

User Manual – IMIS, relates to the release 17.5.0 and newer

Introduction

The Insurance Management Information System (IMIS) is the web based software to manage health insurance schemes. It includes functionality for setup of the software to requirements of health insurance schemes, administration of policies and policy holders and for claim processing. 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

Table of Contents

1	<i>Users' roles and rights</i>	10
2	<i>Login Access</i>	12
3	<i>Administration of registers</i>	13
3.1	<i>Insurance Products Administration</i>	14

3.1.1 Pre-conditions	14
3.1.2 Navigation	14
3.1.3 Product Control Page	15
3.1.4 Product Page	19
3.1.5 Adding a Product	35
3.1.6 Editing a Product	35
3.1.7 Duplicating a Product	35
3.1.8 Deleting a Product	35
3.2 Health Facilities Administration	35
3.2.1 Pre-conditions	36
3.2.2 Navigation	36
3.2.3 Health Facilities Control Page	37
3.2.4 Health Facility Page	40
3.2.5 Adding a Health Facility	43
3.2.6 Editing a Health Facility	43
3.2.7 Deleting a Health Facility	43
3.3 Medical Services Administration	44
3.3.1 Pre-conditions	44
3.3.2 Navigation	44
3.3.3 Medical Services Control Page	46
3.3.4 Medical Service Page	48
3.3.5 Adding a Medical Service	50
3.3.6 Editing a Medical Service	50
3.3.7 Deleting a Medical Service	50
3.4 Medical Items Administration	51
3.4.1 Pre-conditions	51

3.4.2 Navigation	51
3.4.3 Medical Items Control Page	52
3.4.4 Medical Item Page	55
3.4.5 Adding a Medical Item	57
3.4.6 Editing a Medical Item	57
3.4.7 Deleting a Medical Item	57
3.5 Medical Service Price Lists Administration	58
3.5.1 Pre-conditions	58
3.5.2 Navigation	58
3.5.3 Price List Medical Services Control Page	59
3.5.4 Price List Medical Services Page	63
3.5.5 Adding a Price List of Medical Services	65
3.5.6 Editing a Price List of Medical Services	65
3.5.7 Duplicating a Price List of Medical Services	65
3.5.8 Deleting a Price List of Medical Services	65
3.6 Medical Item Price Lists Administration	66
3.6.1 Pre-conditions	66
3.6.2 Navigation	66
3.6.3 Price List Medical Items Control Page	67
3.6.4 Price List Medical Item Page	71
3.6.5 Adding a Price List of Medical Items	73
3.6.6 Editing a Price List of Medical Items	73
3.6.7 Duplicating a Price List of Medical Items	73
3.6.8 Deleting a Price List of Medical Items	73
3.7 Users administration	74
3.7.1 Pre-conditions	74

3.7.2 Navigation	74
3.7.3 User Control Page	75
3.7.4 User Page	79
3.7.5 Adding a User	81
3.7.6 Editing a User	81
3.7.7 Deleting a User	81
3.8 Enrolment Officers Administration	82
3.8.1 Pre-conditions	82
3.8.2 Navigation	82
3.8.3 Enrolment Officers Control Page	84
3.8.4 Enrolment Officer Page	88
3.8.5 Adding an Enrolment Officer	91
3.8.6 Editing an Enrolment Officer	91
3.8.7 Deleting an Enrolment Officer	92
3.9 Claim Administrators Administration	92
3.9.1 Pre-conditions	92
3.9.2 Navigation	92
3.9.3 Claim Administrators Control Page	94
3.9.4 Claim Administrator Page	98
3.9.5 Adding a Claim Administrator	99
3.9.6 Editing a Claim Administrator	100
3.9.7 Deleting a Claim Administrator	100
3.10 Payers Administration	100
3.10.1 Pre-conditions	100
3.10.2 Navigation	101
3.10.3 Payer Control Page	102

3.10.4 Payer Page	105
3.10.5 Adding a Payer	107
3.10.6 Editing a Payer	107
3.10.7 Deleting a Payer	107
3.11 Locations Administration	108
3.11.1 Pre-conditions	108
3.11.2 Navigation	108
3.11.3 Locations Page	109
3.11.4 Adding a Region, District, Municipality, Village	110
3.11.5 Editing a Region, District, Municipality, Village	110
3.11.6 Deleting a Region, District, Municipality, Village	110
3.11.7 Moving a District, Municipality, Village	111
4 Insurees and Policies	113
4.1 Insuree Enquiry	113
4.2 Find Family	114
4.2.1 Pre-conditions	114
4.2.2 Navigation	114
4.2.3 Find Family Page	115
4.3 Find Insuree	119
4.3.1 Pre-conditions	120
4.3.2 Navigation	120
4.3.3 Find Insuree Page	121
4.4 Find Policy	125
4.4.1 Pre-conditions	125
4.4.2 Navigation	125
4.4.3 Find Policy Page	126

4.5 Find Contribution	131
4.5.1 Pre-conditions	131
4.5.2 Navigation	131
4.5.3 Find Contribution Page	132
4.6 Family Overview	135
4.6.1 Pre-conditions	135
4.6.2 Navigation	136
4.6.3 Family Overview Page.	136
4.6.4 Family/Group Page	141
4.6.5 Adding a Family	145
4.6.6 Editing a Family/Group	145
4.6.7 Changing a Head of Family/Group	145
4.6.8 Moving an Insuree	146
4.6.9 Deleting a Family/Group	146
4.6.10 Insuree Page	147
4.6.11 Adding an Insuree	150
4.6.12 Editing an Insuree	150
4.6.13 Deleting an Insuree	150
4.6.14 Policy Page	151
4.6.15 Adding a Policy	153
4.6.16 Editing a Policy	153
4.6.17 Deleting a Policy	153
4.6.18 Contribution Page	154
4.6.19 Adding a Contribution	157
4.6.20 Editing a Contribution	157
4.6.21 Deleting a Contribution	157

5	<i>Claims</i>	157
5.1	Heath Facility Claims	158
5.1.1	Pre-conditions	158
5.1.2	Navigation	158
5.1.3	Claims Control Page	159
5.1.4	Claim Page	166
5.2	Review claims	172
5.2.1	Pre-conditions	172
5.2.2	Navigation	172
5.2.3	Claims Overview Page	173
5.2.4	Claim Review Page	183
5.2.5	Claim Feedback Page	188
5.3	Batch Run	191
5.3.1	Pre-conditions	191
5.3.2	Navigation	191
5.3.3	Batch Run Control Page	192
6	<i>Tools</i>	197
6.1	Upload List of Diagnoses	197
6.1.1	Navigation	197
6.2	Policy Renewals	199
6.2.1	Navigation	199
6.2.2	Policy Renewal Page	200
6.2.3	Preview Report on Renewals	203
6.2.4	Preview Journal on Renewals	203
6.3	Feedback Prompts	204
6.3.1	Navigation	204

6.4	IMIS Extracts	208
6.4.1	Pre-conditions	208
6.4.2	Navigation	208
6.4.3	IMIS Extracts (ONLINE MODE)	209
6.4.4	IMIS Extracts (OFFLINE MODE)	216
6.5	Reports	221
6.5.1	Pre-Conditions	222
6.5.2	Navigation	222
6.5.3	Report Preview	231
6.6	Utilities	248
6.6.1	Navigation	248
6.6.2	Backup	249
6.6.3	Restore	250
6.6.4	Execute script	250
6.7	Funding	250
6.7.1	Navigation	251
6.7.2	Funding Page	252
7	<i>Changing of user's password</i>	253
7.1	Navigation	253
7.2	Change Password Page	254
8	<i>IMIS OFFLINE</i>	255
8.1	Introduction	255
8.2	OFFLINE FACILITIES	256
9	<i>Analytic and reporting component (AR-IMIS)</i>	268
9.1	Concept of AR-IMIS	268
9.2	Dimensions	269

9.3 Facts	272
9.3.1 Facts on enrolment and policies	272
9.3.2 Facts on collected revenue	275
9.3.3 Facts on claims	276
9.3.4 Facts on utilization of health care	279
9.3.5 Facts on expenditures for health care	282
9.3.6 Facts on feedbacks	284
9.4 How access data from the Data Warehouse	286

1 *Users' roles and rights*

Role	Responsibilities	Available functionality
Scheme administrator & district Staff		
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	Over-sees operations of the health insurance scheme; runs IMIS operational reports analyses data generated from the IMIS.	Create managerial statistics Authorize issuance of a substitution membership card
Accountant	Transfers data on collected Contributions to an external accounting system. Calculates claim amounts per health facility, runs IMIS 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	<u>Creation/Finding/Modification</u> <u>Deleting</u> of a <u>Household-group</u> , an <u>Insuree</u> , a <u>Policy</u> or a <u>Contribution</u> . <u>Renewal of a policy</u> <u>Entry of a claim</u>
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, Medical Services, Medical Items, Health Facilities, Medical Item Price Lists, Medical Services Price List, Products), Extract Creation for Off-line Health Facilities
IMIS Administrator	Administers operations of the IMIS. Is responsible for backups of data.	Administer the register of users (of the IMIS), Utilities , Backup , Restore and Updates , Extract Creation for Off-line Health Facilities
Role	Responsibilities	Available functionality
Staff of Health Facilities		
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 Health Facility administration, Off-line extract upload	Off-line extract upload
Offline Administrator	Creation of clerk user in the offline IMIS, Creation of offline Extract	

2 Login Access

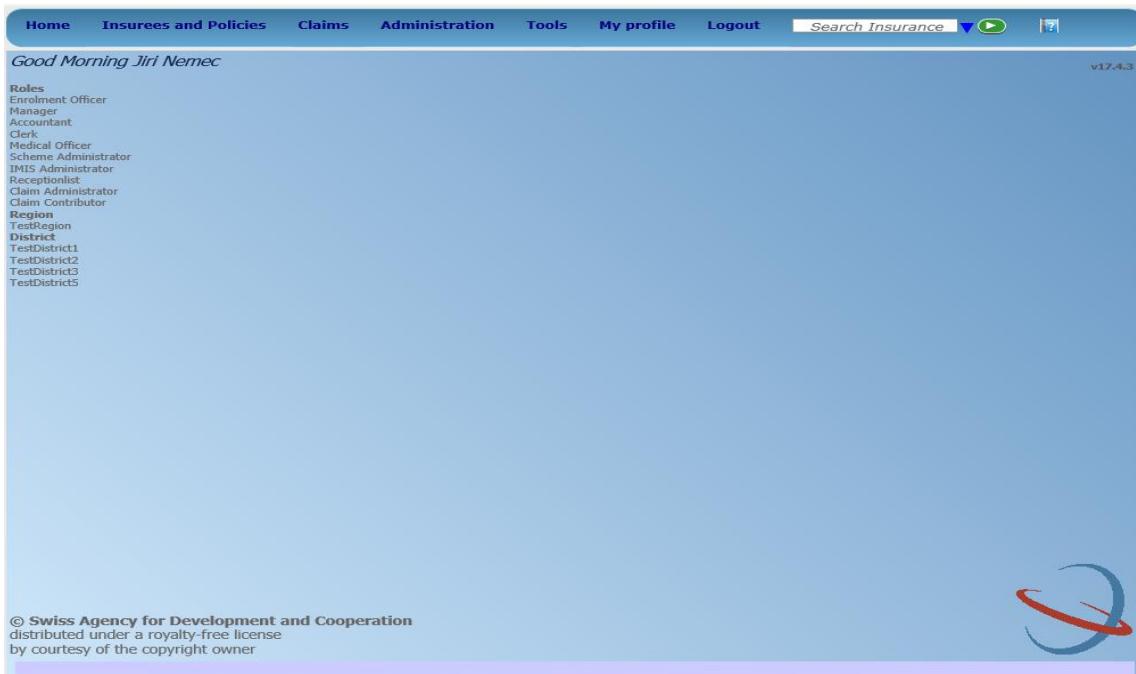
To access the software, Users, must have a valid User Name and Password, provided by the “IMIS Administrator”. In the browser address bar type URL of the IMIS and request the start page. Login page will appear ([Image 2.1](#)).



The image shows the IMIS Login page. It has a blue header bar with the text "IMIS Login". Below the header are two input fields: "Login Name" containing "jir" and "Password" containing several dots. A blue "Login" button is centered below the fields. To the right of the button is a link "Forgot password?".

Image 2.1 (User Login)

Use the provided Login Name and Password, and click on the button Login. If successful, the system will redirect to the Home Page ([Image 2.2](#)).



The image shows the IMIS Home Page. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, Logout, and a search bar labeled "Search Insurance". On the far right of the top bar, it says "v17.4.3". Below the navigation bar, there is a sidebar titled "Good Morning Jiri Nemec" which lists various user roles and regions. The main content area is mostly blank. At the bottom left, there is a copyright notice: "© Swiss Agency for Development and Cooperation distributed under a royalty-free license by courtesy of the copyright owner". At the bottom right, there is the Swiss TPH logo.

Image 2.2 (Home Page)

The full menu is displayed; Clicking on the menu headers will display a sub-menu providing further navigation options. Menus with a blue fore-colour are accessible, while menus with a grey fore-colour are disabled; either due to access rights of a user or unavailable functionality. Below the main menu at the top left-hand corner there is information about the current login user: Login Name, a list of roles acquired by the user and the districts to which the user has access.

When a password is forgotten, clicking [FORGOT PASSWORD?](#) results in the [FORGOT PASSWORD PAGE \(Image 2.3\)](#).

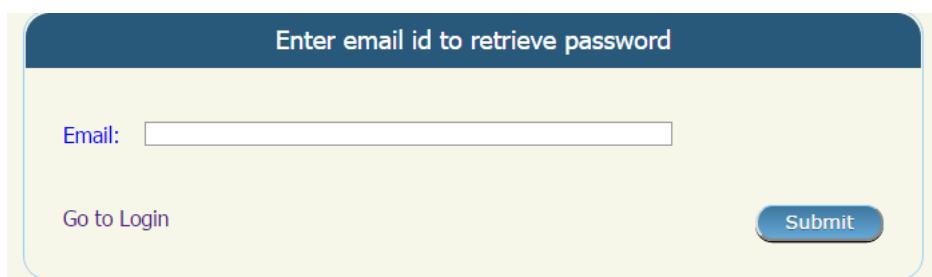


Image 2.3 (Forgot Password Page)

Write [EMAIL](#) and click on the [SUBMIT](#) button. In case the [EMAIL](#) coincides with the e-mail address provided with the user in the register of users, the forgotten password is sent to the indicated e-mail.

3 Administration of registers

Registers of IMIS serve as a principal tool by which IMIS is adjusted to needs of health insurance schemes. With exception of the register of Users that can be managed only by users with the role IMIS Administrator, all other registers can be managed by users with the role Scheme Administrator.

The register of Users defines who can login to IMIS 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 policy holders (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.

3.1 Insurance Products Administration

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 role of Scheme Administrator

3.1.1 Pre-conditions

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

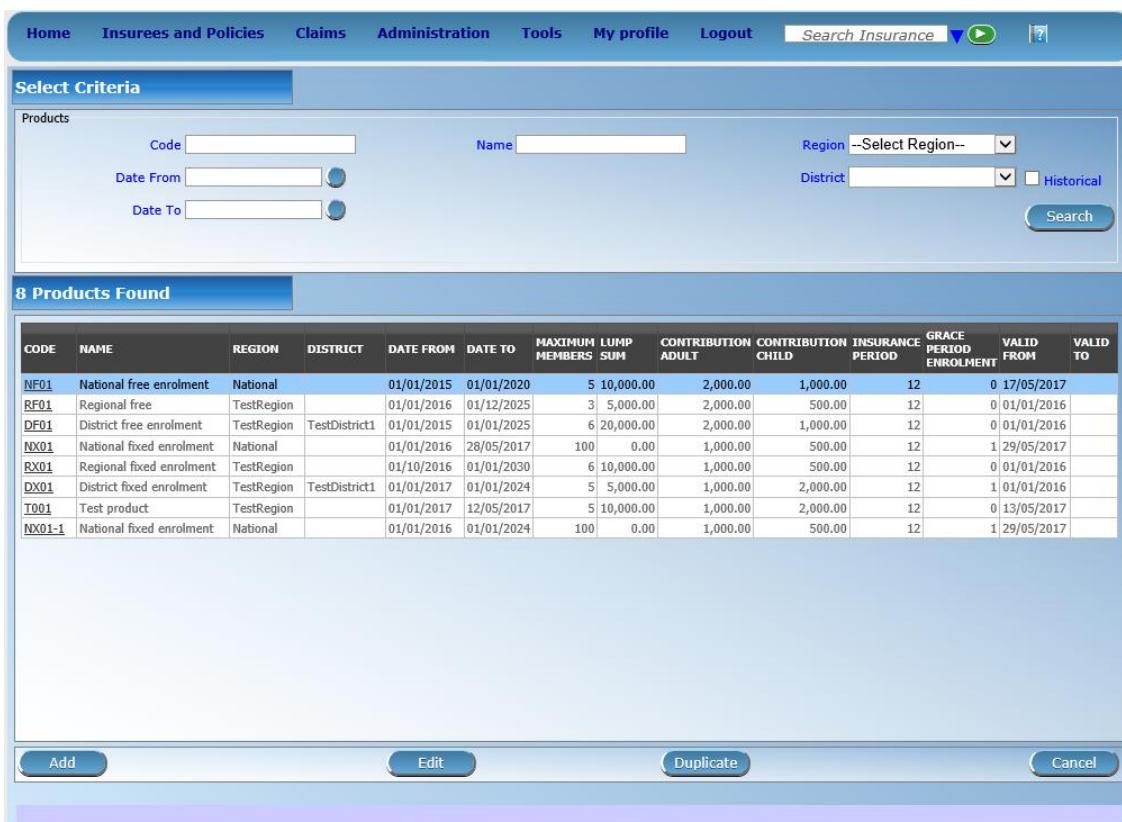
3.1.2 Navigation

All functionality for use with the administration of insurance products can be found under the main menu **ADMINISTRATION**, sub menu **PRODUCTS**.



Image 3.1 (Navigation Products)

3.1.3 Product Control Page



CODE	NAME	REGION	DISTRICT	DATE FROM	DATE TO	MAXIMUM MEMBERS	LUMP SUM	CONTRIBUTION ADULT	CONTRIBUTION CHILD	INSURANCE PERIOD	GRACE PERIOD ENROLMENT	VALID FROM	VALID TO
NF01	National free enrolment	National		01/01/2015	01/01/2020	5	10,000.00	2,000.00	1,000.00	12	0	17/05/2017	
RF01	Regional free	TestRegion		01/01/2016	01/12/2025	3	5,000.00	2,000.00	500.00	12	0	01/01/2016	
DF01	District free enrolment	TestRegion	TestDistrict1	01/01/2015	01/01/2025	6	20,000.00	2,000.00	1,000.00	12	0	01/01/2016	
NX01	National fixed enrolment	National		01/01/2016	28/05/2017	100	0.00	1,000.00	500.00	12	1	29/05/2017	
RX01	Regional fixed enrolment	TestRegion		01/10/2016	01/01/2030	6	10,000.00	1,000.00	500.00	12	0	01/01/2016	
DX01	District fixed enrolment	TestRegion	TestDistrict1	01/01/2017	01/01/2024	5	5,000.00	1,000.00	2,000.00	12	1	01/01/2016	
T001	Test product	TestRegion		01/01/2017	12/05/2017	5	10,000.00	1,000.00	2,000.00	12	0	13/05/2017	
NX01-1	National fixed enrolment	National		01/01/2016	01/01/2024	100	0.00	1,000.00	500.00	12	1	29/05/2017	

Clicking on the sub menu [PRODUCTS](#) re-directs the current user to the [PRODUCT CONTROL PAGE](#).

Image 3.2 (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 ([Image 3.2](#))

A. 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.

- **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.*

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR** **BUTTON** will pop-up an easy to use, calendar selector ([Image 3.3](#)); by default the calendar will show the current month, or the month of the currently selected date, with the current day highlighted.

- 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.



Image 3.3 (Calendar Selector - Search Panel)

- **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. The option **National** means that the found insurance products should be 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 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.**

- **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 ([Image 3.4](#)).

CODE	NAME	REGION	DISTRICT	DATE FROM	DATE TO	MAXIMUM MEMBERS	LUMP SUM	CONTRIBUTION ADULT	CONTRIBUTION CHILD	INSURANCE PERIOD	GRACE PERIOD ENROLMENT	VALID FROM	VALID TO
NF01	National free enrolment	National		01/01/2015	01/01/2020	5	10,000.00	2,000.00	1,000.00	12		01/05/2017	
RF01	Regional free	TestRegion		01/01/2016	01/12/2025	3	5,000.00	2,000.00	500.00	12		01/01/2016	
DF01	District free enrolment	TestRegion	TestDistrict1	01/01/2015	01/01/2025	6	20,000.00	2,000.00	1,000.00	12		01/01/2016	
NX01	National fixed enrolment	National		01/01/2016	28/05/2017	100	0.00	1,000.00	500.00	12		29/05/2017	
RX01	Regional fixed enrolment	TestRegion		01/10/2016	01/01/2030	6	10,000.00	1,000.00	500.00	12		01/01/2016	
DX01	District fixed enrolment	TestRegion	TestDistrict1	01/01/2017	01/01/2024	5	5,000.00	1,000.00	2,000.00	12		01/01/2016	
NF01	National free	National	-	01/01/2015	01/01/2020	5	10,000.00	2,000.00	1,000.00	12		01/05/2017	01/05/2017
RF01	District fixed enrolment	TestRegion	TestDistrict1	01/01/2017	01/01/2024	5	5,000.00	1,000.00	2,000.00	12		01/05/2017	01/05/2017
T001	Test product	TestRegion		01/01/2017	12/05/2017	5	10,000.00	1,000.00	2,000.00	12		13/05/2017	
NX01	National fixed enrolment	National	-	01/01/2016	01/01/2024	100	0.00	1,000.00	500.00	12		01/05/2017	15/05/2017
NX01	National fixed enrolment	National	-	01/01/2016	01/01/2024	100	0.00	1,000.00	500.00	12		01/01/2016	17/05/2017
NF01	National free enrolment	National	-	01/01/2015	01/01/2020	5	10,000.00	2,000.00	1,000.00	12		01/01/2016	17/05/2017
NX01-1	National fixed enrolment	National		01/01/2016	01/01/2024	100	0.00	1,000.00	500.00	12		29/05/2017	
NX01	National fixed enrolment	National	-	01/01/2016	01/01/2024	100	0.00	1,000.00	500.00	12		01/01/2016	29/05/2017

Image 3.4 (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.

