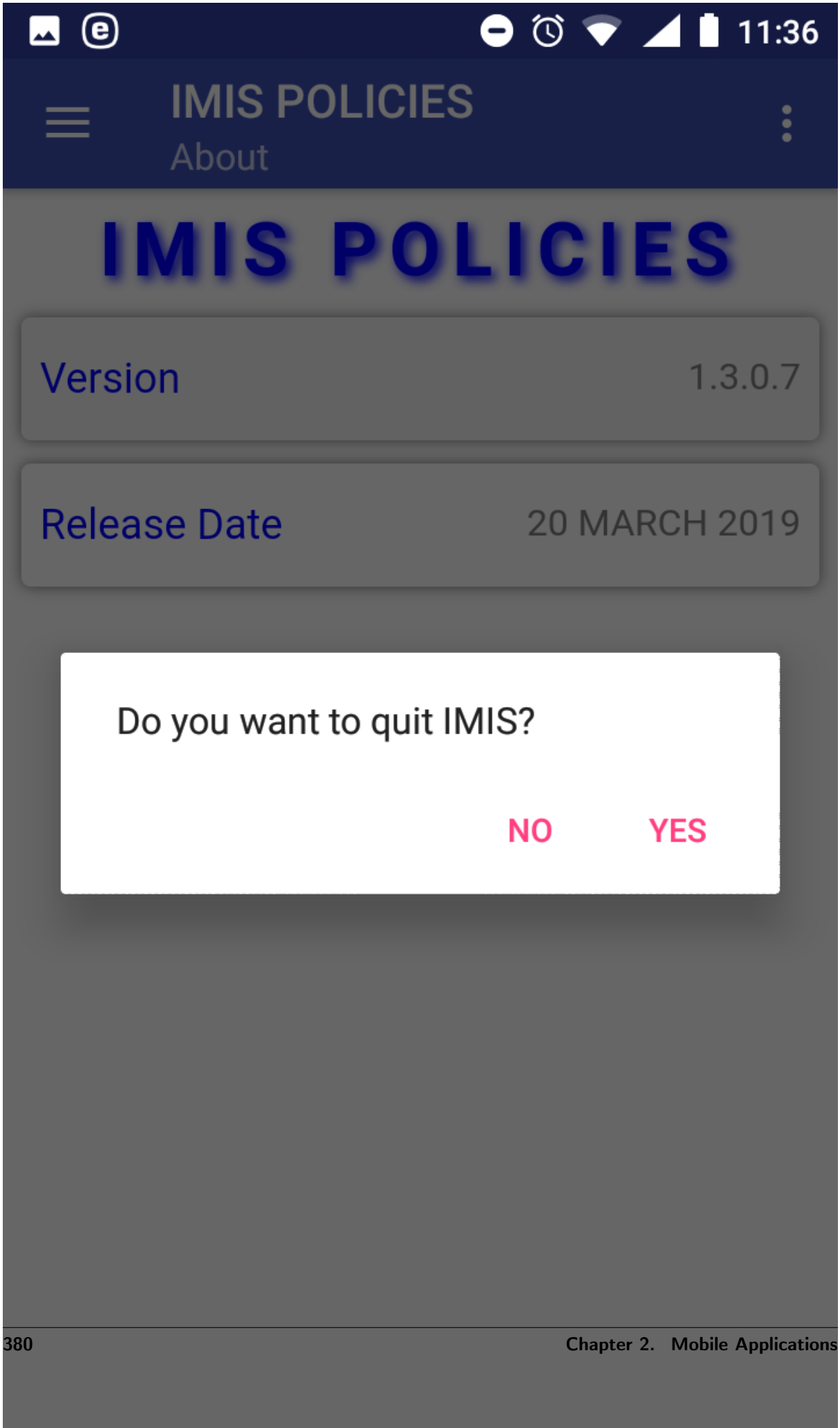

11:36
IMIS POLICIES
About
IMIS POLICIES
Version
1.3.0.7
Release Date
20 MARCH 2019
Do you want to quit IMIS?
NO
YES