B. Result Panel

The result panel displays a list of all products 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 3.5). 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.

ID	NAME	REGION	DISTRICT	DATE FROM	DATE TO	MAXIMUM LUMP SUM	CONTRIBUTION ADULT	CONTRIBUTION CHILD	INSURANCE PERIOD	GRACE PERIOD ENROLMENT	VALID FROM	VALID TO
F01	National free enrolment	National		01/01/2015	01/01/2020	5 10,000.00	2,000.00	1,000.00	12	0 17/05/2017		
F01	Regional free	TestRegion		01/01/2016	01/12/2025	3 5,000.00	2,000.00	500.00	12	0 01/01/2016		
F01	District free enrolment	TestRegion	TestDistrict1	01/01/2015	01/01/2025	6 20,000.00	2,000.00	1,000.00	12	0 01/01/2016		
X01	National fixed enrolment	National		01/01/2016	28/05/2017	100 0.00	1,000.00	500.00	12	1 29/05/2017		
X01	Regional fixed enrolment	TestRegion		01/10/2016	01/01/2030	6 10,000.00	1,000.00	500.00	12	0 01/01/2016		
X01	District fixed enrolment	TestRegion	TestDistrict1	01/01/2017	01/01/2024	5 5,000.00	1,000.00	2,000.00	12	1 01/01/2016		
X01	Test product	TestRegion		01/01/2017	12/05/2017	5 10,000.00	1,000.00	2,000.00	12	0 13/05/2017		
X01-1	National fixed enrolment	National		01/01/2016	01/01/2024	100 0.00	1,000.00	500.00	12	1 29/05/2017		

Image 3.5 (Selected record (blue), hovered records (yellow) - Result 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 3.6).

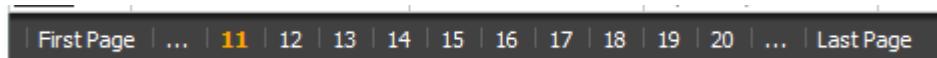


Image 3.6 (Page selector- Result Panel)

C. Button Panel

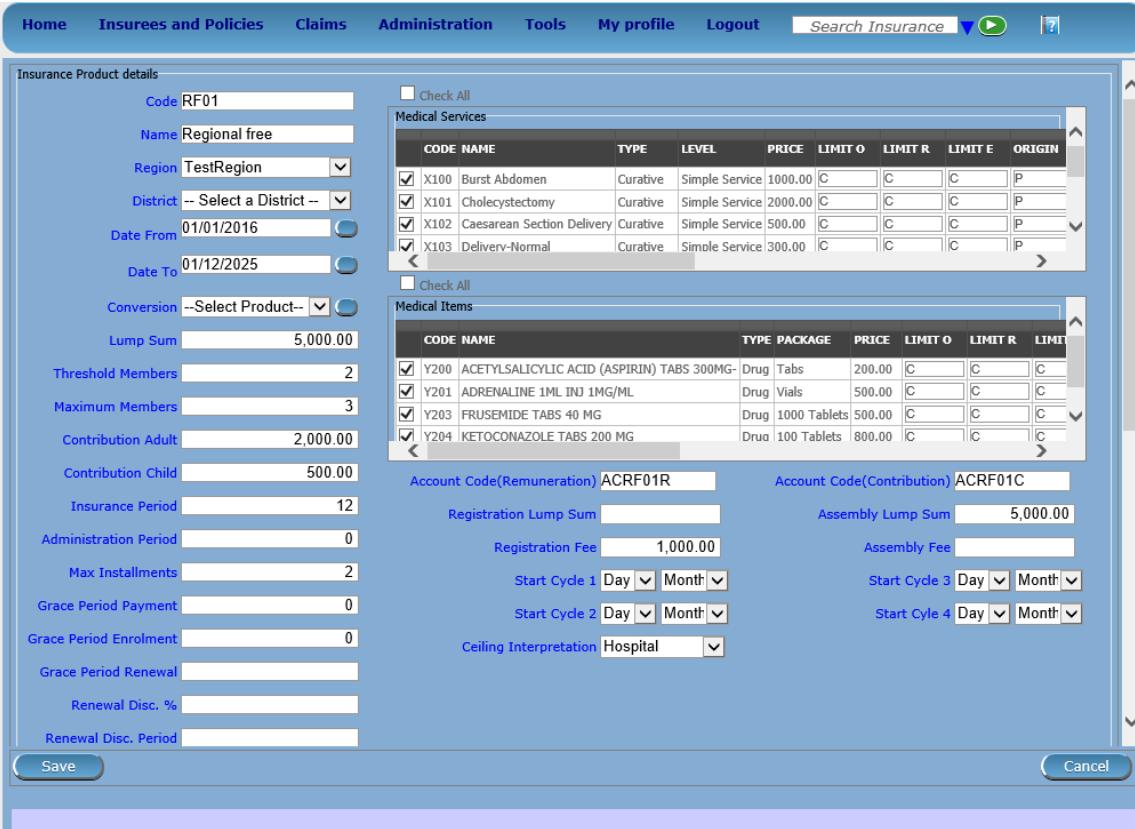
With exception of the [CANCEL](#) button, which re-directs to the [Home Page](#), and the Add button which re-directs to the product page, the button panel (the buttons [EDIT](#) and [DUPLICATE](#)) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. 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.

3.1.4 Product Page

1. DATA ENTRY



The screenshot shows a web-based application for managing insurance products. The top navigation bar includes links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout, along with search and help icons.

Insurance Product details:

- Code: RF01
- Name: Regional free
- Region: TestRegion
- District: -- Select a District --
- Date From: 01/01/2016
- Date To: 01/12/2025
- Conversion: --Select Product--
- Lump Sum: 5,000.00
- Threshold Members: 2
- Maximum Members: 3
- Contribution Adult: 2,000.00
- Contribution Child: 500.00
- Insurance Period: 12
- Administration Period: 0
- Max Installments: 2
- Grace Period Payment: 0
- Grace Period Enrolment: 0
- Grace Period Renewal:
- Renewal Disc. %:
- Renewal Disc. Period:

Medical Services:

CODE NAME	TYPE	LEVEL	PRICE	LIMIT O	LIMIT R	LIMIT E	ORIGIN
X100 Burst Abdomen	Curative	Simple Service	1000.00	C	C	C	P
X101 Cholecystectomy	Curative	Simple Service	2000.00	C	C	C	P
X102 Caesarean Section Delivery	Curative	Simple Service	500.00	C	C	C	P
X103 Delivery-Normal	Curative	Simple Service	300.00	C	C	C	P

Medical Items:

CODE NAME	TYPE	PACKAGE	PRICE	LIMIT O	LIMIT R	LIMIT E
Y200 ACETYLSALICYLIC ACID (ASPIRIN) TABS 300MG-	Drug	Tabs	200.00	C	C	C
Y201 ADRENALINE 1ML INJ 1MG/ML	Drug	Vials	500.00	C	C	C
Y203 FRUSEMIDE TABS 40 MG	Drug	1000 Tablets	500.00	C	C	C
Y204 KETOCONAZOLE TABS 200 MG	Drug	100 Tablets	800.00	C	C	C

Account Codes:

- Account Code(Remuneration): ACRF01R
- Account Code(Contribution): ACRF01C

Fee and Payment Options:

- Registration Lump Sum:
- Assembly Lump Sum: 5,000.00
- Registration Fee: 1,000.00
- Assembly Fee:
- Start Cycle 1: Day Month
- Start Cycle 3: Day Month
- Start Cycle 2: Day Month
- Start Cycle 4: Day Month
- Ceiling Interpretation: Hospital

Buttons:

- Save
- Cancel

Home Insurees and Policies Claims Administration Tools My profile Logout [Search Insurance](#)  

Grace Period Enrolment	0						
Grace Period Renewal							
Renewal Disc. %							
Renewal Disc. Period							
Enrolment Disc. %							
Enrolment Disc. Period							
Deductible	Ceiling	Deductable (Hospital) Ceiling	Deductable (Non-Hospital) Ceiling				
Treatment							
Insuree							
Policy							
Extra Member Ceiling							
Maximum Ceiling							
Consultations	Surgeries	Deliveries	Hospitalizations	Antenatal	Visits		
Number							
Ceiling							
Distribution	NONE	Period	Percent	Period	Percent	Period	Percent
				1	30.00%	1	40.00%
				2	30.00%	2	40.00%
				3	30.00%	3	40.00%
				4	30.00%	4	40.00%
Capitation Payment							
Level 1	Health Centre	Level 2	Dispensary	Level 3	-- Select Level--	Level 4	-- Select Level--
Sub Level 1	-- Select SubLeve	Sub Level 2	-- Select SubLeve	Sub Level 3	-- Select SubLeve	Sub Level 4	-- Select SubLeve
Share of Contribution	60	Weight of Population	10	Weight of Number of Families	10	Weight of Insured Population	20
Weight of Number of Insured Families	20	Weight of Number of Visits	20	Weight of Adjusted Amount	20		

Image 3.7 (Product Page)

- **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 and with the option National.*** 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. If no district is selected then the product is considered to be either nationwide (the option National is selected in the field Region) or regional associated with the selected region.

- **DATE FROM**

Type in the date or use the **DATE SELECTOR BUTTON** 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. ***Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*** Mandatory.

- **DATE TO**

Type in the date or use the Date Selector Button to provide the date until which underwriting can be done to. ***Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*** Mandatory.

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image 3.8](#)). 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.



Image 3.8 (Calendar Selector - Search Panel)

- **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.*

- **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

- **THRESHOLD MEMBERS**

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

NUMBER OF MEMBERS

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

- **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

- **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.

- **MAX INSTALMENTS**

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

- **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.

- **ENROLMENT DISC. %**

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 DISC. PERIOD**

Enter the enrolment discount period of the insurance product in months.

- **RENEWAL DISC. %**

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 DISC. PERIOD**

Enter the renewal discount period of the insurance product in months.

- **MEDICAL SERVICES**

Select from the list of available medical services (from the register of Medical Services) the medical services covered within the insurance product, by either clicking on the CHECK ALL box at the top of the list of medical services, or by selectively clicking on the check box to the left of the medical service.

- **MEDICAL SERVICES GRID**

Check All

Medical Services

CODE	NAME	TYPE	HF LEVEL	PRICE	LIMIT O	LIMIT R	LIMIT E	ORIGIN
<input type="checkbox"/> AOFB01	Antenatal Examination	Preventive	Simple Service	800.00	C	C	C	P
<input type="checkbox"/> COBB01	Consultation GP	Curative	Visit	200.00	C	C	C	P
<input type="checkbox"/> DEL	Delivery	Curative	Hospital case	15000.00	C	C	C	P
<input type="checkbox"/> DIFB12	Delivery-normal	Curative	Simple Service	8000.00	C	C	C	P

Image 3.9 (Medical Services - Product)

- **Code:** Displays the code for the medical service
- **Name:** Displays the name of the medical service
- **Type:** Displays the type of the medical service
- **Level:** Displays the level of the medical service
- **Limit:** Indicates the type of limitation of coverage for the medical service. This may be adjusted per medical service, select between Co-Insurance [C] and Fixed amount [F]. 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. C 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 service comes from. This may be adjusted per service, 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 volume of claimed services 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 service 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 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 service during the insurance period for an adult.
 - **No Child:** It indicates the maximal number of provisions of the medical service 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 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. [H] means exclusion only for provision of in-patient care, [N] means exclusion only for out-patient care and [B] 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. [H] means exclusion only for provision of in-patient care, [N] means exclusion only for out-patient care and [B] means exclusion both for in-patient and out-patient care.
-
- **MEDICAL ITEMS**
 Select from the list of available medical items (from the register of Medical Items) the medical items covered within the product; by either clicking on the **CHECK ALL** box at the top of the list of medical items, or by selectively clicking on the check box to the left of the medical item.
 - **MEDICAL ITEMS GRID**

Check All

Medical Items

	CODE	NAME	TYPE	PACKAGE	PRICE	LIMIT O	LIMIT R	LIMIT E	ORIGIN	ADULT O	ADUL
<input type="checkbox"/>	GBBB09	Acetylsalicylic Acid	Drug	Tabs	300.00	C	C	C	P	100.00	100.00
<input type="checkbox"/>	GBBC01	Ampicilin PDR	Drug	Tabs	400.00	C	C	C	P	100.00	100.00

◀ ▶

Image 3.10 (Medical Items - Product)

- **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
- **Limit:** Indicates the type of limitation of coverage for the medical item. This may be adjusted per medical item, select between Co-Insurance [C] and Fixed amount [F]. 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. C 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 item is excluded from comparison against ceilings defined for adults in the insurance product. The default is that the medical item is not excluded from comparisons with ceilings. [H] means exclusion only for provision of in-patient care, [N] means exclusion only for out-patient care and [B] 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 for children in the insurance product. The default is that the medical item is not excluded from comparisons with ceilings. [H] means exclusion only for provision of in-patient care, [N] means exclusion only for out-patient care and [B] means exclusion both for in-patient and out-patient care.
- **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.
- **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.

- **START CYCLE 1**

- **START CYCLE 2**

- **START CYCLE 3**

- **START CYLCE 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.

- **CEILING INTERPRETATION**

Specify whether Hospital and Non-Hospital care should be determined according to the type of health facility (select [Hospital]) that provided health care or according to the type of health care (select [In-patient]) 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.

- **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 policy holders 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-HOSPITALS](#)) 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](#).

- **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:

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*

- **CEILING**

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.

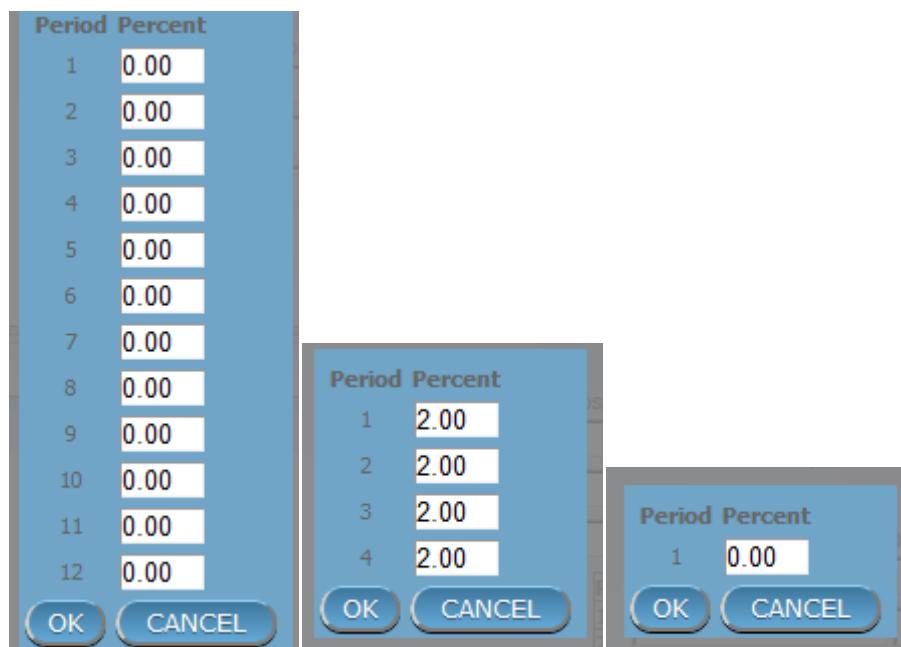
Note. It is possible to specify only one of the following ceilings –per Treatment, per Insuree or per Policy. If ceilings per category of claims are specified together with ceilings per Treatment, per Insuree or per Policy than evaluation of claims may be dependent under special circumstances on the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

- **DISTRIBUTION PERIOD**

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. Select from the list (**NONE, Monthly, Quarterly, Yearly**), the period that is to be used for calculation of the actual value of relative prices for the insurance product; by clicking on the arrow on the right. The default value is '**NONE**' which means that relative prices are not calculated for general health care or for hospital care or non-hospital care within the insurance product. By selecting **Monthly, Quarterly** or Yearly will cause a pop-up (Image 3.11) with the relative periods (1 period for yearly, 4 for quarterly, 12 for monthly). 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.



The image shows three separate dialog boxes, each titled "Period Percent", illustrating different distribution periods for insurance products:

- Monthly Distribution:** Shows 12 periods (1-12) with values all set to 0.00. Buttons at the bottom are labeled "OK" and "CANCEL".
- Quarterly Distribution:** Shows 4 periods (1-4) with values all set to 2.00. Buttons at the bottom are labeled "OK" and "CANCEL".
- Yearly Distribution:** Shows 1 period (1) with a value of 0.00. Buttons at the bottom are labeled "OK" and "CANCEL".

Image 3.11 (Distribution Periods (Monthly – Quarterly – Yearly) - Product))

CAPITATION PAYMENT

The section allows definition of parameters of a capitation formula used for remuneration of selected levels of health facilities within the insurance product. The report [Capitation Payment](#) is used for calculation of the amount of capitation payment for individual health facilities. The parameters of the capitation formula are the following:

- [LEVEL 1](#)

The first level of health facilities can be selected that should be included in the calculation of capitation payments. The options are the following levels of a health facility: DISPENSARY, HEALTH CENTRE, and HOSPITAL.

- **SUB LEVEL 1**

The sub-level of the first level of health facilities can be selected that should be included in calculation of capitation payments. If the sub level is not selected, all health facilities of the specified level are included irrespective of their sub-level.

- **LEVEL 2**

The second level of health facilities can be selected that should be included in the calculation of capitation payments. The options are the following levels of a health facility: DISPENSARY, HEALTH CENTRE, and HOSPITAL.

- **SUB LEVEL 2**

The sub-level of the second level of health facilities can be selected that should be included in calculation of capitation payments. If the sub level is not selected, all health facilities of the specified level are included irrespective of their sub-level.

- **LEVEL 3**

The third level of health facilities can be selected that should be included in the calculation of capitation payments. The options are the following levels of a health facility: DISPENSARY, HEALTH CENTRE, and HOSPITAL.

- **SUB LEVEL 3**

The sub-level of the third level of health facilities can be selected that should be included in calculation of capitation payments. If the sub level is not selected, all health facilities of the specified level are included irrespective of their sub-level.

- **LEVEL 4**

The fourth level of health facilities can be selected that should be included in the calculation of capitation payments. The options are the following levels of a health facility: DISPENSARY, HEALTH CENTRE, and HOSPITAL.

- **SUB LEVEL 4**

The sub-level of the fourth level of health facilities can be selected that should be included in calculation of capitation payments. If the sub level is not selected, all health facilities of the specified level are included irrespective of their sub-level.

- **SHARE OF CONTRIBUTION**

The share of allocated contributions for given insurance product and the period specified for the report Capitation Payment that should be used for calculation of capitation payments for individual health facilities. The amount specified is interpreted as a percentage.

- **WEIGHT OF POPULATION**

The weight can be entered that is used for the number of population living in catchments areas of individual health facilities. The amount specified is interpreted as a percentage.

- **WEIGHT OF NUMBER OF FAMILIES**

The weight can be entered that is used for the number of families living in catchments areas of individual health facilities. The amount specified is interpreted as a percentage.

- **WEIGHT OF INSURED POPULATION**

The weight can be entered that is used for the number of insured population by given insurance product and living in catchments areas of individual health facilities. The amount specified is interpreted as a percentage.

- **WEIGHT OF NUMBER OF INSURED FAMILIES**

The weight can be entered that is used for the number of insured families by given insurance product and living in catchments areas of individual health facilities. The amount specified is interpreted as a percentage.

- **WEIGHT OF NUMBER OF VISITS**

The weight can be entered that is used for the number of contacts of insured by given insurance product and living in catchments areas of individual health facilities. The amount specified is interpreted as a percentage.

- **WEIGHT OF ADJUSTED AMOUNT**

The weight can be entered that is used for the adjusted amount on claims for insured by given insurance product and living in catchments areas of individual health facilities. The amount specified is interpreted as a percentage.

Note. The capitation formula is defined as follows:

$$\text{CapitationPayment}_i = \sum_a (\text{Indicator}_i^a \times \frac{\text{AllocatedContribution} \times \text{ShareContribution} \times \text{Share}^a}{\sum_i \text{Indicator}_i^a})$$

Where

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 facility*
- *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*
- *Number 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*

2. SAVING

Once all mandatory data is entered, clicking on the **SAVE** button will save the record. The user will be redirected 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.

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 [Product Control Page](#).

3.1.5 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.

3.1.6 Editing a Product

Click on the **EDIT** button to re-direct to the [Product Page](#).

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

3.1.7 Duplicating a Product

Click on the **DUPLICATE** button to re-direct to the [Product Page](#).

The page will open with all the current information for the selected product, (except for the product code which should be unique), loaded into the data entry fields. See the [Product Page](#) for information on the data entry and mandatory fields. To save the record, enter a unique code before clicking on save.

3.1.8 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.

3.2 Health Facilities Administration

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 role of Scheme Administrator.

3.2.1 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.

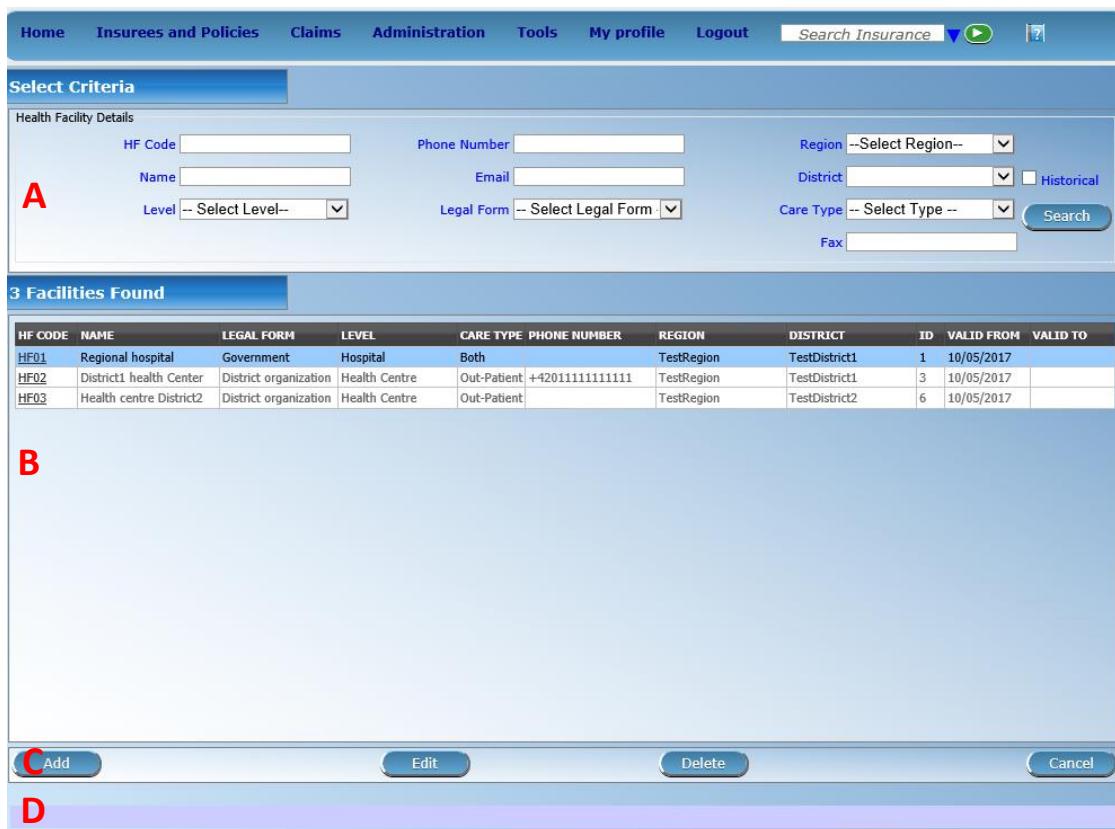
3.2.2 Navigation

All functionality for use with the administration of health facilities can be found under the main menu **ADMINISTRATION**, sub menu **HEALTH FACILITIES**.



Image 3.12 (Navigation Health Facilities)

Clicking on the sub menu **HEALTH FACILITIES** re-directs the current user to the [Health Facilities Control Page](#).



A

HF CODE	NAME	LEGAL FORM	LEVEL	CARE TYPE	PHONE NUMBER	REGION	DISTRICT	ID	VALID FROM	VALID TO
HF01	Regional hospital	Government	Hospital	Both		TestRegion	TestDistrict1	1	10/05/2017	
HF02	District1 health Center	District organization	Health Centre	Out-Patient	+42011111111111	TestRegion	TestDistrict1	3	10/05/2017	
HF03	Health centre District2	District organization	Health Centre	Out-Patient		TestRegion	TestDistrict2	6	10/05/2017	

B

C Add Edit Delete Cancel

D

Image 3.13 (Health Facilities Control Page)

3.2.3 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 ([Image 3.13](#))

A. 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.

- **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 ([Image 3.14](#))

HF CODE	NAME	LEGAL FORM	LEVEL	CARE TYPE	PHONE NUMBER	REGION	DISTRICT	ID	VALID FROM	VALID TO
HF01	Regional hospital	Government	Hospital	Both		TestRegion	TestDistrict1	1	10/05/2017	
HF01	Regional hospital	Government	Hospital	Both	-	TestRegion	TestDistrict1	2	10/05/2017	10/05/2017
HF02	District1 health Center	District organization	Health Centre	Out-Patient	+42011111111111	TestRegion	TestDistrict1	3	10/05/2017	
HF02	District1 health Center	District organization	Health Centre	Out-Patient	+42011111111111	TestRegion	TestDistrict1	5	10/05/2017	10/05/2017
HF02	District1 health Center	District organization	Health Centre	Out-Patient	+42011111111111	TestRegion	TestDistrict1	4	10/05/2017	10/05/2017
HF03	Health centre District2	District organization	Health Centre	Out-Patient		TestRegion	TestDistrict2	6	10/05/2017	
HF03	Health centre District2	District organization	Health Centre	Out-Patient	-	TestRegion	TestDistrict2	7	10/05/2017	10/05/2017

[Image 3.14 \(Historical records - Result Panel\)](#)

- [SEARCH BUTTON](#)

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

B. 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 blue, while hovering over records changes the highlight to yellow ([Image 3.15](#)). 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.

HF CODE	NAME	LEGAL FORM	LEVEL	CARE TYPE	PHONE NUMBER	REGION	DISTRICT	ID	VALID FROM	VALID TO
HF01	Regional hospital	Government	Hospital	Both		TestRegion	TestDistrict1	1	10/05/2017	
HF02	District1 health Center	District organization	Health Centre	Out-Patient	+42011111111111	TestRegion	TestDistrict1	3	10/05/2017	

[Image 3.15 \(Selected record \(blue\), hovered records \(yellow\) - Result 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 3.16](#))

| First Page | ... | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | ... | Last Page

Image 3.16 (Page selector- Result Panel)

C. Button Panel

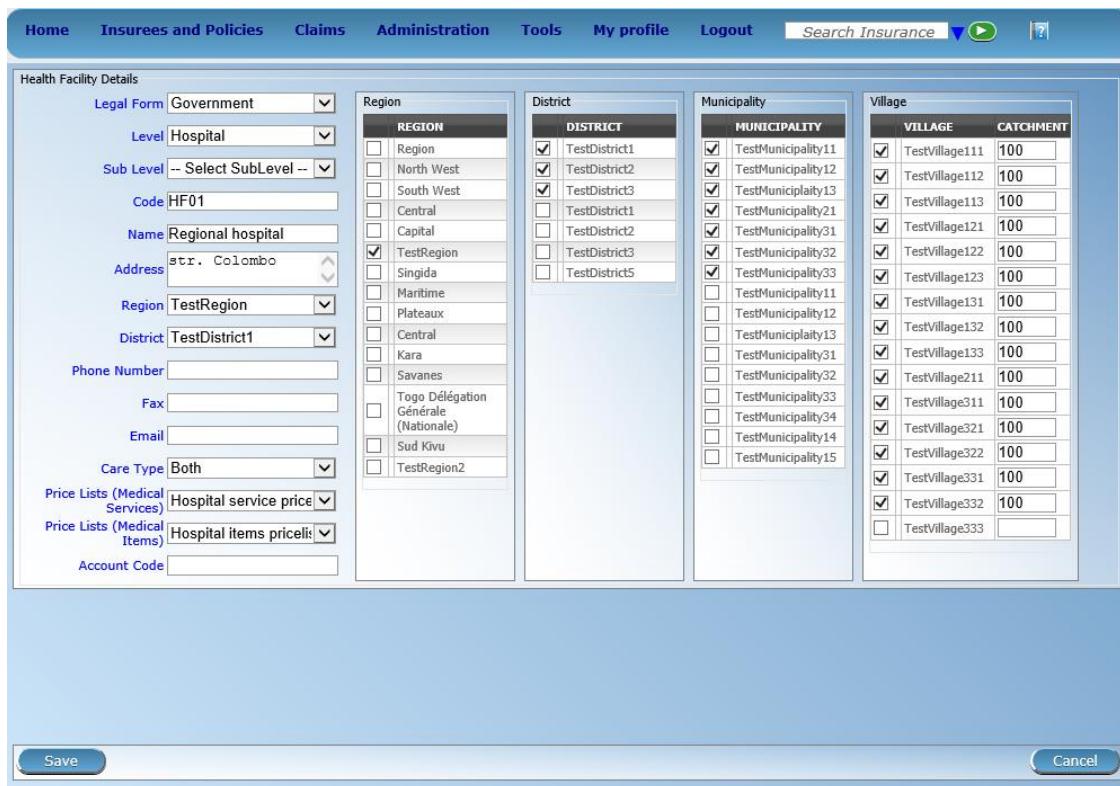
With exception of the **CANCEL** button, which re-directs to the [Home Page](#), and the **ADD** button which re-directs to the health facility page, the button panel (the buttons **EDIT** and **DELETE**) is used in conjunction with the current selected record (highlighted with blue). The user should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

D. 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.

3.2.4 Health Facility Page

1. DATA ENTRY



Health Facility Details	
Legal Form	Government
Level	Hospital
Sub Level	-- Select SubLevel --
Code	HF01
Name	Regional hospital
Address	str. Colombo
Region	TestRegion
District	TestDistrict1
Phone Number	
Fax	
Email	
Care Type	Both
Price Lists (Medical Services)	Hospital service price
Price Lists (Medical Items)	Hospital items pricel
Account Code	

Region	
REGION	<input type="checkbox"/> Region <input type="checkbox"/> North West <input type="checkbox"/> South West <input type="checkbox"/> Central <input type="checkbox"/> Capital <input checked="" type="checkbox"/> TestRegion <input type="checkbox"/> Singida <input type="checkbox"/> Maritime <input type="checkbox"/> Plateaux <input type="checkbox"/> Central <input type="checkbox"/> Kara <input type="checkbox"/> Savanes <input type="checkbox"/> Togo Délégation Générale (Nationale) <input type="checkbox"/> Sud Kivu <input type="checkbox"/> TestRegion2

District	
DISTRICT	<input checked="" type="checkbox"/> TestDistrict1 <input checked="" type="checkbox"/> TestDistrict2 <input checked="" type="checkbox"/> TestDistrict3 <input type="checkbox"/> TestDistrict1 <input type="checkbox"/> TestDistrict2 <input type="checkbox"/> TestDistrict3 <input type="checkbox"/> TestDistrict5

Municipality	
MUNICIPALITY	<input checked="" type="checkbox"/> TestMunicipality11 <input checked="" type="checkbox"/> TestMunicipality12 <input checked="" type="checkbox"/> TestMunicipality13 <input checked="" type="checkbox"/> TestMunicipality21 <input type="checkbox"/> TestMunicipality31 <input checked="" type="checkbox"/> TestMunicipality32 <input checked="" type="checkbox"/> TestMunicipality33 <input type="checkbox"/> TestMunicipality11 <input type="checkbox"/> TestMunicipality12 <input type="checkbox"/> TestMunicipality13 <input type="checkbox"/> TestMunicipality31 <input type="checkbox"/> TestMunicipality32 <input type="checkbox"/> TestMunicipality33 <input type="checkbox"/> TestMunicipality34 <input type="checkbox"/> TestMunicipality14 <input type="checkbox"/> TestMunicipality15

Village	
VILLAGE	<input checked="" type="checkbox"/> TestVillage111 100 <input checked="" type="checkbox"/> TestVillage112 100 <input checked="" type="checkbox"/> TestVillage113 100 <input checked="" type="checkbox"/> TestVillage121 100 <input checked="" type="checkbox"/> TestVillage122 100 <input checked="" type="checkbox"/> TestVillage123 100 <input checked="" type="checkbox"/> TestVillage131 100 <input checked="" type="checkbox"/> TestVillage132 100 <input checked="" type="checkbox"/> TestVillage133 100 <input checked="" type="checkbox"/> TestVillage211 100 <input checked="" type="checkbox"/> TestVillage311 100 <input checked="" type="checkbox"/> TestVillage321 100 <input checked="" type="checkbox"/> TestVillage322 100 <input checked="" type="checkbox"/> TestVillage331 100 <input checked="" type="checkbox"/> TestVillage332 100 <input type="checkbox"/> TestVillage333

Save Cancel

Image 3.17 (Health Facility Page)

- **CODE**
 Enter the code for the health facility. Mandatory, 8 characters.
- **NAME**
 Enter the name for the health facility. Mandatory, 100 characters maximum.
- **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.*

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- **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](#).

3.2.5 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.

3.2.6 Editing a Health Facility

Click on the [EDIT](#) button to re-direct 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

3.2.7 Deleting a Health Facility

Click on the [DELETE](#) button to delete the currently selected record

Before deleting a confirmation popup (Image 3.29) is displayed, which requires the user to confirm if the action should really be carried out?

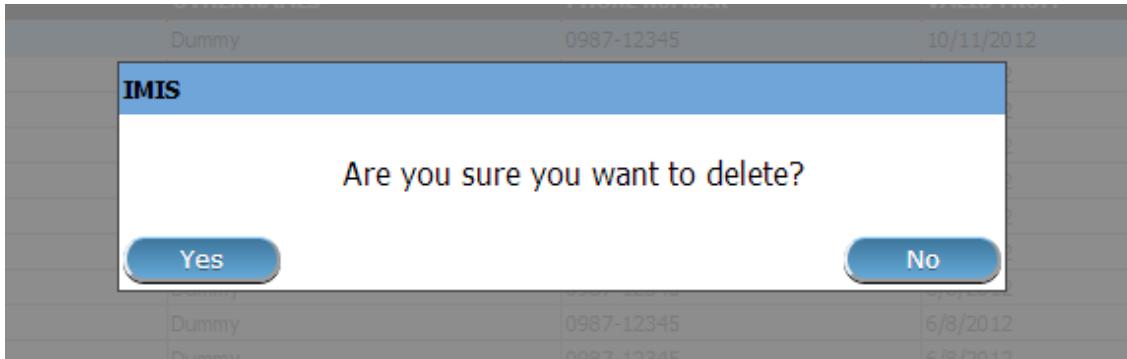


Image 3.18 (Delete confirmation- Button Panel)

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

3.3 Medical Services Administration

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 role of Scheme Administrator.

3.3.1 Pre-conditions

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

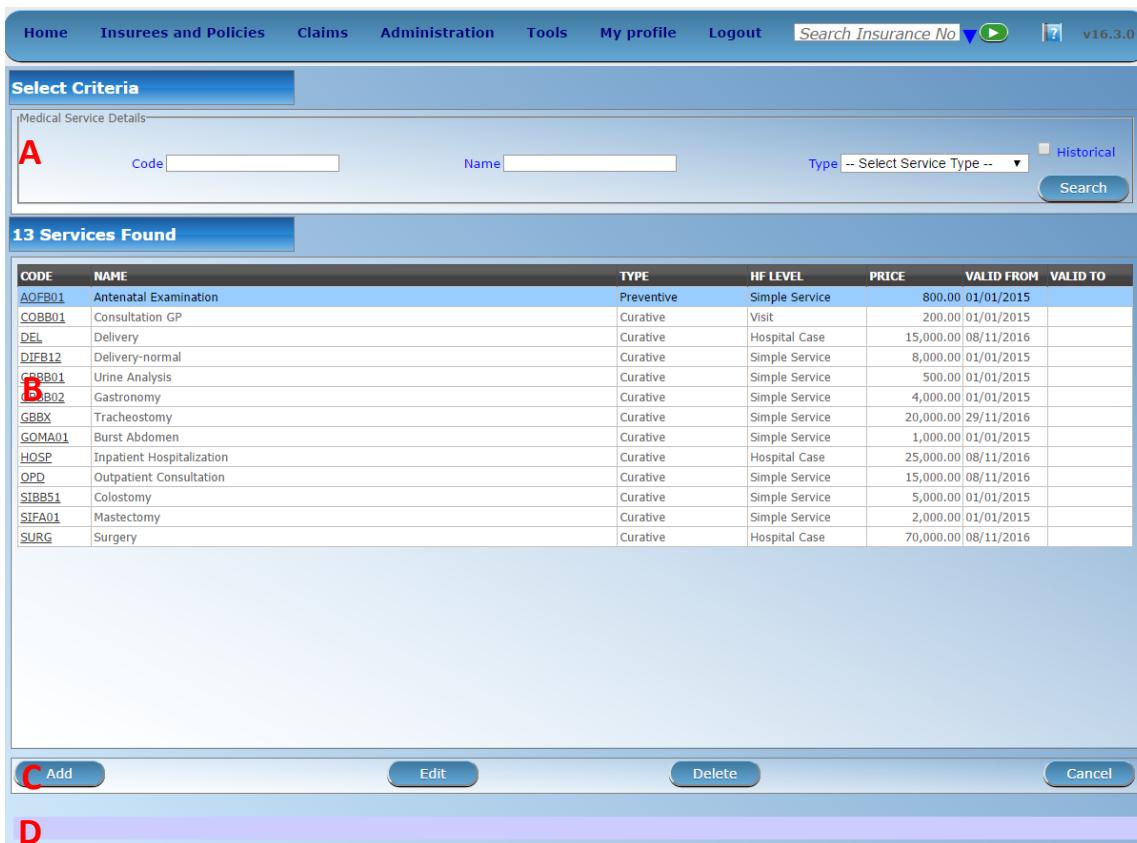
3.3.2 Navigation

All functionality for use with the administration of Medical Services can be found under the main menu **ADMINISTRATION**, sub menu **MEDICAL SERVICES**.



Image 3.19 (Navigation Medical Services)

Clicking on the sub menu **MEDICAL SERVICES** re-directs the current user to the [Medical Services Control Page](#).



This screenshot shows the 'Medical Services Control Page'. At the top, it has a header with the same navigation links as the previous page. Below the header is a search section titled 'Select Criteria' with fields for 'Code' (containing 'A'), 'Name' (containing 'B'), 'Type' (with a dropdown menu), and a checkbox for 'Historical'. There is also a 'Search' button. Below the search section is a table titled '13 Services Found' with columns: CODE, NAME, TYPE, HF LEVEL, PRICE, VALID FROM, and VALID TO. The table lists various medical services with their details. At the bottom of the page are buttons for 'Add' (labeled 'C'), 'Edit', 'Delete', and 'Cancel'.

CODE	NAME	TYPE	HF LEVEL	PRICE	VALID FROM	VALID TO
AQFB01	Antenatal Examination	Preventive	Simple Service	800.00	01/01/2015	
COBB01	Consultation GP	Curative	Visit	200.00	01/01/2015	
DEL	Delivery	Curative	Hospital Case	15,000.00	08/11/2016	
DIFB12	Delivery-normal	Curative	Simple Service	8,000.00	01/01/2015	
B001	Urine Analysis	Curative	Simple Service	500.00	01/01/2015	
B002	Gastronomy	Curative	Simple Service	4,000.00	01/01/2015	
GBB1	Tracheostomy	Curative	Simple Service	20,000.00	29/11/2016	
GOMA01	Burst Abdomen	Curative	Simple Service	1,000.00	01/01/2015	
HOSP	Inpatient Hospitalization	Curative	Hospital Case	25,000.00	08/11/2016	
OPD	Outpatient Consultation	Curative	Simple Service	15,000.00	08/11/2016	
SIBB51	Colostomy	Curative	Simple Service	5,000.00	01/01/2015	
SIFA01	Mastectomy	Curative	Simple Service	2,000.00	01/01/2015	
SURG	Surgery	Curative	Hospital Case	70,000.00	08/11/2016	

Image 3.20 (Medical Services Control Page)

3.3.3 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 ([Image 3.20](#))

A. 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 the result with a line through the middle of the text (strikethrough) to clearly define them from current records ([Image 3.21](#))

CODE	NAME	TYPE	LEVEL	PRICE	VALID FROM	VALID TO
#	#	Preventive	Simple Service	1.00	11/08/2012	14/08/2012
#	#	Preventive	Simple Service	1.00	11/08/2012	14/08/2012
#11112	MS	Preventive	Visit	9,000.00	11/08/2012	14/08/2012
#11112	MS	Preventive	Visit	9,000.00	11/08/2012	14/08/2012
3102	Sara Chadali	Curative	Simple Service	500.00	15/08/2012	
12	Cervix Repair	Curative	Simple Service	2,000.00	15/08/2012	
13	Colpotomy	Curative	Simple Service	2,500.00	15/08/2012	
14	<i>Cervical Cervage Shredikar</i>	Curative	Hospital Case	3,000.00	15/08/2012	15/08/2012

Image 3.21 (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.

B. Result Panel

The Result Panel displays a list of all medical services 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 3.22](#)). 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.

CODE	NAME	TYPE	LEVEL	PRICE	VALID FROM	VALID TO
I102	Sara Chadali	Curative	Simple Service	500.00	15/08/2012	
I2	Cervix Repair	Curative	Simple Service	2,000.00	15/08/2012	
I3	Colpotomy	Curative	Simple Service	2,500.00	15/08/2012	
M20	Tonsilectomy	Curative	Simple Service	5,000.00	15/08/2012	
P1	Biopsy-cervical	Curative	Simple Service	500.00	15/08/2012	
P10	Biopsy- skin	Curative	Simple Service	350.00	15/08/2012	
P26	Flap Excision	Curative	Simple Service	600.00	15/08/2012	

Image 3.22 (Selected record (blue), hovered records (yellow) - Result 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 3.23](#))

| First Page | ... | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | ... | Last Page |

Image 3.23 (Page selector- Result Panel)

C. Button Panel

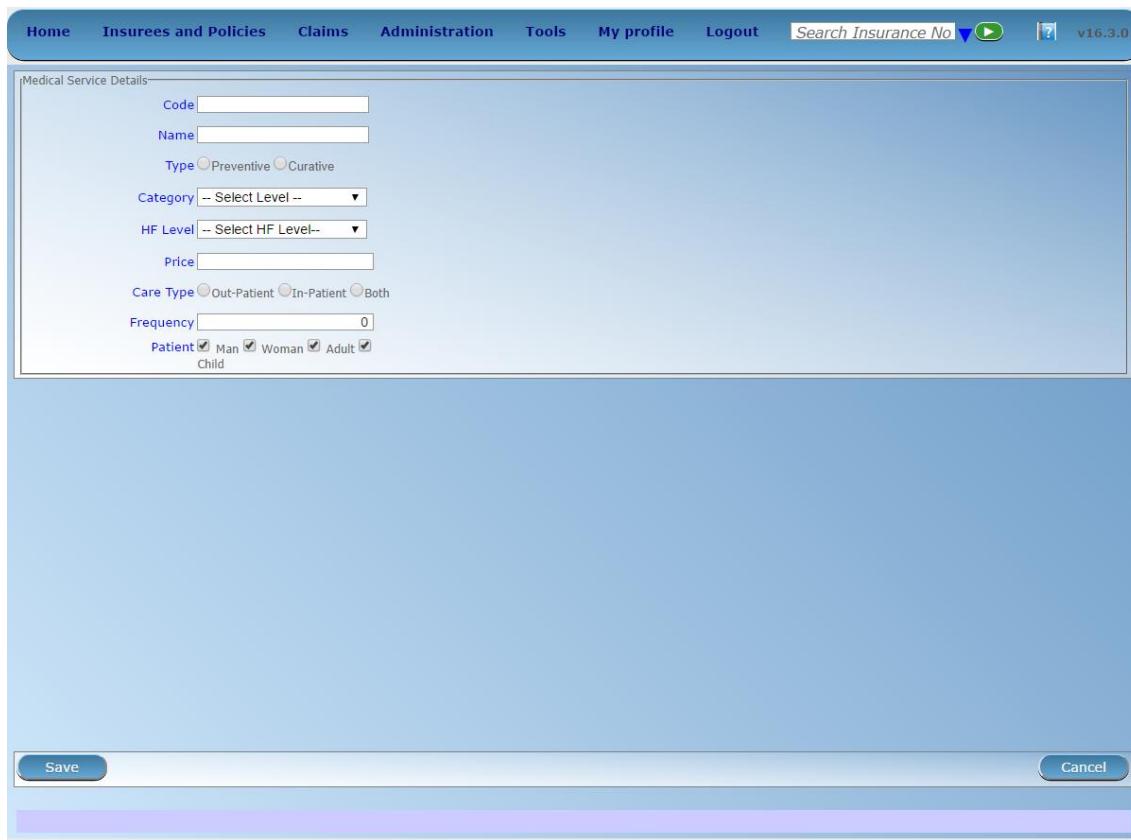
With exception of the cancel button, which re-directs to the [Home Page](#), and the [ADD](#) button which re-directs to the [Medical Service Page](#), the button panel (the buttons [END](#) and [DELETE](#)) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. Information Panel

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

3.3.4 Medical Service Page

1. DATA ENTRY



The screenshot shows a web-based application interface for entering medical service details. At the top, there is a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of the navigation bar are search fields for 'Search Insurance No' and a version indicator 'v16.3.0'. Below the navigation bar is a large form area titled 'Medical Service Details'. The form contains the following fields:

- Code:** An input field for the service code.
- Name:** An input field for the service name.
- Type:** A radio button group with options 'Preventive' and 'Curative'.
- Category:** A dropdown menu labeled 'Select Level --'.
- HF Level:** A dropdown menu labeled 'Select HF Level--'.
- Price:** An input field for the service price.
- Care Type:** A radio button group with options 'Out-Patient', 'In-Patient', and 'Both'.
- Frequency:** An input field for the frequency of the service, currently showing '0'.
- Patient:** A checkbox group with options 'Man', 'Woman', 'Adult', and 'Child', all of which are checked.