Image 1.11.1 (Quit confirmation prompt)

2.2.12 Function About

The function About is navigated to by clicking on the menu item **About** in the main menu. The function About provides information about the application itself. The *About Page* appears immediately:

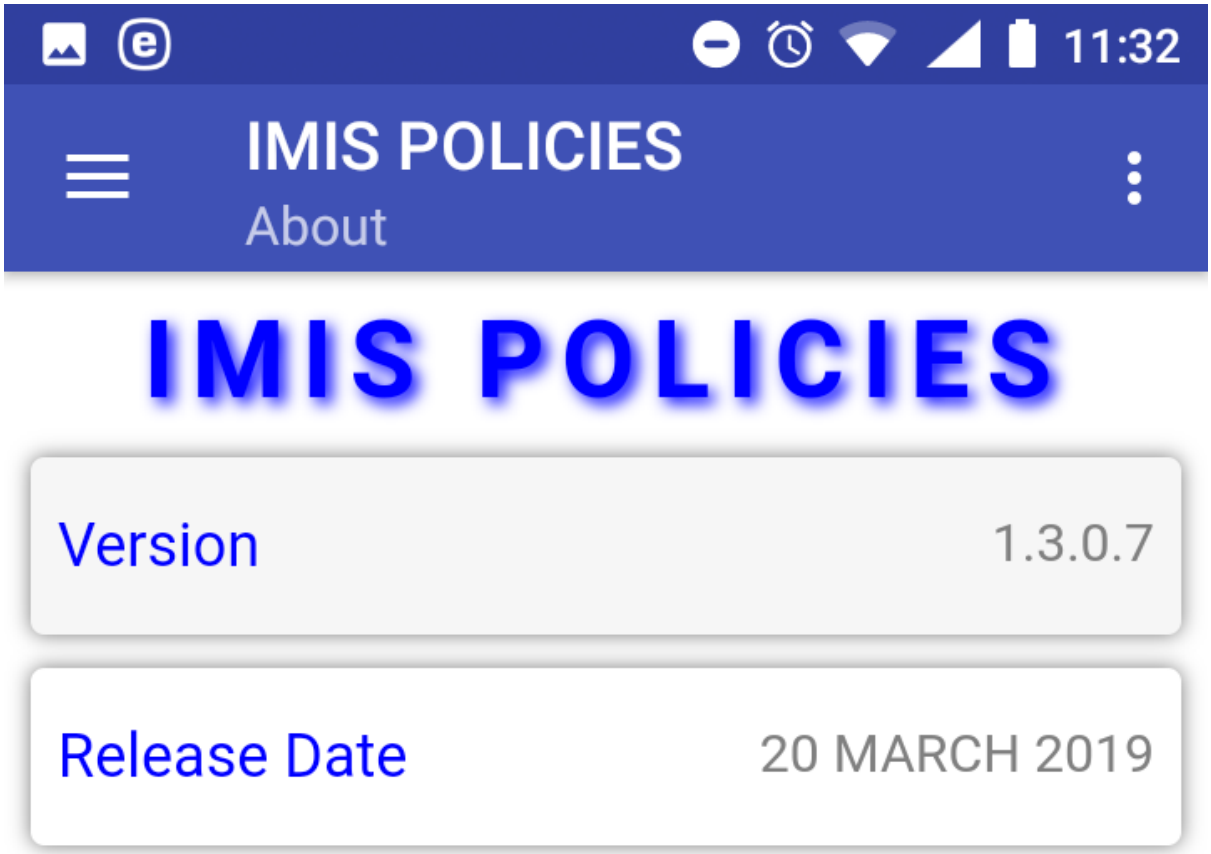

11:32
IMIS POLICIES
About
IMIS POLICIES
Version
1.3.0.7
Release Date
20 MARCH 2019

Image 1.12.1 (About Page)

Click on the icon <- in the upper part of the *About Page* to return to the *Home Page.*