At the bottom of the form are two buttons: 'Save' on the left and 'Cancel' on the right. There is also a progress bar at the very bottom of the page.

Image 3.24 (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.

- **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 redirected 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 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 Services Control Page](#).

3.3.5 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.

3.3.6 Editing a Medical Service

Click on the **EDIT** button 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.

3.3.7 Deleting a Medical Service

Click on the **CANCEL** button to delete the currently selected record; the user is re-directed to the [Medical Services Control Page](#).

Before deleting a confirmation popup ([Image 3.25](#)) is displayed, which requires the user to confirm if the action should really be carried out?

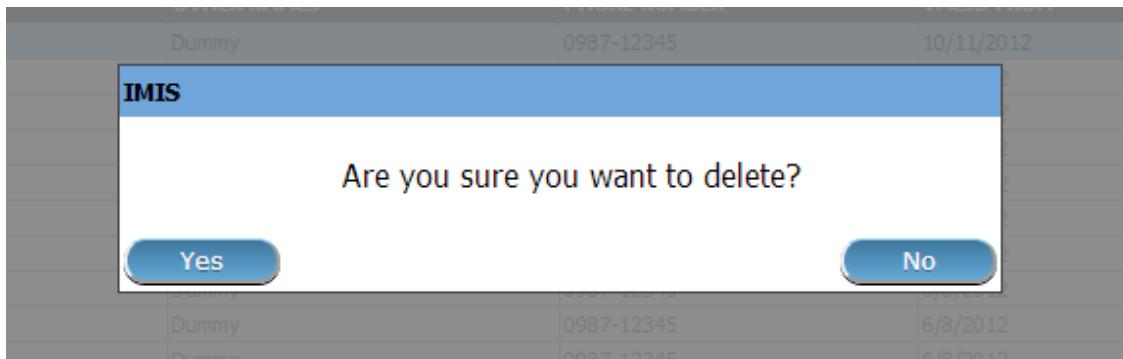


Image 3.25 (Delete confirmation- Button Panel)

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

3.4 Medical Items Administration

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 role of Scheme Administrator

3.4.1 Pre-conditions

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

3.4.2 Navigation

All functionality for use with the administration of medical items can be found under the main menu **ADMINISTRATION**, sub menu **MEDICAL ITEMS**

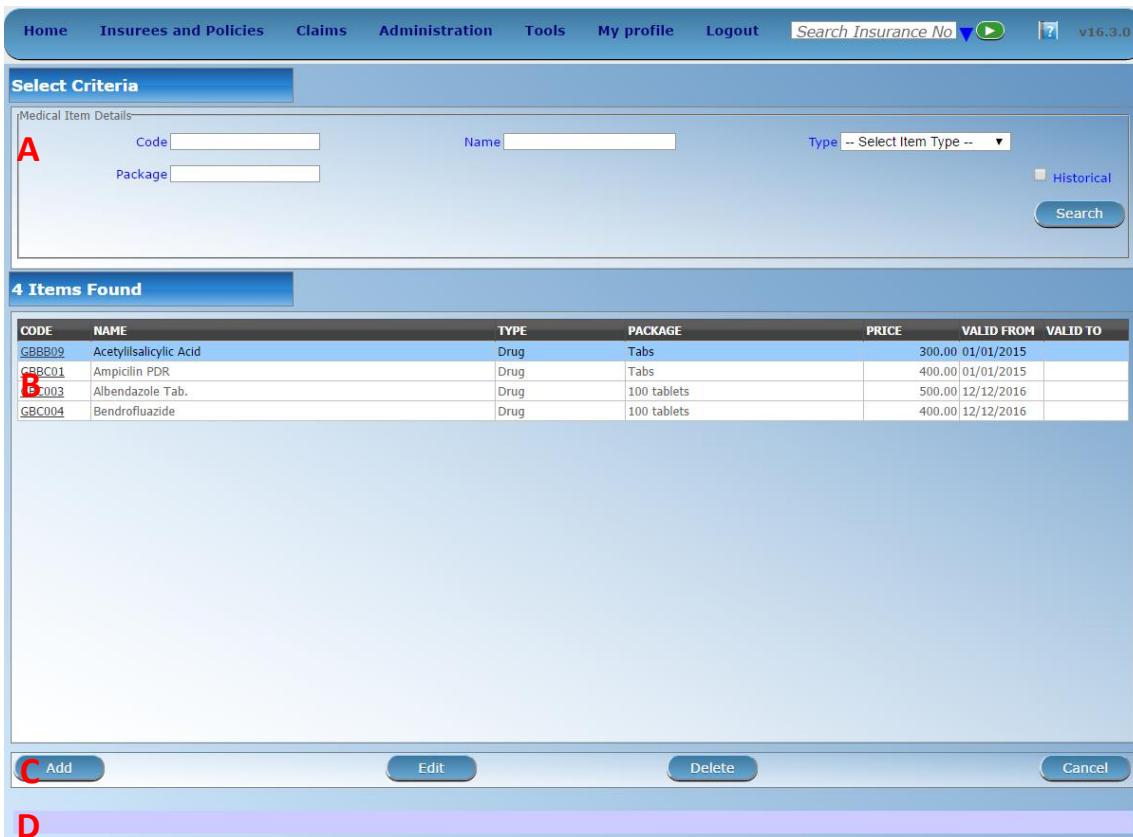


The screenshot shows a web-based administrative interface. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration (which is currently selected and highlighted in blue), Tools, My profile, and Logout. To the right of the navigation bar is a search bar labeled "Search Insurance No" with a magnifying glass icon and a small dropdown arrow. Further to the right are icons for help and version information ("v10.3.0").

The main content area has a sidebar on the left containing a list of administrative categories. The "Medical Items" category is highlighted with a blue background, indicating it is the active sub-menu. Other visible categories include Products, Health Facilities, Price Lists, Medical Services, Users, Enrolment Officers, Claim Administrators, Payers, and Locations. The main body of the page is currently empty, showing a large blue rectangular area.

Image 3.26 (Navigation Medical Items)

Clicking on the sub menu **MEDICAL ITEMS** re-directs the current user to the [Medical Items Control Page](#).



The screenshot shows a web-based application interface for managing medical items. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of these links are search fields for 'Search Insurance No' and a version number 'v16.3.0'. Below the navigation bar is a section titled 'Select Criteria' with fields for 'Code' (A), 'Name', 'Type' (dropdown menu), 'Package', and a checkbox for 'Historical' data. A 'Search' button is also present. The main content area displays a table titled '4 Items Found' containing the following data:

CODE	NAME	TYPE	PACKAGE	PRICE	VALID FROM	VALID TO
GBBB09	Acetylsalicylic Acid	Drug	Tabs	300.00	01/01/2015	
CBBC01	Ampicillin PDR	Drug	Tabs	400.00	01/01/2015	
B_003	Albendazole Tab.	Drug	100 tablets	500.00	12/12/2016	
GBC004	Bendrofluazide	Drug	100 tablets	400.00	12/12/2016	

At the bottom of the page are four buttons: 'Add' (C), 'Edit', 'Delete', and 'Cancel'. The entire interface has a light blue background with some darker blue header and footer sections.

Image 3.27 (Medical Items Control Page)

3.4.3 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 ([Image 3.27](#))

A. 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 Prostheses) 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 ([Image 3.28](#)).

CODE	NAME	TYPE	PACKAGE	PRICE	VALID FROM	VALID TO
00001	Paracetamol	Drug	0	1,200.00	11/08/2012	
00001	Test	Drug	Box	1,200.00	11/08/2012	11/08/2012
00002	Test	Medical Prostheses	Box	1,250.00	15/08/2012	15/08/2012
00002	Test	Medical Prostheses	Box	1,250.00	15/08/2012	15/08/2012
1	1	Drug	1	1.00	11/08/2012	11/08/2012
1	1	Drug	1	1.00	14/08/2012	14/08/2012
1	1	Drug	1	1.00	15/08/2012	15/08/2012
1	1	Drug	1	1.00	15/08/2012	15/08/2012

[Image 3.28 \(Historical records - Result Panel\)](#)

- **SEARCH BUTTON**

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

B. Result Panel

The result panel displays a list of all medical items 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 3.29](#)). 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.

CODE	NAME	TYPE	PACKAGE	PRICE	VALID FROM	VALID TO
00001	Paracetamol	Drug	0	1,200.00	11/08/2012	
M1	Acedofenac 50mg	Drug	Tablets	800.00	15/08/2012	
M11	Adrenaline(Epinephrine) 1mg in iml	Drug	Vial	800.00	15/08/2012	
M12	Adrenaline Solution 1:100	Drug	Bottle	500.00	15/08/2012	
M15	Albendazole400mg	Drug	Tablets	500.00	15/08/2012	
M2	Acetazolamide250 mg	Drug	Tablets	1,000.00	15/08/2012	
M21	Amethocaine Eye Drops 0.01	Drug	Bottle	5,000.00	15/08/2012	

Image 3.29 (Selected record (blue), hovered records (yellow) - Result 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 3.30](#))

First Page | ... | **11** | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | ... | Last Page

Image 3.30 (Page selector- Result Panel)

C. Button Panel

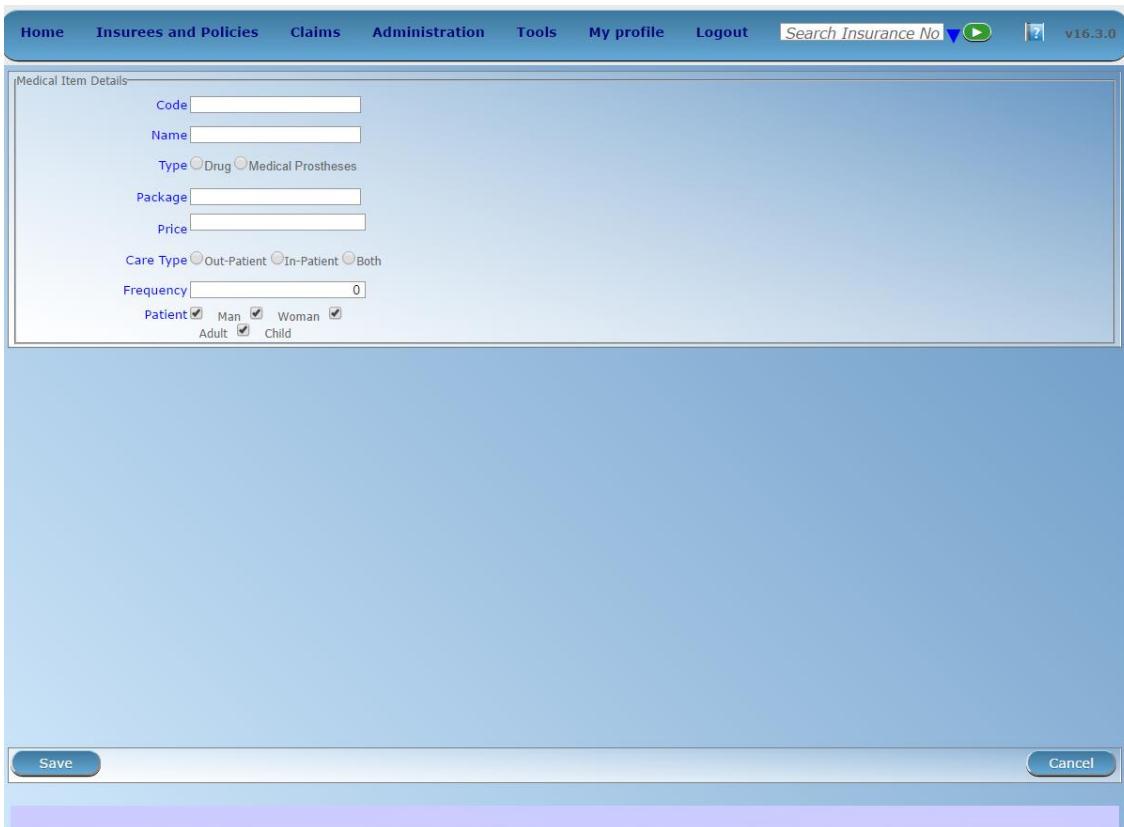
With exception of the **CANCEL** button, which re-directs to the [Home Page](#), and the **ADD** button which re-directs to the [Medical Item Page](#), the button panel (the buttons **EDIT** and **DELETE**) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. Information Panel

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

3.4.4 Medical Item Page

1. DATA ENTRY



Medical Item Details

Code:

Name:

Type: Drug Medical Prostheses

Package:

Price:

Care Type: Out-Patient In-Patient Both

Frequency: 0

Patient: Man Woman Adult Child

Save **Cancel**

Image 3.31 (Medical Item Page)

- **CODE**

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

- **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 redirected 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](#).

3.4.5 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.

3.4.6 Editing a Medical Item

Click on the **EDIT** button 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.

3.4.7 Deleting a Medical Item

Click on the **DELETE** button to delete the currently selected record

Before deleting a confirmation popup ([Image 3.32](#)) is displayed, which requires the user to confirm if the action should really be carried out?

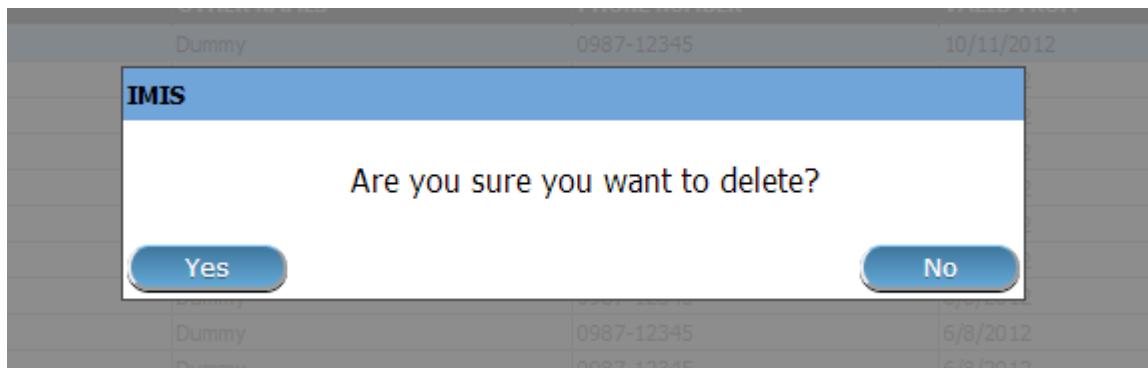


Image 3.32 (Delete confirmation- Button Panel)

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

3.5 Medical Service Price Lists Administration

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 role of Scheme Administrator

3.5.1 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.

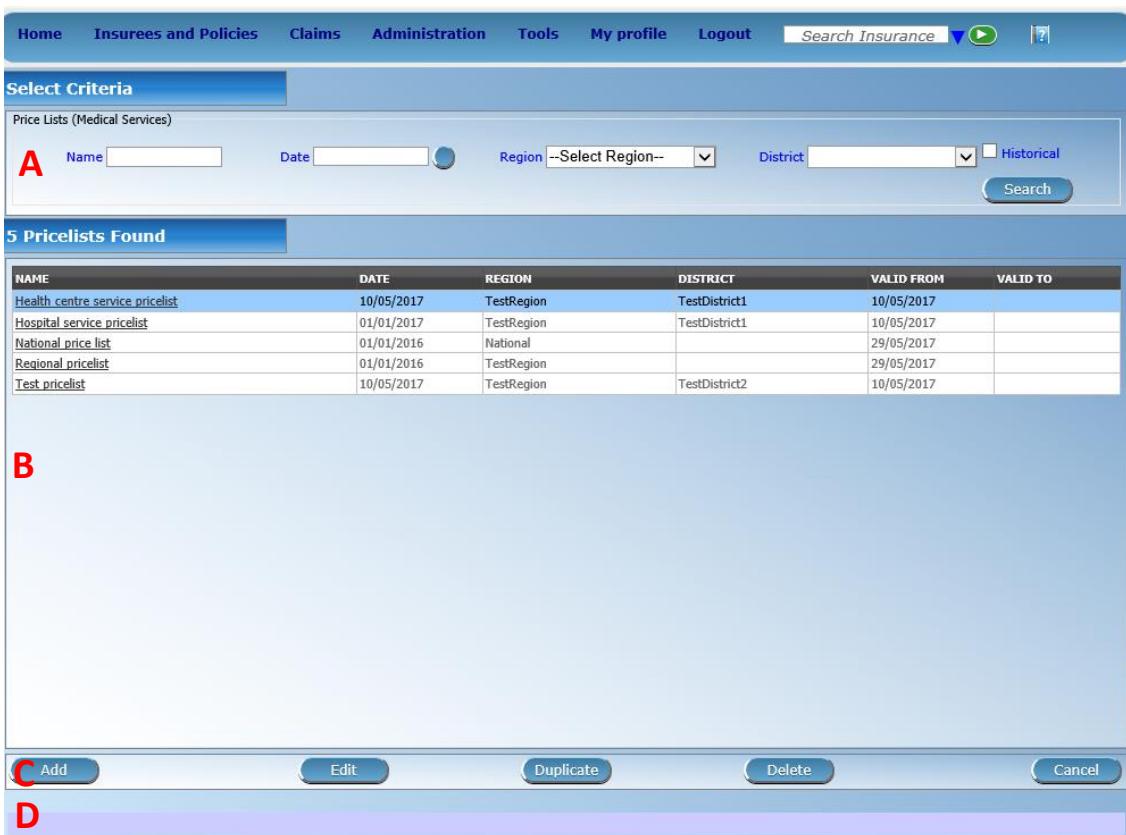
3.5.2 Navigation

All functionality for use with the administration of price lists medical services can be found under the main menu **ADMINISTRATION**, sub menu **PRICE LISTS** and sub menu **MEDICAL SERVICES**



Image 3.33 (Navigation Medical Services Price Lists)

Clicking on the sub menu **MEDICAL SERVICES** re-directs the current user to the [Price List Medical Services Control Panel](#).



A

Price Lists (Medical Services)

Name	Date	Region	District	Historical
------	------	--------	----------	------------

B

5 Pricelists Found

NAME	DATE	REGION	DISTRICT	VALID FROM	VALID TO
Health centre service pricelist	10/05/2017	TestRegion	TestDistrict1	10/05/2017	
Hospital service pricelist	01/01/2017	TestRegion	TestDistrict1	10/05/2017	
National price list	01/01/2016	National		29/05/2017	
Regional pricelist	01/01/2016	TestRegion		29/05/2017	
Test pricelist	10/05/2017	TestRegion	TestDistrict2	10/05/2017	

C

Add Edit Duplicate Delete Cancel

D

Image 3.34 (Price List Medical Service Control Panel)

3.5.3 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 ([Image 3.34](#))

A. 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**

Type in the beginning of; or the full **NAME**; to search for price lists medical services 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 services with a creation **DATE** which matches completely, the typed date. *Note: You can also use the button next to the date field to select a date.*

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image: 3.35](#)); by default the calendar will show the current month, or the month of the currently selected date, with the current day highlighted.

- 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.



Image 3.35 (Calendar Selector - Search Panel)

- **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.*

- **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 ([image 3.36](#)).

NAME	DATE	REGION	DISTRICT	VALID FROM	VALID TO
Health centre	10/05/2017	TestRegion	TestDistrict1	10/05/2017	10/05/2017
Health centre service pricelist	10/05/2017	TestRegion	TestDistrict1	10/05/2017	
Hospital pricelist	01/01/2017	TestRegion	TestDistrict1	09/05/2017	10/05/2017
Hospital service pricelist	01/01/2017	TestRegion	TestDistrict1	16/05/2017	10/05/2017
Hospital service pricelist	01/01/2017	TestRegion	TestDistrict1	10/05/2017	
National price list	01/01/2016	National		29/05/2017	
Regional pricelist	01/01/2016	TestRegion		29/05/2017	
Test pricelist	10/05/2017	TestRegion	TestDistrict2	10/05/2017	

Image 3.36 (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.

B. 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, while hovering over records changes the highlight to yellow ([Image 3.37](#)). 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.

NAME	DATE	REGION	DISTRICT	VALID FROM	VALID TO
Health centre service pricelist	10/05/2017	TestRegion	TestDistrict1	10/05/2017	
Hospital service pricelist	01/01/2017	TestRegion	TestDistrict1	10/05/2017	
National price list	01/01/2016	National		29/05/2017	
Regional pricelist	01/01/2016	TestRegion		29/05/2017	
Test pricelist	10/05/2017	TestRegion	TestDistrict2	10/05/2017	

[Image 3.37 \(Selected record \(blue\), hovered records \(yellow\) - Result 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 3.38](#))



[Image 3.38 \(Page selector- Result Panel\)](#)

C. Button Panel

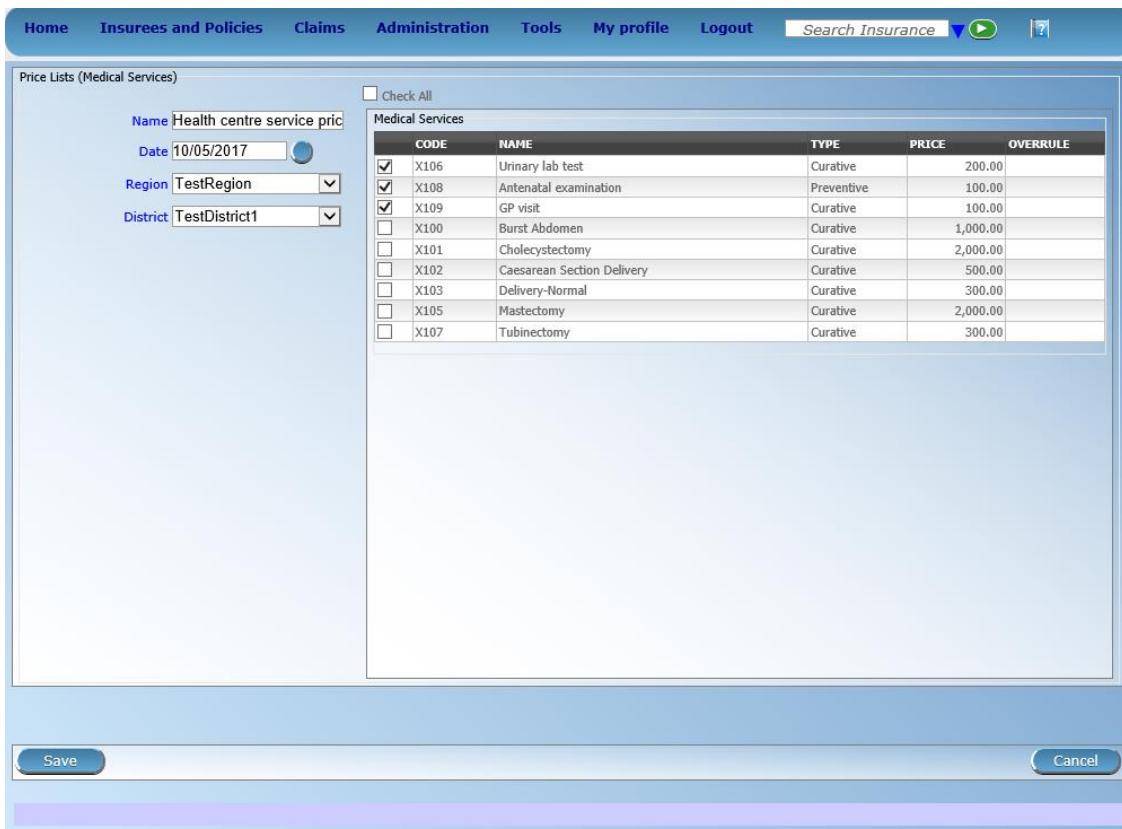
With exception of the [CANCEL](#) button, which re-directs to the [Home Page](#), and the [ADD](#) button which re-directs to the [Price List Medical Service Page](#), the Button Panel (the buttons [EDIT](#) and [DUPLICATE](#)) is used in conjunction with the current selected record (highlighted with 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.

D. 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.

3.5.4 Price List Medical Services Page

1. DATA ENTRY



The screenshot shows a software interface for managing price lists. At the top, there's a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of the navigation are search and help icons. Below the navigation is a section titled "Price Lists (Medical Services)". This section contains a form with fields for Name (set to "Health centre service price"), Date (set to "10/05/2017"), Region (set to "TestRegion"), and District (set to "TestDistrict1"). To the right of the form is a table titled "Medical Services" with the following data:

CODE	NAME	TYPE	PRICE	OVERRULE
X106	Urinary lab test	Curative	200.00	
X108	Antenatal examination	Preventive	100.00	
X109	GP visit	Curative	100.00	
X100	Burst Abdomen	Curative	1,000.00	
X101	Cholecystectomy	Curative	2,000.00	
X102	Caesarean Section Delivery	Curative	500.00	
X103	Delivery-Normal	Curative	300.00	
X105	Mastectomy	Curative	2,000.00	
X107	Tubinectomy	Curative	300.00	

At the bottom of the screen are "Save" and "Cancel" buttons.

Image 3.39 (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. **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 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 either clicking on the CHECK ALL box at the top of the list of medical services, or by selectively 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 occurs 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.

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 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.

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 Price List Medical Services Control Page.

3.5.5 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.

3.5.6 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.

3.5.7 Duplicating a Price List of Medical Services

Click on the **DUPLICATE** button to re-direct to the [Price List Medical Services Page](#).

The page will open with all the current information for the selected pricelist, (except for the pricelist name which should be unique), loaded into the data entry fields. See the [Price List Medical Services Page](#) for information on the data entry and mandatory fields. To save the record, enter a unique code before clicking on save.

3.5.8 Deleting a Price List of Medical Services

Click on the **DELETE** button to delete the currently selected record.

Before deleting a confirmation popup ([Image 3.40](#)) is displayed, which requires the user to confirm if the action should really be carried out?

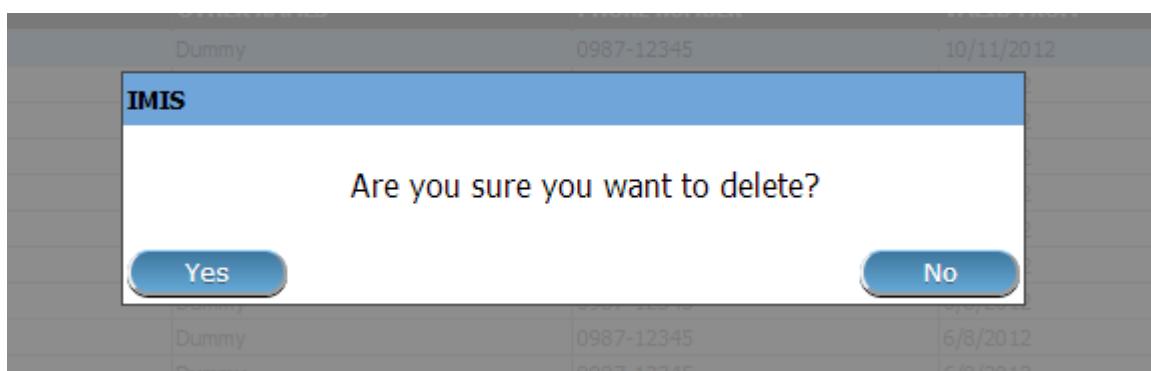


Image 3.40 (Delete confirmation- Button Panel)

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.

3.6 Medical Item Price Lists Administration

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 medical items is restricted to users with the role of Scheme Administrator

3.6.1 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.

3.6.2 Navigation

All functionality for use with the administration of medical items price lists can be found under the main

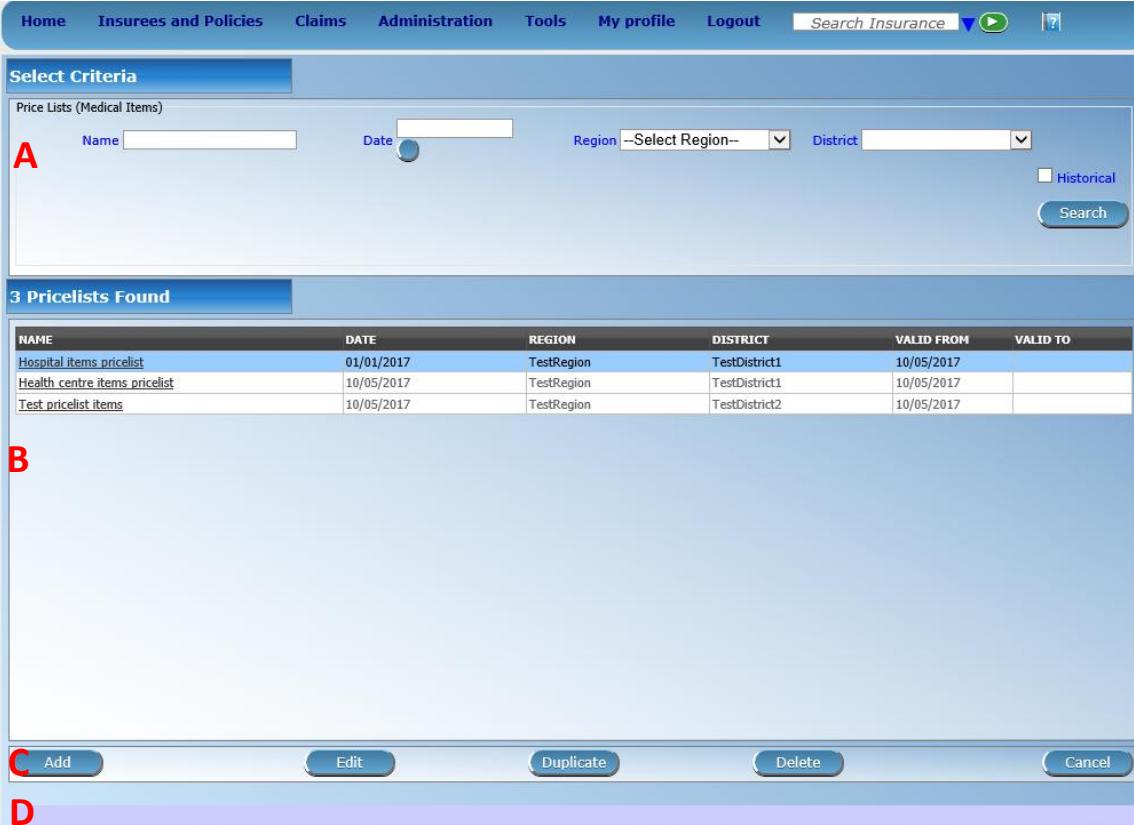


menu **ADMINISTRATION**, sub menu **PRICE LISTS**, sub menu **MEDICAL ITEMS**.

Image 3.41 (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.](#)



A

Price Lists (Medical Items)

Name	Date	Region	District	Valid From	Valid To
Hospital items pricelist	01/01/2017	TestRegion	TestDistrict1	10/05/2017	
Health centre items pricelist	10/05/2017	TestRegion	TestDistrict1	10/05/2017	
Test pricelist items	10/05/2017	TestRegion	TestDistrict2	10/05/2017	

B

C Add Edit Duplicate Delete Cancel

D

Image 3.42 (Price List Medical Items Control Page)

3.6.3 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. ([IMAGE 3.45](#))

A. 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. *Note: You can also use the button next to the date field to select a date.*

- **DATE SELECTOR BUTTON**

Clicking on the DATE SELECTOR BUTTON will pop-up an easy to use, calendar selector ([Image: 3.43](#)); 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.

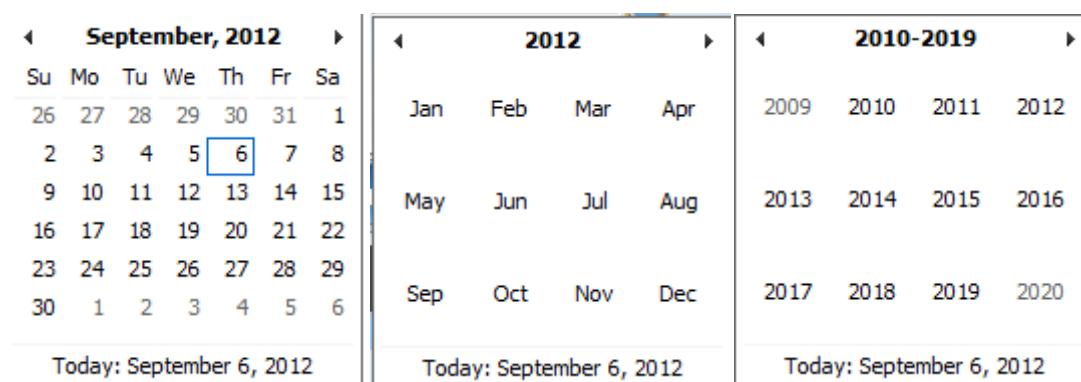


Image 3.43 (Calendar Selector - Search Panel)

- **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.*

- **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 ([Image 3.44](#)).

NAME	DATE	REGION	DISTRICT	VALID FROM	VALID TO
Hospital items pricelist	01/01/2017	TestRegion	TestDistrict1	10/05/2017	
Hospital pricelist	01/01/2017	TestRegion	TestDistrict1	09/05/2017	10/05/2017
Health centre items pricelist	10/05/2017	TestRegion	TestDistrict1	10/05/2017	
Test pricelist items	10/05/2017	TestRegion	TestDistrict2	10/05/2017	

Image 3.44 (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.

B. Result Panel

The Result Panel displays a list of all price lists of medical items 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 3.45](#)). 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.

NAME	DATE	REGION	DISTRICT	VALID FROM	VALID TO
Hospital items pricelist	01/01/2017	TestRegion	TestDistrict1	10/05/2017	
Health centre items pricelist	10/05/2017	TestRegion	TestDistrict1	10/05/2017	
Test pricelist items	10/05/2017	TestRegion	TestDistrict2	10/05/2017	

Image 3.45 (Selected record (blue), hovered records (yellow) - Result 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 3.46](#))

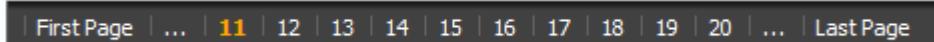


Image 3.46 (Page selector- Result Panel)

C. Button Panel

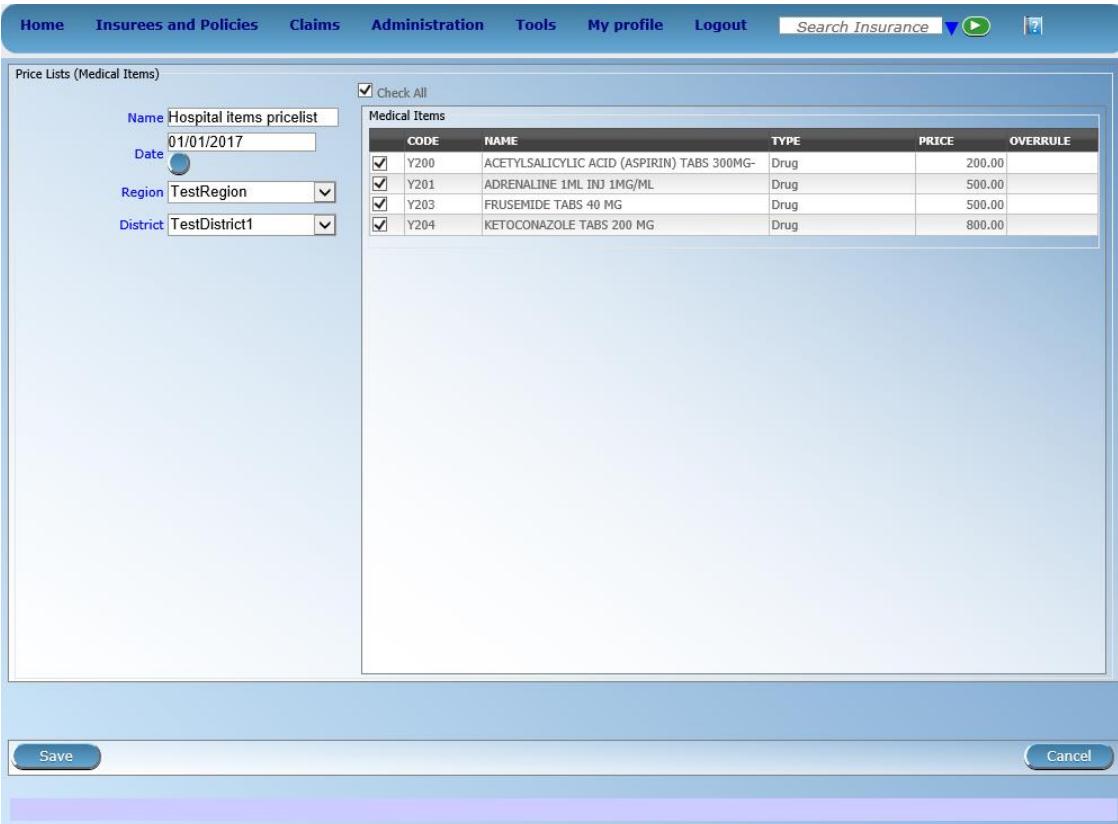
With exception of the [CANCEL](#) button, which re-directs to the [Home Page](#), and the [ADD](#) button which re-directs to the [Price List Medical Item Page](#), the button panel (the buttons [EDIT](#) and [DELETE](#)) is used in conjunction with the current selected record (highlighted with blue). 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.

D. 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.

3.6.4 Price List Medical Item Page

1. DATA ENTRY



The screenshot shows a software interface for managing price lists. On the left, there's a sidebar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. A search bar for 'Search Insurance' is at the top right. The main area has a title 'Price Lists (Medical Items)'. It contains a form with fields: Name (Hospital items pricelist), Date (01/01/2017), Region (TestRegion), and District (TestDistrict1). To the right is a table titled 'Medical Items' with columns: CODE, NAME, TYPE, PRICE, and OVERRULE. The table lists four items with checkboxes checked in the first column:

CODE	NAME	TYPE	PRICE	OVERRULE
Y200	ACETYLSALICYLIC ACID (ASPIRIN) TABS 300MG-	Drug	200.00	
Y201	ADRENALINE 1ML INJ 1MG/ML	Drug	500.00	
Y203	FRUSEMIDE TABS 40 MG	Drug	500.00	
Y204	KETOCONAZOLE TABS 200 MG	Drug	800.00	

At the bottom are 'Save' and 'Cancel' buttons.

Image 3.47 (Price List Medical Item Page)

- **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

- **MEDICAL ITEMS**

Select from the list of available medical items the medical items which the price list medical item contains, by either clicking on the **CHECK ALL** box at the top of the list of medical items, or by selectively clicking on the **CHECK BOX** to the left of the 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 occurs 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.

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 [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.

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 [Price List Medical Items Control](#)

[Page.](#)

3.6.5 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

3.6.6 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

3.6.7 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**.

3.6.8 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 ([Image 3.48](#)) is displayed, which requires the user to confirm if the action should really be carried out?

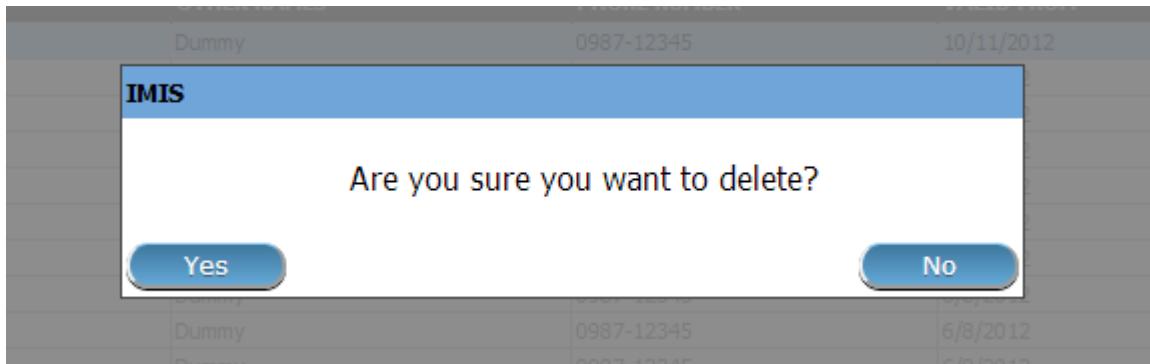


Image 3.48 (Delete confirmation- Button Panel)

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

3.7 Users administration

User administration is restricted to users with the role of IMIS Administrator

3.7.1 Pre-conditions

A user may only be added or thereafter 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.

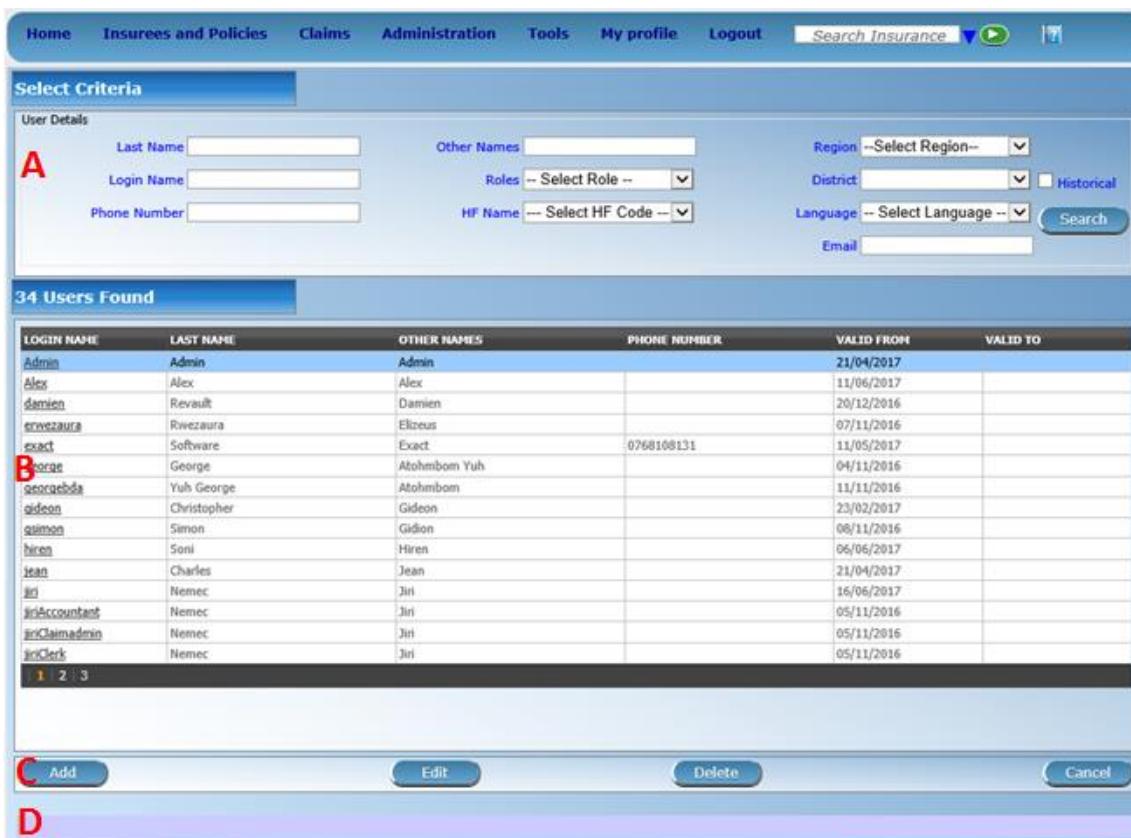
3.7.2 Navigation

All functionality for use with the administration of users can be found under the main menu **ADMINISTRATION**, sub menu **USERS**



Image 3.49 (Navigation Users)

Clicking on the sub menu [USERS](#) re-directs the current user to the [User Control Page](#).



The screenshot shows a web-based application interface for managing users. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of the navigation bar are search fields for 'Search Insurance' and other search options. Below the navigation bar is a search panel titled 'Select Criteria' (Panel A). This panel contains fields for Last Name, Other Names, Region, Login Name, Roles, District, Phone Number, HF Name, Language, and Email, along with a 'Search' button. Below the search panel is a header '34 Users Found' (Panel B). Underneath is a table listing 34 users, with columns for LOGIN NAME, LAST NAME, OTHER NAMES, PHONE NUMBER, VALID FROM, and VALID TO. The users listed include Admin, Alex, damien, ervezaura, exact, George, gideon, gimon, hiren, jean, jiri, jriAccountant, jriClaimadmin, and jriClerk. The table includes pagination at the bottom. At the bottom of the page are four buttons: 'Add' (Panel C), 'Edit', 'Delete', and 'Cancel'.

LOGIN NAME	LAST NAME	OTHER NAMES	PHONE NUMBER	VALID FROM	VALID TO
Admin	Admin	Admin		21/04/2017	
Alex	Alex	Alex		11/06/2017	
damien	Revault	Damien		20/12/2016	
ervezaura	Rvezaura	Elzeus		07/11/2016	
exact	Software	Exact	0768108131	11/05/2017	
George	George	Atohrbom Yuh		04/11/2016	
georgebda	Yuh George	Atohrbom		11/11/2016	
gideon	Christopher	Gideon		23/02/2017	
gimon	Simon	Gidion		06/11/2016	
hiren	Soni	Hiren		06/06/2017	
jean	Charles	Jean		21/04/2017	
jiri	Nemec	Jiri		16/06/2017	
jriAccountant	Nemec	Jiri		05/11/2016	
jriClaimadmin	Nemec	Jiri		05/11/2016	
jriClerk	Nemec	Jiri		05/11/2016	

Image 3.50 (User Control Page)

3.7.3 User Control Page

The [USER CONTROL PAGE](#) is the central point for all user administration. By having access to this page, it is possible to add, edit, delete and search users. The page is divided into four panels ([Image 3.50](#))

A. Search Panel

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

- **LAST NAME**

Type in the beginning of; or the full LAST NAME; to search for users with a LAST NAME, which starts with or matches completely, the typed text.

- **LOGIN NAME**

Type in the beginning of; or the full LOGIN NAME, to search for users with a LOGIN NAME, which starts with or matches completely, the typed text.

- **PHONE NUMBER**

Type in the beginning of; or the full PHONE NUMBER, to search for users, with a PHONE NUMBER which starts with or matches completely, the typed text.

- **EMAIL**

Type in the beginning of; or the full EMAIL, to search for users, with an EMAIL which starts with or matches completely, the typed text.

- **OTHER NAMES**

Type in the beginning of; or the full OTHER NAMES, to search for users, with OTHER NAMES which start with or match completely the typed text.

- **ROLE**

Select the ROLE; from the list of roles by clicking on the arrow on the right of the selector, to select users of a specific 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 be filled with 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 be filled with the regions assigned to the current 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. *The list will be only filled with the districts belonging to the selected region.*

- **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.

- **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 ([Image 3.51](#)).

LOGIN NAME	LAST NAME	OTHER NAMES	PHONE NUMBER	VALID FROM	VALID TO
Admin	Admin	Admin	123456789	16/08/2012	
Admin	Admin	Admin	1234567899	10/08/2012	10/08/2012
Admin	Admin	Admin	-	10/08/2012	10/08/2012
Admin	Admin	Admin	123456789	10/08/2012	13/08/2012
Admin	Admin	Admin	123456789	13/08/2012	13/08/2012
Admin	Admin	Admin	123456789	13/08/2012	15/08/2012

Image 3.51 (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.

B. Result 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 ([Image 3.52](#)). 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.

LOGIN NAME	LAST NAME	OTHER NAMES	PHONE NUMBER	VALID FROM	VALID TO
Admin	Admin	Admin		22/11/2016	
renezaura	Renezaura	Elzeus		07/11/2016	
exact	Exact	Exact		08/12/2016	
george	George	Alohmbsm Yuh		04/11/2016	
georgebda	Yuh George	Alohmbsm		11/11/2016	
gideon	Christopher	Gideon		11/11/2016	
osimon	Simon	Guron		08/11/2016	

Image 3.52 (Selected record (blue), hovered records (yellow) - Result 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 3.53](#))

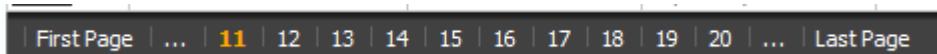


Image 3.53 (Page selector- Result Panel)

C. Button Panel

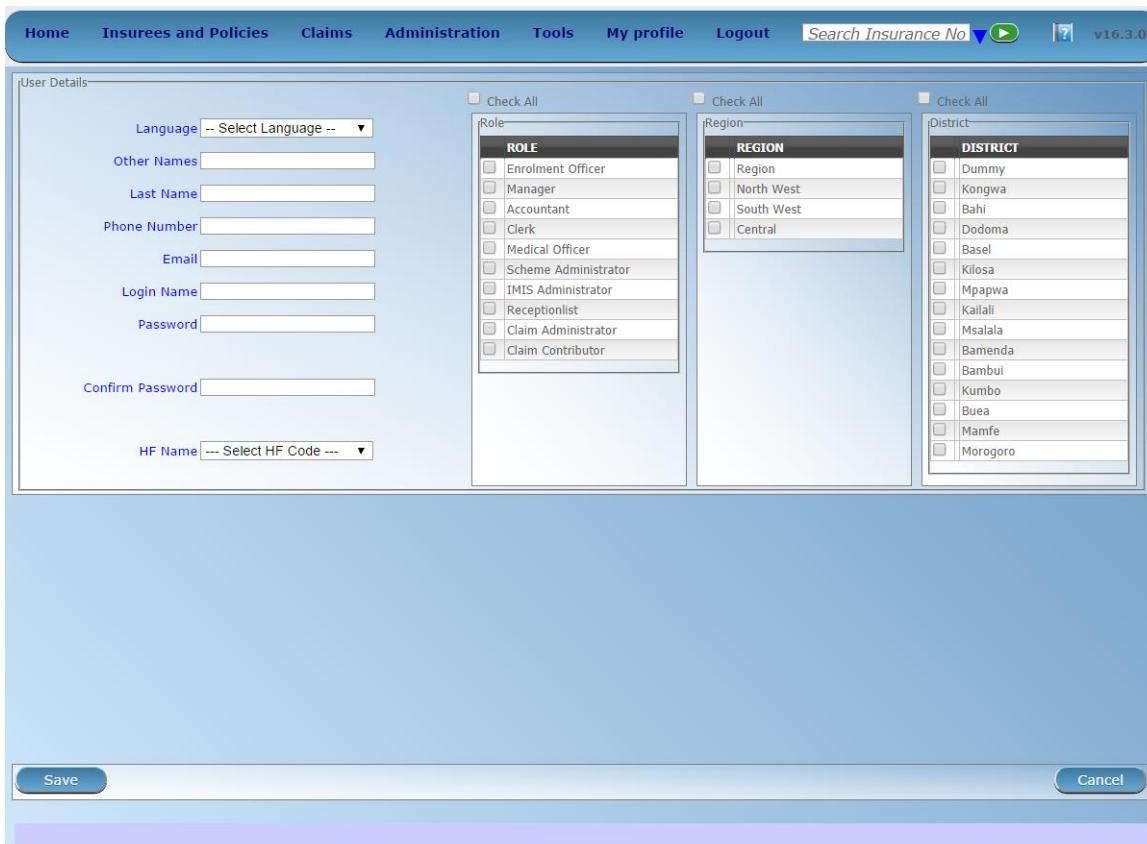
With exception of the **CANCEL** button, which re-directs to the [Home Page](#), and the **ADD** button which re-directs to the [User Page](#), the button panel (the buttons **EDIT** and **DELETE**) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. 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.

3.7.4 User Page

1. DATA ENTRY



The screenshot shows the 'User Details' page. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, Logout, and a search bar for 'Search Insurance No'. The version 'v16.3.0' is also visible.

The main form area contains the following fields:

- Language:** A dropdown menu labeled '-- Select Language --' with an arrow icon.
- Other Names:** An input field.
- Last Name:** An input field.
- Phone Number:** An input field.
- Email:** An input field.
- Login Name:** An input field.
- Password:** An input field.
- Confirm Password:** An input field.
- HF Name:** A dropdown menu labeled '... Select HF Code ...' with an arrow icon.

Below the form are three dropdown menus with checkboxes:

- Role:** Options include Enrolment Officer, Manager, Accountant, Clerk, Medical Officer, Scheme Administrator, IMIS Administrator, Receptionist, Claim Administrator, and Claim Contributor.
- Region:** Options include Region, North West, South West, and Central.
- District:** Options include Dummy, Kongwa, Bahi, Dodoma, Basel, Kilosa, Mpapwa, Kailali, Msalala, Bamenda, Bambui, Kumbo, Buea, Mamfe, and Morogoro.

At the bottom of the page are two buttons: 'Save' and 'Cancel'.

Image 3.54 (User Page)

- **LANGUAGE**
 Select the user's preferred language from the list by clicking on the arrow on the right hand side of the lookup. Mandatory.
- **LAST NAME**
 Enter the last name (surname) for the user. Mandatory, 100 characters maximum.
- **OTHER NAMES**
 Enter other names of the user. Mandatory, 100 characters maximum.
- **PHONE NUMBER**
 Enter the phone number for the user. 50 characters maximum.
- **EMAIL**
 Enter the e-mail address for the user. 50 characters maximum.

- **LOGIN 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.

- **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.

- **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. **Note: The list will only be filled with the Health Facilities belonging to the districts assigned to the currently logged in user.**

- **ROLES**

Select from the list of available roles the Roles which the user carries out, by either clicking on the **CHECK ALL** box at the top of the list of Roles, or by selectively clicking on the **CHECK BOX** to the left of the role. Mandatory (at least one role must be selected)

- **REGIONS**

Select from the list of available regions the region(s) which the user will have access to, by either clicking on the **CHECK ALL** box at the top of the list of regions, or by selectively clicking on the **CHECK BOX** to the left of a region. Mandatory (at least one region must be selected). The selection can be done indirectly by selecting a district or some districts.

- **DISTRICTS**

Select from the list of available districts the district(s) which the user will have access to, by either clicking on the **CHECK ALL** box at the top of the list of districts, or by selectively clicking on the **CHECK BOX** to the left of the district. Districts are pre-selected based on the selected region(s). The pre-selection can be modified. Mandatory (at least one district must be selected). The selection can be done indirectly by just selecting a region or some regions.

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 [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.

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 fields 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 [User Control Page](#).

3.7.5 Adding a User

Click on the **ADD** button to re-direct 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.

3.7.6 Editing a User

Click on the **EDIT** button to re-direct 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

3.7.7 Deleting a User

Click on the **DELETE** button to delete the currently selected record

Before deleting a confirmation popup ([Image 3.55](#)) is displayed, this requires the user to confirm if the action

should really be carried out.

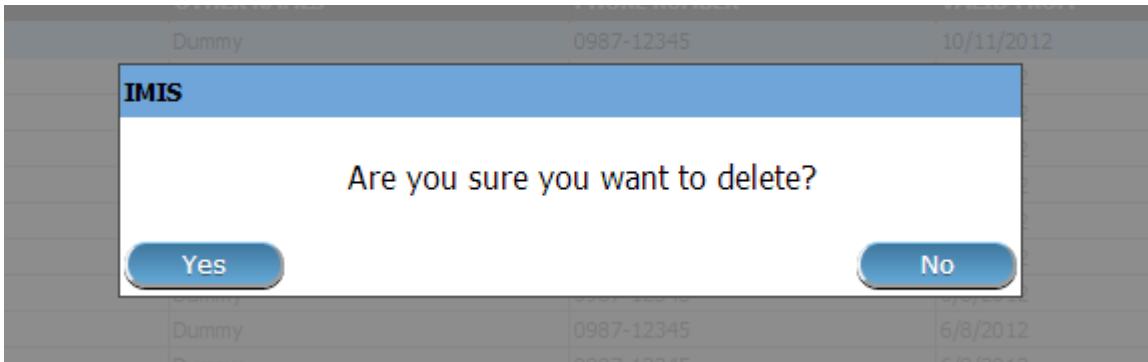


Image 3.55 (Delete confirmation- Button Panel)

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

3.8 Enrolment Officers Administration

Enrolment Officers administration is restricted to users with the role of Scheme Administrator.

3.8.1 Pre-conditions

An enrolment officer may only be added after the approval of the management of the scheme administration with engaging of a new enrolment officer. Editing may be done on all fields; however, approval of the management of the scheme administration is usually required for a substitution of an enrolment officer. Deletion will normally occur when an enrolment officer leaves his post within the scheme administration.

3.8.2 Navigation

All functionality for use with the administration of enrolment officers can be found under the main menu **ADMINISTRATION**, sub menu **ENROLMENT OFFICERS**



Image 3.56 (Navigation Enrolment Officers)

Clicking on the sub menu **ENROLMENT OFFICERS** re-directs the current user to the **Enrolment Officers Control Page.**

A

Enrolment Officers Details

Last Name	Other Names	Region
Code	Birth Date From	District
Email	Birth Date To	Phone Number

B

C Add Edit Delete Cancel

D

9 Enrolment Officers Found

CODE	LAST NAME	OTHER NAMES	BIRTH DATE	PHONE NUMBER	REGION	DISTRICT	VALID FROM	VALID TO
E001	Fox	James	13/06/1984	+420602404655	TestRegion	TestDistrict1	09/05/2017	
E002	Shark	John	12/06/1984	+420111111111	TestRegion	TestDistrict1	09/05/2017	
E003	James	Ellis	26/12/1988		TestRegion	TestDistrict2	09/05/2017	
E004	Park	Jack	14/06/1994		TestRegion	TestDistrict1	09/05/2017	
E005	Shakespeare	Magi	26/12/1988		TestRegion	TestDistrict3	09/05/2017	
E007	Cook	John	14/06/1994		TestRegion		07/06/2017	
E010	Black	James	14/06/1994		National		07/06/2017	
E1001	Ngaiza	Allen	13/05/1985	0768108131	Region	Dodoma	17/05/2017	

Image 3.57 (Enrolment Officers Control Page)

3.8.3 Enrolment Officers Control Page

The [ENROLMENT OFFICERS CONTROL PAGE](#) is the central point for all enrolment officer administration. By having access to this page, it is possible to add, edit, delete and search. The page is divided into four panels ([Image 3.57](#))

A. Search Panel

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

- [LAST NAME](#)

Type in the beginning of; or the full [LAST NAME](#); to search for officers with a [LAST NAME](#), that starts with or matches completely, the typed text.

- [CODE](#)

Type in the beginning of; or the full CODE to search for officers with a CODE, that starts with or matches completely, the typed text.

- OTHER NAMES

Type in the beginning of; or the full OTHER NAMES to search for officers with OTHER NAMES, that starts with or matches completely, the typed text.

- BIRTH DATE FROM

Type in a date; or use the date selector button, to enter the BIRTH DATE FROM to search for officers having the same or later birth date. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- BIRTH DATE TO

Type in a date; or use the date selector button, to enter the BIRTH DATE TO to search for officers having the same or earlier birth date. *Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.*

- DATE SELECTOR BUTTON

Clicking on the DATE SELECTOR BUTTON will pop-up an easy to use, calendar selector ([Image: 3.58](#)); 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.



Image 3.58 (Calendar Selector - Search Panel)

- **REGION**

Select the **REGION**; from the list of regions by clicking on the arrow on the right of the selector to select enrolment officers acting in a specific region. ***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 by clicking on the arrow on the right of the selector to select enrolment officers acting in a specific district. ***Note: The list will be only filled with the districts belonging to the selected region and assigned to the current logged in user.***

- **PHONE NUMBER**

Type in the beginning of; or the full **PHONE NUMBER** to search for enrolment officers with a **PHONE NUMBER**, that starts with or matches completely, the typed number.

- **EMAIL**

Type in the beginning of; or the full **EMAIL** to search for enrolment officers with the **EMAIL**, 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 ([Image 3.59](#)).

CODE	LAST NAME	OTHER NAMES	BIRTH DATE	PHONE NUMBER	REGION	DISTRICT	VALID FROM	VALID TO
agent	agent	agent			Maritime	Prefecture du Golfe	05/06/2017	
E001	Fox	James	13/06/1984	+420602404655	TestRegion	TestDistrict1	09/05/2017	
E002	Shark	John	12/06/1984	+420111111111	TestRegion	TestDistrict1	09/05/2017	
E002	Shark	John	12/06/1984	-	TestRegion	TestDistrict3	09/05/2017	09/05/2017
E003	James	Ellis	26/12/1988		TestRegion	TestDistrict2	09/05/2017	
E004	Park	Jack	14/06/1994		TestRegion	TestDistrict1	09/05/2017	
E005	Shakespeare	Magi	26/12/1988		TestRegion	TestDistrict3	09/05/2017	
E006	Bruno	Kate	25/12/2016	-	Region	Dodoma	09/05/2017	09/05/2017
E006	Bruno	Kate	25/12/2016	-	Region	Dodoma	09/05/2017	09/05/2017
E007	Cook	John	14/06/1994		TestRegion		07/06/2017	
E010	Black	James	14/06/1994		National		07/06/2017	

Image 3.59 (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.

B. Result Panel

The result panel displays a list of all officers 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 3.60). 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.

CODE	LAST NAME	OTHER NAMES	BIRTH DATE	PHONE NUMBER	REGION	DISTRICT	VALID FROM	VALID TO
agent	agent	agent			Maritime	Prefecture du Golfe	05/06/2017	
E001	Fox	James	13/06/1984	+420602404655	TestRegion	TestDistrict1	09/05/2017	
E002	Shark	John	12/06/1984	+420111111111	TestRegion	TestDistrict1	09/05/2017	
E003	James	Ellis	26/12/1988		TestRegion	TestDistrict2	09/05/2017	
E004	Park	Jack	14/06/1994		TestRegion	TestDistrict1	09/05/2017	
E005	Shakespeare	Magi	26/12/1988		TestRegion	TestDistrict3	09/05/2017	
E007	Cook	John	14/06/1994		TestRegion		07/06/2017	
E010	Black	James	14/06/1994		National		07/06/2017	
E1001	Ngaiza	Allen	13/05/1985	0768108131	Region	Dodoma	17/05/2017	

Image 3.60 (Selected record (blue), hovered records (yellow) - Result 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 3.61)

	First Page		...	11	12	13	14	15	16	17	18	19	20		...		Last Page
--	----------------------------	--	---------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--	---------------------	--	---------------------------

Image 3.61 (Page selector- Result Panel)

C. Button Panel

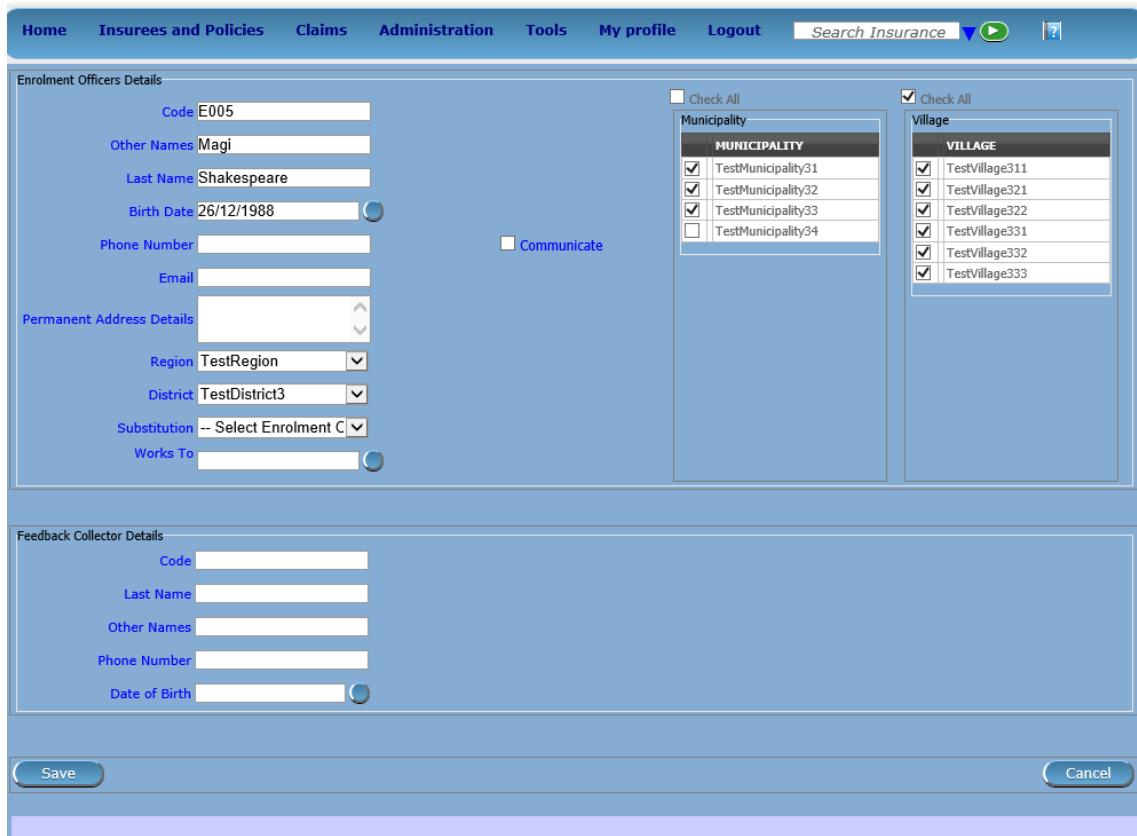
With exception of the **CANCEL** button, which re-directs to the [Home Page](#), and the **ADD** button which re-directs to the [Enrolment Officer Page](#), the button panel (the buttons **EDIT** and **DELETE**) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. Information Panel

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

3.8.4 Enrolment Officer Page

1. DATA ENTRY



The screenshot shows the 'Enrolment Officers Details' section. It includes fields for Code (E005), Other Names (Magi), Last Name (Shakespeare), Birth Date (26/12/1988), Phone Number, Email, Permanent Address Details (Region: TestRegion, District: TestDistrict3), Substitution (dropdown: -- Select Enrolment C), and Works To (dropdown).

On the right, there is a sidebar titled 'Communicate' with two checkboxes: 'Check All' for Municipality and 'Check All' for Village. The 'Municipality' list contains items: TestMunicipality31, TestMunicipality32, TestMunicipality33, and TestMunicipality34. The 'Village' list contains items: TestVillage311, TestVillage321, TestVillage322, TestVillage331, TestVillage332, and TestVillage333.

Below the details section is a 'Feedback Collector Details' section with fields for Code, Last Name, Other Names, Phone Number, and Date of Birth.

At the bottom are 'Save' and 'Cancel' buttons.

Image 3.62 (Enrolment Officer Page)

ENROLMENT OFFICERS DETAILS

- **CODE**

Enter the code for the enrolment officer. Mandatory, 8 characters maximum.

- **LAST NAME**

Enter the last name (surname) for the enrolment officer. Mandatory, 100 characters maximum.

- **OTHER NAMES**

Enter other names of the enrolment officer. Mandatory, 100 characters maximum.

- **DATE OF BIRTH**

Enter the date of birth for the enrolment officer. **Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.**

- **PHONE NUMBER**

Enter the phone number for the enrolment officer. 50 characters maximum.

- **EMAIL**

Enter the e-mail address for the enrolment officer. 50 characters maximum.

- **PERMANENT ADDRESS DETAILS**

Enter details of the place of living of the enrolment officer.

- **REGION**

Select from the list of available regions the region to a district in which the enrolment officer will act. Mandatory

- **DISTRICT**

Select from the list of available districts the district in which the enrolment officer will act. **Note: The list will be only filled with the districts belonging to the selected region.**

Mandatory .

- **SUBSTITUTION**

Select from the list of available enrolment officers the enrolment officer which will substitute the current enrolment officer. Substitution means that all prompts to renewals/feedback will be directed to the substituting enrolment officer. **Note: The list contains enrolment officers who already exist in the system and who have at least one location common with the enrolment officer to be substituted.**

- **WORKS TO**

Enter the date which the substituted enrolment officer will work up to. **Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.**

- **COMMUNICATE**

Check the box **COMMUNICATE** if the enrolment officer should receive SMS messages alerting him/her about a need of renewing policies of families/groups he/she is assigned to.

- **MUNICIPALITIES**

Select from the list of available municipalities the municipality(s) which the enrolment officer is acting in, by either clicking on the **CHECK ALL** box at the top of the list of municipalities, or by selectively clicking on the **CHECK BOX** to the left of the municipality. Mandatory (at least one municipality must be selected).

- **VILLAGES**

Select from the list of available villages the village(s) which the enrolment officer is acting in, by either clicking on the **CHECK ALL** box at the top of the list of villages, or by selectively clicking on the **CHECK BOX** to the left of the village. Villages are pre-selected based on the selected municipality. The pre-selection can be modified. Mandatory (at least one village must be selected).

VILLAGE OFFICER DETAILS

- **CODE**

Enter the code for the Village Executive officer. 25 characters maximum.

- **LAST NAME**

Enter the last name (surname) for the Village Executive officer. 100 characters maximum.

- **OTHER NAMES**

Enter other names of the Village Executive officer. 100 characters maximum.

- **PHONE NUMBER**

Enter the phone number for the Village Executive officer. 25 characters maximum.

- **EMAIL**

Enter the e-mail address for the Village Executive officer. 50 characters maximum.

- **DATE OF BIRTH**

Enter the date of birth for the Village Executive officer. **Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.**

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 [Enrolment Officers Control Page](#), with the newly saved record displayed and selected in the result panel. A message confirming that the officer 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 [Enrolment Officers Control Page](#).

3.8.5 Adding an Enrolment Officer

Click on the **ADD** button to re-direct to the [Enrolment Officer Page](#).

When the page opens all entry fields are empty. See the [Enrolment Officer Page](#) for information on the data entry and mandatory fields

3.8.6 Editing an Enrolment Officer

Click on the **EDIT** button to re-direct to the [Enrolment Officer Page](#).

The page will open with the current information loaded into the data entry fields. See the [Enrolment Officer Page](#) for information on the data entry and mandatory fields.

3.8.7 Deleting an Enrolment Officer

Click on the **DELETE** button to delete the currently selected record.

Before deleting a confirmation popup ([Image 3.63](#)) is displayed, which requires the user to confirm if the action should really be carried out?

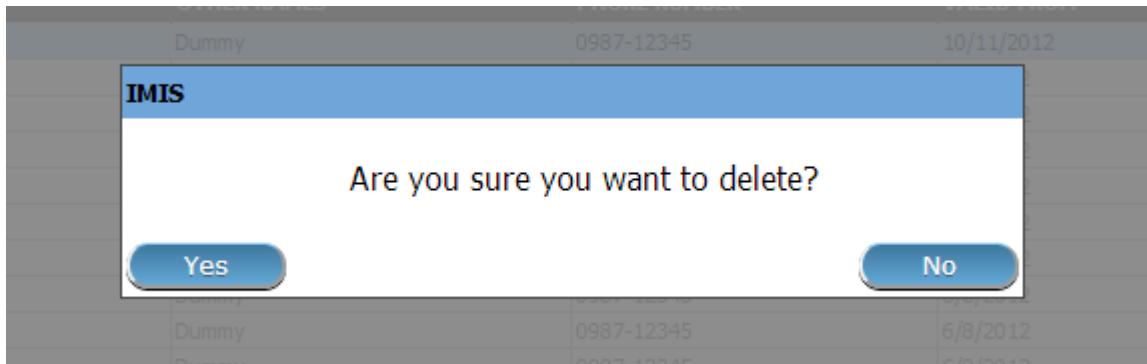


Image 3.63 (Delete confirmation- Button Panel)

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

3.9 Claim Administrators Administration

The register contains employees of contractual health facilities responsible for preparation and/or submission of claims. Administration of the register of claim administrators is restricted to users with the role of Scheme Administrator.

3.9.1 Pre-conditions

A claim administrator may be added after the agreement of a contractual health facility and the management of the scheme administration.

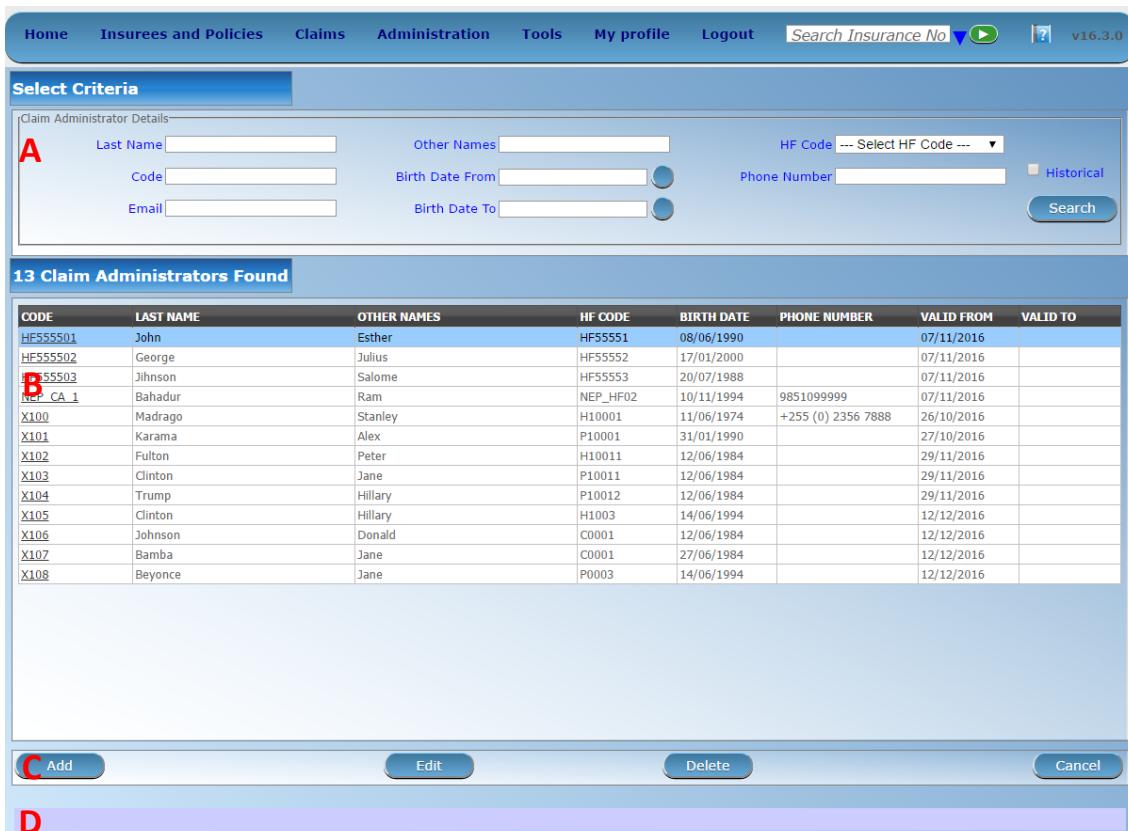
3.9.2 Navigation

All functionality for use with the administration of claim administrators can be found under the main menu **ADMINISTRATION**, sub menu **CLAIM ADMINISTRATORS**.



Image 3.64 (Navigation Claim Administrators)

Clicking on the sub menu **CLAIM ADMINISTRATORS** re-directs the current user to the [Claim Administrators Control Page.](#)



CODE	LAST NAME	OTHER NAMES	HF CODE	BIRTH DATE	PHONE NUMBER	VALID FROM	VALID TO
HF555501	John	Esther	HF55551	08/06/1990		07/11/2016	
HF555502	George	Julius	HF55552	17/01/2000		07/11/2016	
HF555503	Jilnson	Salome	HF55553	20/07/1988		07/11/2016	
NEP CA_1	Bahadur	Ram	NEP_HF02	10/11/1994	9851099999	07/11/2016	
X100	Madrago	Stanley	H10001	11/06/1974	+255 (0) 2356 7888	26/10/2016	
X101	Karama	Alex	P10001	31/01/1990		27/10/2016	
X102	Fulton	Peter	H10011	12/06/1984		29/11/2016	
X103	Clinton	Jane	P10011	12/06/1984		29/11/2016	
X104	Trump	Hillary	P10012	12/06/1984		29/11/2016	
X105	Clinton	Hillary	H1003	14/06/1994		12/12/2016	
X106	Johnson	Donald	C0001	12/06/1984		12/12/2016	
X107	Bamba	Jane	C0001	27/06/1984		12/12/2016	
X108	Beyonce	Jane	P0003	14/06/1994		12/12/2016	

Image 3.65 (Claim Administrators Control Page)

3.9.3 Claim Administrators Control Page

The [CLAIM ADMINISTRATORS CONTROL PAGE](#) is the central point for all claim administrators administration. By having access to this panel, it is possible to add, edit, delete and search claim administrators. The panel is divided into four panels ([Image 3.65](#))

A. Search Panel

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

- **LAST NAME**

Type in the beginning of; or the full LAST NAME; to search for claim administrator with a LAST NAME, which starts with or matches completely, the typed text.

- **CODE**

Type in the beginning of; or the full CODE to search for claim administrator with a CODE, which starts with or matches completely, the typed text.

- **OTHER NAMES**

Type in the beginning of; or the full OTHER NAMES to search for claim administrator with OTHER NAMES which starts with or matches completely, the typed text.

- **BIRTH DATE FROM**

Type in a date; or use the date selector button, to enter the BIRTH DATE FROM to search for claim administrators having the same or later birth date. **Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.**

- **BIRTH DATE TO**

Type in a date; or use the date selector button, to enter the BIRTH DATE TO to search for claim administrators having the same or earlier birth date. **Note. To clear the date entry box; use the mouse to highlight the full date and then press the space key.**

- **DATE SELECTOR BUTTON**

Clicking on the DATE SELECTOR BUTTON will pop-up an easy to use, calendar selector ([Image: 3.66](#)); by default the calendar will show the current month, or the month of the currently selected date, with the current day highlighted.

- At any time 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.



Image 3.66 (Calendar Selector - Search Panel)

- **HF CODE**

Select **HF CODE** (a health facility code); from the list of health facility codes by clicking on the arrow on the right of the selector to select claim administrators from a specific health facility.

Note: The list will only be filled with the health facilities from districts which are assigned to the current logged in user.

- **PHONE NUMBER**

Type in the beginning of; or the full **PHONE NUMBER** to search for claim administrators 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 claim administrators with an e-mail, 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 ([Image 3.67](#)).

CODE	LAST NAME	OTHER NAMES	BIRTH DATE	PHONE NUMBER	DISTRICT	VALID FROM	VALID TO
003001	van Hoppe	Hans	16/03/1970	0782028017	Dodoma	10/08/2012	10/08/2012
0203001	TestOfficer	OtherOfficer	17/01/2012		Chemba	21/08/2012	
03001	van Hoppe	Hans	16/03/1970	0782028017	Dodoma	10/08/2012	10/08/2012
2003001	van Hoppe	Hans	16/03/1970	0782028017	Bahi	10/08/2012	
2003001	van Hoppe	Hans	16/03/1970	0782028017	Dodoma	10/08/2012	10/08/2012
2003001	van Hoppe	Hans	16/03/1970	0782028017	Dodoma	10/08/2012	10/08/2012
2003002	Badhurst	Paul	11/06/1963	0784548321	Bahi	12/08/2012	

Image 3.67 (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.

B. Result Panel

The Result Panel displays a list of all claim administrators 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 3.68](#)). 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.

CODE	LAST NAME	OTHER NAMES	BIRTH DATE	PHONE NUMBER	DISTRICT	VALID FROM	VALID TO
0203001	TestOfficer	OtherOfficer	17/01/2012		Chemba	21/08/2012	
2003001	van Hoppe	Hans	16/03/1970	0782028017	Bahi	10/08/2012	
2003002	Badhurst	Paul	11/06/1963	0784548321	Bahi	12/08/2012	
20030099	Kasekenya	Naomi Msongwe	02/03/1955	0756200200	Dodoma	16/08/2012	
3014002	rwantungamo	mugisha	01/07/1983	0783 966312	Kondoa	15/08/2012	
3014003	kova	twaha husein	16/01/1970	0786358358	Kondoa	15/08/2012	
3086001	Lupeja	Richard Mathew	03/06/1970	0713888765	Kongwa	15/08/2012	

Image 3.68 (Selected record (blue), hovered records (yellow) - Result 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 3.69](#))

| First Page | ... | **11** | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | ... | Last Page |

Image 3.69 (Page selector- Result Panel)

C. Button Panel

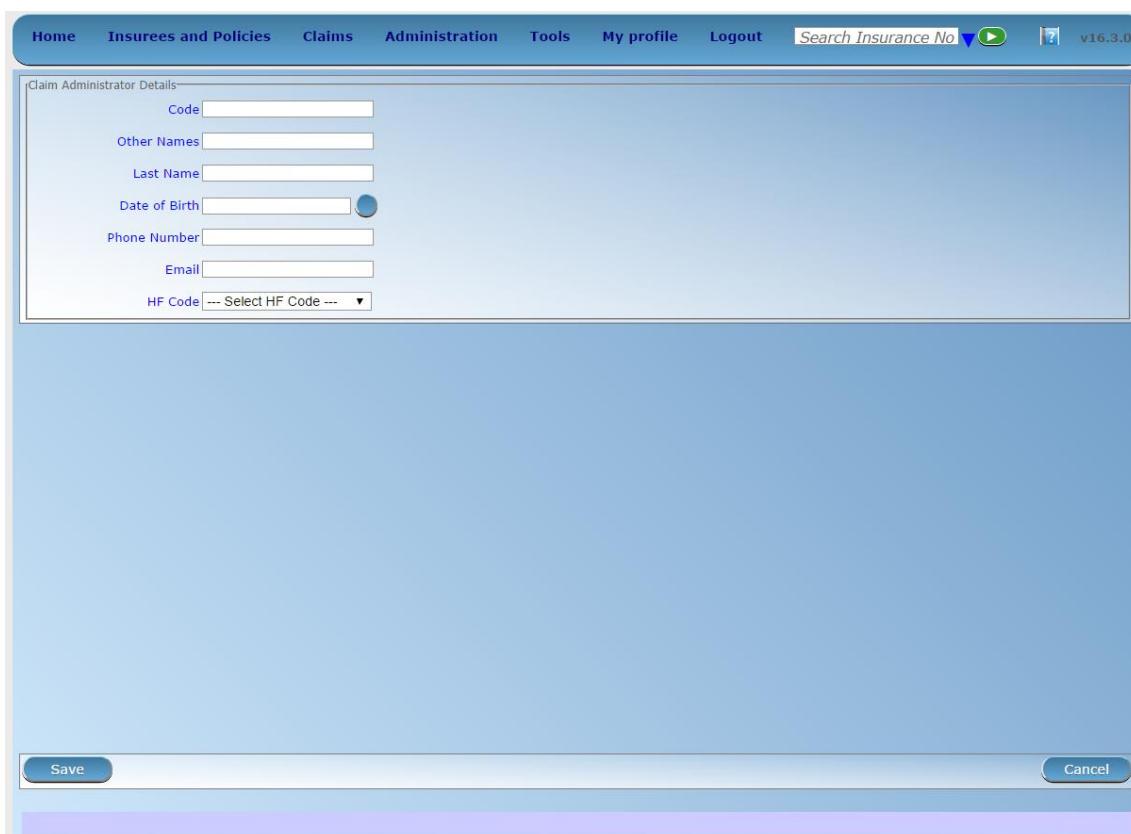
With exception of the **CANCEL** button, which re-directs to the [Home Page](#), and the **ADD** button which re-directs to the [Claim Administrator Page](#), the button panel (the buttons **EDIT** and **DELETE**) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. Information Panel

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

3.9.4 Claim Administrator Page

1. DATA ENTRY



The screenshot shows a web-based application interface for managing claim administrator details. At the top, there is a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of the navigation bar are search and help icons, and the text "v16.3.0". Below the navigation bar is a sub-menu titled "Claim Administrator Details" containing the following fields:

- Code: [Text input field]
- Other Names: [Text input field]
- Last Name: [Text input field]
- Date of Birth: [Text input field] with a calendar icon to its right.
- Phone Number: [Text input field]
- Email: [Text input field]
- HF Code: [Text input field] with a dropdown arrow icon to its right, labeled "... Select HF Code ...".

At the bottom of the form are two buttons: "Save" on the left and "Cancel" on the right.

Image 3.70 (Claim Administrator Page)

CLAIM ADMINISTRATOR DETAILS

- **CODE**

Enter the code for the claim administrator. Mandatory, 8 characters maximum.

- **LAST NAME**

Enter the last name (surname) for the claim administrator. Mandatory, 100 characters maximum.

- **OTHER NAMES**

Enter other names of the claim administrator. Mandatory, 100 characters maximum.

- **DATE OF BIRTH**

Enter the date of birth for the claim administrator. **Note. To clear the date entry box; use the**

mouse to highlight the full date and then press the space key.

- **PHONE NUMBER**

Enter the phone number for the claim administrator. 50 characters maximum.

- **EMAIL**

Enter the e-mail for the claim administrator. 50 characters maximum.

- **HF CODE**

Select from the list of available health facilities the health facility which the claim administrator will have access to and will act for. Mandatory.

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 [Claim Administrators Control Page](#), with the newly saved record displayed and selected in the result panel. A message confirming that the claim administrator 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 side of the corresponding field).

4. CANCEL

By clicking on the **CANCEL** button, the user will be re-directed to the [Claim Administrators Control Page](#).

3.9.5 Adding a Claim Administrator

Click on the **ADD** button to re-direct to the [Claim Administrator Page](#).

When the page opens all entry fields are empty. See the [Claim Administrator Page](#) for information on the data entry and mandatory fields

3.9.6 Editing a Claim Administrator

Click on the **EDIT** button to re-direct to the [Claim Administrator Page..](#)

The page will open with the current information loaded into the data entry fields. See the [Claim Administrator Page](#) for information on the data entry and mandatory fields

3.9.7 Deleting a Claim Administrator

Click on the **DELETE** button to delete the currently selected record

Before deleting a confirmation popup ([Image 3.71](#)) is displayed, which requires the user to confirm if the action should really be carried out.

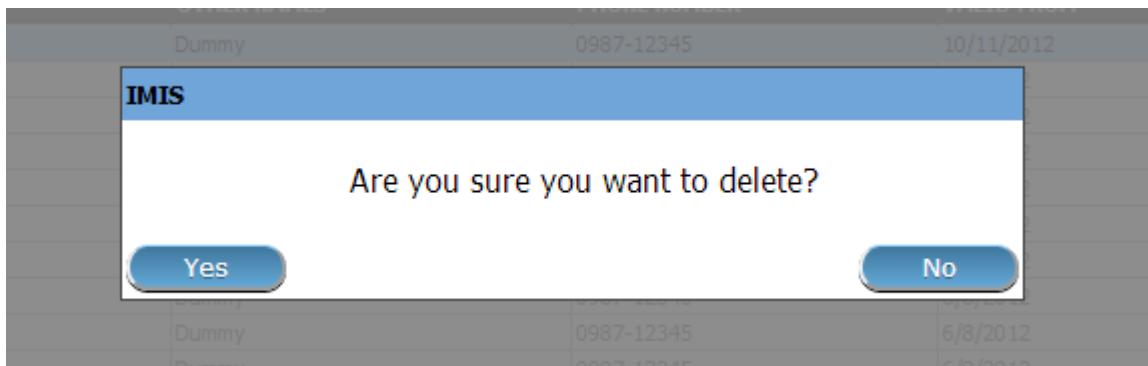


Image 3.71 (Delete confirmation- Button Panel)

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

3.10 Payers Administration

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

3.10.1 Pre-conditions

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

scheme administration.

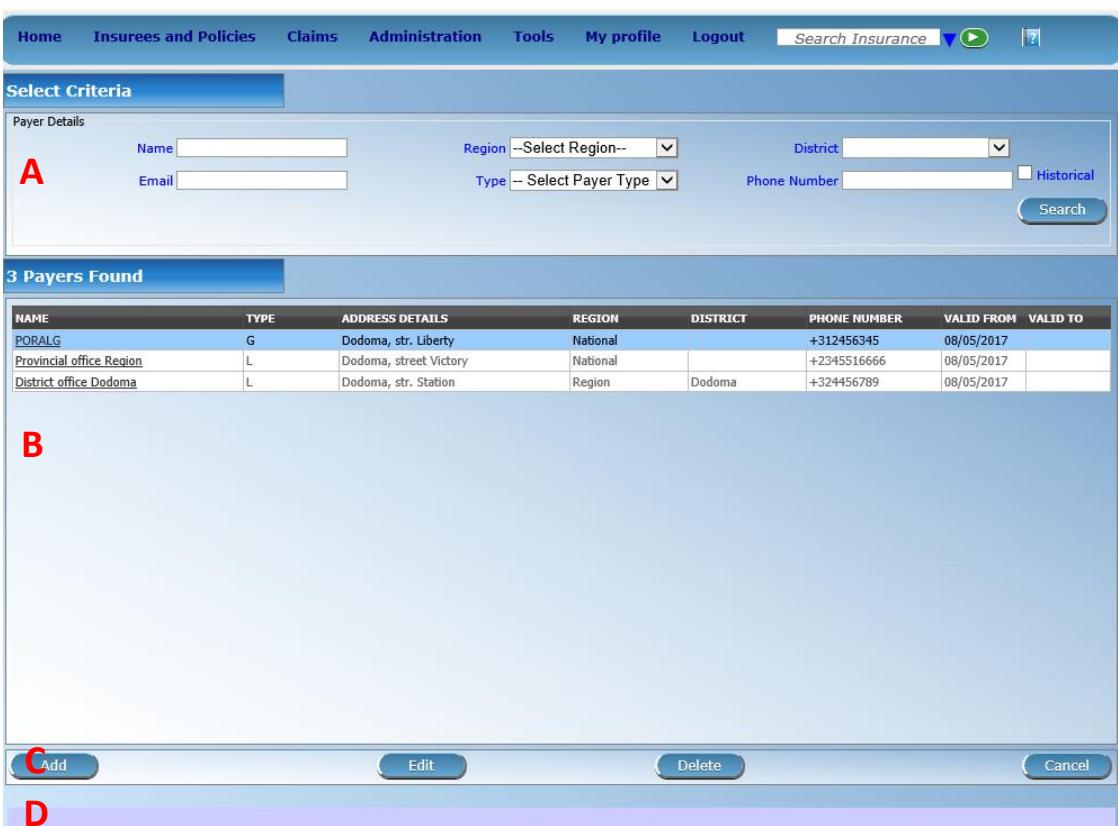
3.10.2 Navigation

All functionality for use with the administration of payers can be found under the main menu **ADMINISTRATION**, sub menu **PAYERS**.



Image 3.72 (Navigation Payers)

Clicking on the sub menu **PAYERS** re-directs the current user to the [Payer Control Page](#).



The screenshot shows the 'Payer Control Page'. At the top, it has a similar navigation bar and search function as the previous screen. Below it is a 'Select Criteria' section labeled 'A' with fields for Name, Region, District, Email, Type, Phone Number, and a 'Historical' checkbox. A 'Search' button is also present. Below this is a section titled '3 Payers Found' containing a table with three rows of payer information. The table columns are: NAME, TYPE, ADDRESS DETAILS, REGION, DISTRICT, PHONE NUMBER, VALID FROM, and VALID TO. The first row (PORALG) is a National office in Dodoma, str. Liberty. The second row (Provincial office Region) is a National office in Dodoma, street Victory. The third row (District office Dodoma) is a Region office in Dodoma, str. Station. At the bottom of the page are buttons for 'Add' (labeled 'C'), 'Edit', 'Delete', and 'Cancel' (labeled 'D').

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	

Image 3.73 (Payers Control Page)

3.10.3 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 ([Image 3.73](#))

A. 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.

- **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 ([Image 3.74](#)).

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	
<u>Provincial office Region</u>	<u>L</u>	<u>Dodoma, str. Victory</u>	<u>Region</u>	-	<u>+2345516666</u>	<u>08/05/2017</u>	<u>08/05/2017</u>
District office Dodoma	L	Dodoma, str. Station	Region	Dodoma	+324456789	08/05/2017	

[Image 3.74 \(Historical records - Result Panel\)](#)

- **SEARCH BUTTON**

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

B. 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 ([Image 3.75](#)). 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.

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	

[Image 3.75 \(Selected record \(blue\), hovered records \(yellow\) - Result 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 3.76](#))

| First Page | ... | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | ... | Last Page

Image 3.76 (Page selector- Result Panel)

C. Button Panel

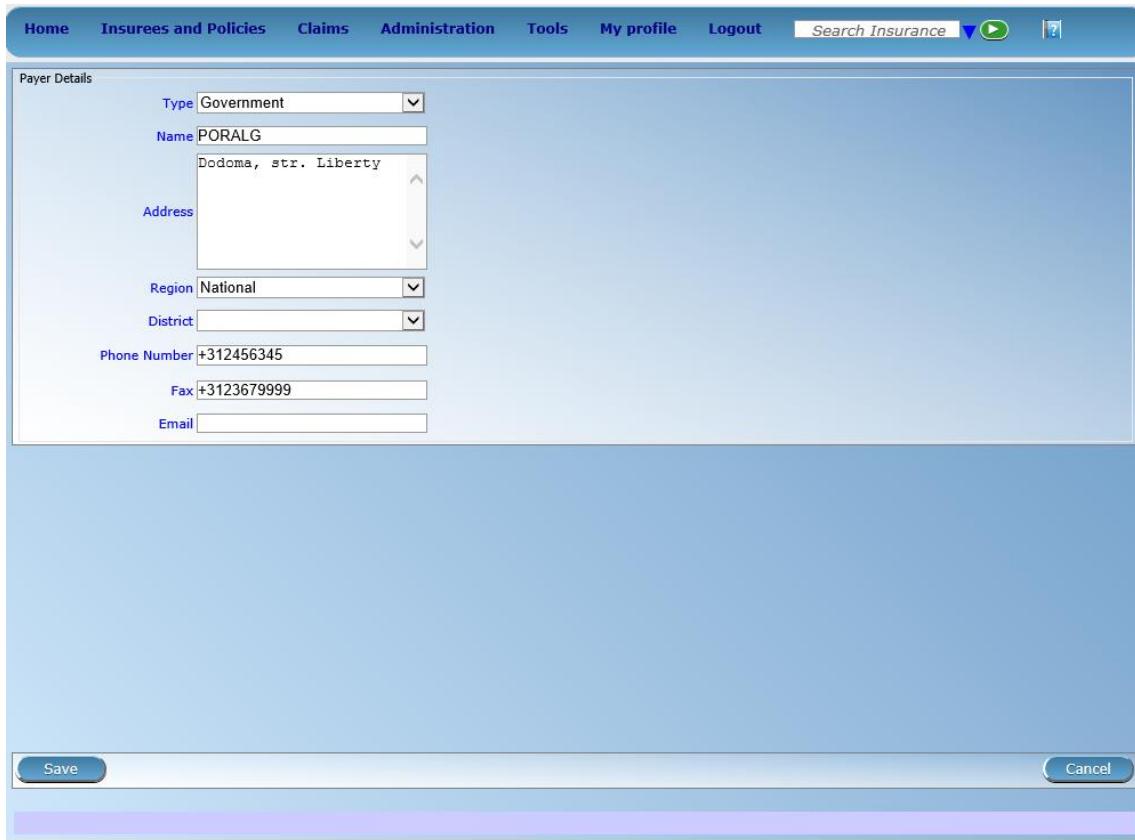
With exception of the CANCEL button, which re-directs to the Home Page, and the ADD button which re-directs to the Payer Page, the button panel (the buttons EDIT and DELETE) is used in conjunction with the current selected record (highlighted with blue). The user should first select a record by clicking on any position of the record except the leftmost hyperlink, and then click on the button.

D. 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.

3.10.4 Payer Page

1. DATA ENTRY



The screenshot shows a web-based application interface for entering payer details. At the top, there is a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of the navigation bar are search and help icons. The main content area is titled "Payer Details". It contains the following fields:

- Type: Government (selected from a dropdown menu)
- Name: PORALG
- Address: Dodoma, str. Liberty
- Region: National (selected from a dropdown menu)
- District: (empty field)
- Phone Number: +312456345
- Fax: +3123679999
- Email: (empty field)

At the bottom of the form are two buttons: "Save" on the left and "Cancel" on the right.

Image 3.77 (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](#).

3.10.5 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.

3.10.6 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.

3.10.7 Deleting a Payer

Click on the **DELETE** button to delete the currently selected record.

Before deleting a confirmation popup ([Image 3.78](#)) is displayed, which requires the user to confirm if the action should really be carried out?

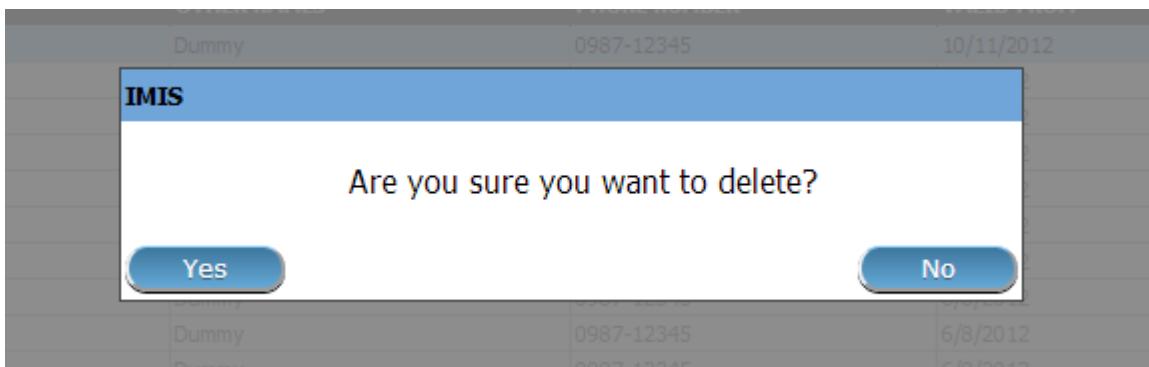


Image 3.78 (Delete confirmation- Button Panel)

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

3.11 Locations Administration

Administration of locations is restricted to users with the role of Scheme Administrator.

3.11.1 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.

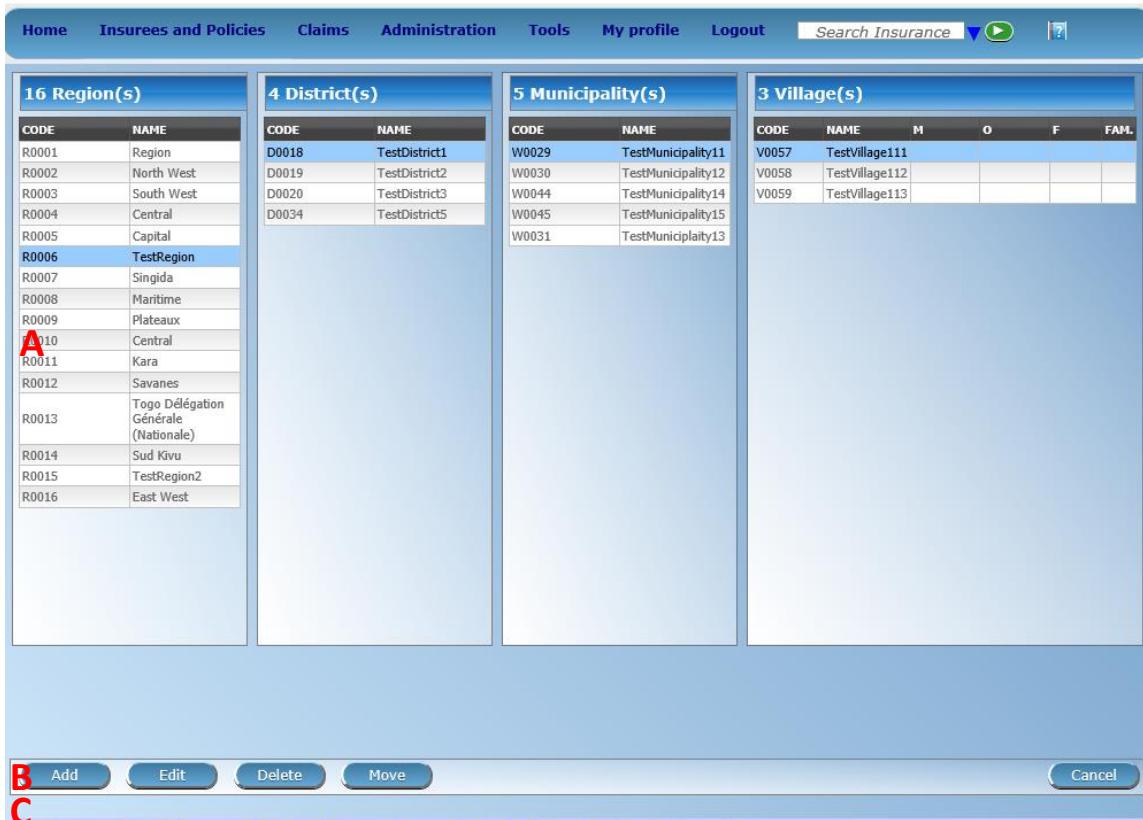
3.11.2 Navigation

All functionality for use with the administration of locations can be found under the main menu **ADMINISTRATION**, sub menu **LOCATIONS**.



Image 3.79 (Navigation Locations)

Clicking on the sub menu **LOCATIONS** re-directs the current user to the **Locations Page**.



CODE	NAME
R0001	Region
R0002	North West
R0003	South West
R0004	Central
R0005	Capital
R0006	TestRegion
R0007	Singida
R0008	Maritime
R0009	Plateaux
A10	Central
R0011	Kara
R0012	Savanes
R0013	Togo Délégation Générale (Nationale)
R0014	Sud Kivu
R0015	TestRegion2
R0016	East West

CODE	NAME
D0018	TestDistrict1
D0019	TestDistrict2
D0020	TestDistrict3
D0034	TestDistrict5

CODE	NAME
W0029	TestMunicipality11
W0030	TestMunicipality12
W0044	TestMunicipality14
W0045	TestMunicipality15
W0031	TestMunicipality13

CODE	NAME	M	O	F	FAM.
V0057	TestVillage111				
V0058	TestVillage112				
V0059	TestVillage113				

B Add Cancel

C

Page 3.80 (Locations Page)

3.11.3 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 ([Image 3.80](#)). **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.**

A. Locations Panel

This is the working panel and is divided into four vertical panels of [REGIONS](#), [DISTRICTS](#), [MUNICIPALITIES](#) and [VILLAGES](#).

B. Button Panel

It has four buttons, **ADD**, **EDIT**, **DELETE** and **MOVE** for actions on the locations and the **CANCEL** button for re-directing to the [Home Page](#).



Image 3.81 (Action Buttons - Locations Page)

C. 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.

1. CANCEL

By clicking on the **CANCEL** button, the user will be re-directed to the [Home Page](#).

3.11.4 Adding a Region, District, Municipality, Village

Focusing on the appropriate level of locations by clicking on the black or the empty bar on the top of the appropriate panel and clicking on the **ADD** button will open up in the top of the screen an empty 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.

3.11.5 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.

3.11.6 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 ([Image 3.82](#)) is displayed, which requires the user to confirm if the action should really be carried out?

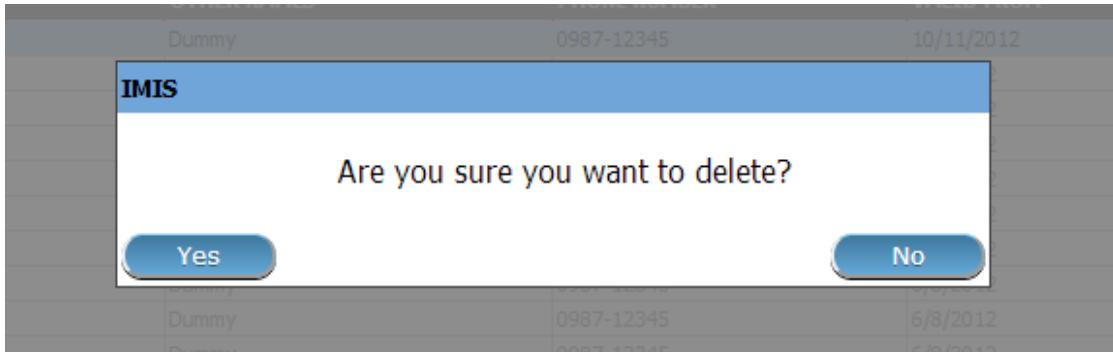


Image 3.82 (Delete confirmation – Location Page)

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.

3.11.7 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 re-direct to the [MOVE LOCATION PAGE](#) ([Image 3.83](#)).

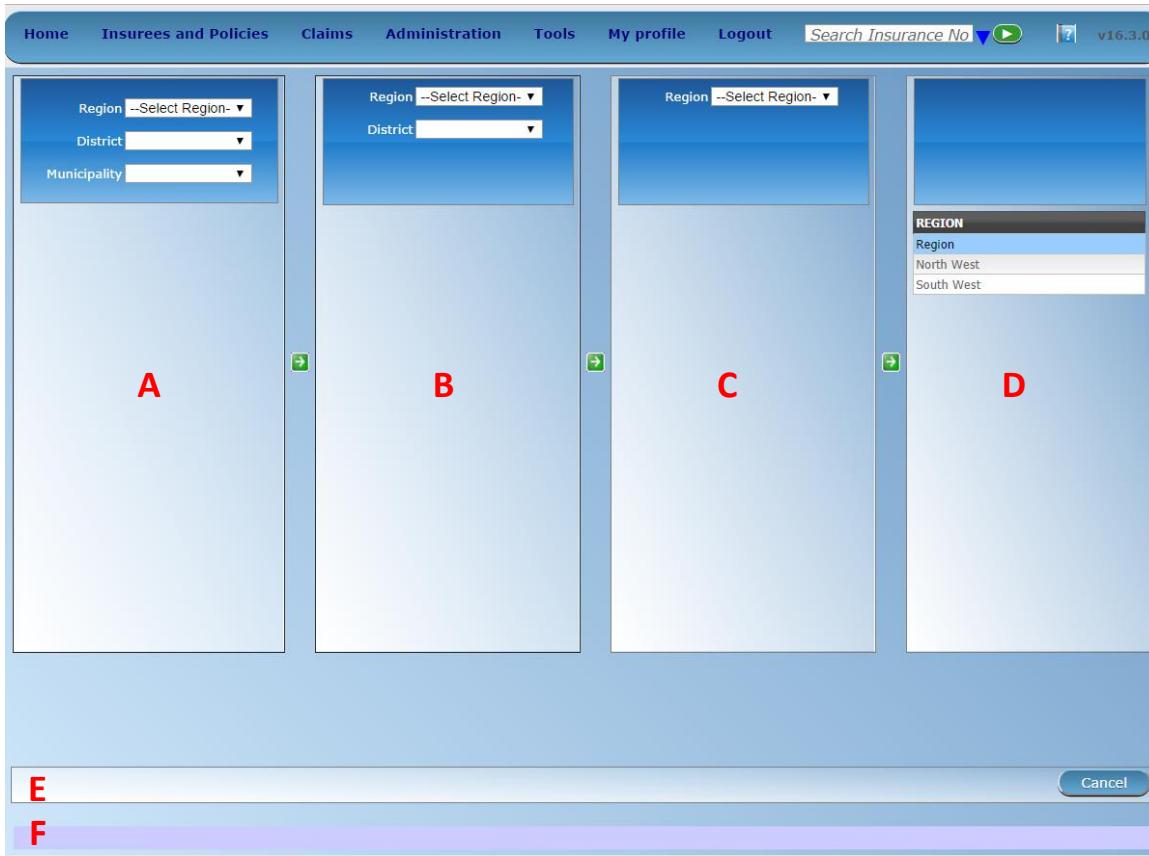


Image 3.83 (Move Location Page)

The [MOVE LOCATION PAGE](#) is divided into six panels.

A. Locations Panels (A,B,C,D)

The pair of A and B panels is used for moving of a village to another municipality. The pair of B and C panels is used for moving of a municipality to another district. The pair C and D is used for moving a district to another region.

For moving a location, select a location (village, municipality, district) in two adjacent panels by selecting of higher level locations in the fields [REGION](#), [DISTRICT](#), [MUNICIPALITY](#) and clicking on the selected location (village, municipality, district) in a panel and on a new parent location in the next panel.

Actual moving of a location into a new parent locations is done by clicking on the green arrow between the two corresponding location panels.

E. Button Panel

It has only the CANCEL button for re-directing to the Location Page.

F. Information Panel

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

4 *Insurees and Policies*

4.1 **Insuree Enquiry**

This functionality is available to users with all roles. 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”.



Image 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 ([Image 4.2](#)), 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.



Last Name	Other Names	Gender	Birth Date
Erick	James	M	09/09/1980

0 0 0 0 0 0 0 5 5

Last Name	Other Names	Enrolment Officer	Policy Status	Policy Value
Erick	James	Enrolment officer 1 in District 1 test officer	Active	6,600.0

Product Code	Product Name	Expire Date	Status	Hospital Deduction	Non-Hospital Deduction	Hospital Ceiling	Non-Hospital Ceiling
P-1-1	Product 1 in District 1	13/09/2013	A	0.00	0.00	0.00	0.00

PAID BY: National Government **AMOUNT:** 7,000 **PAY METHOD:** Cash

Image 4.2 (Insuree Enquiry Results)

4.2 Find Family

Access to the [FIND FAMILY PAGE](#) is restricted to users with the role of Accountant, Clerk and Health Facility Receptionist.

4.2.1 Pre-conditions

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

4.2.2 Navigation

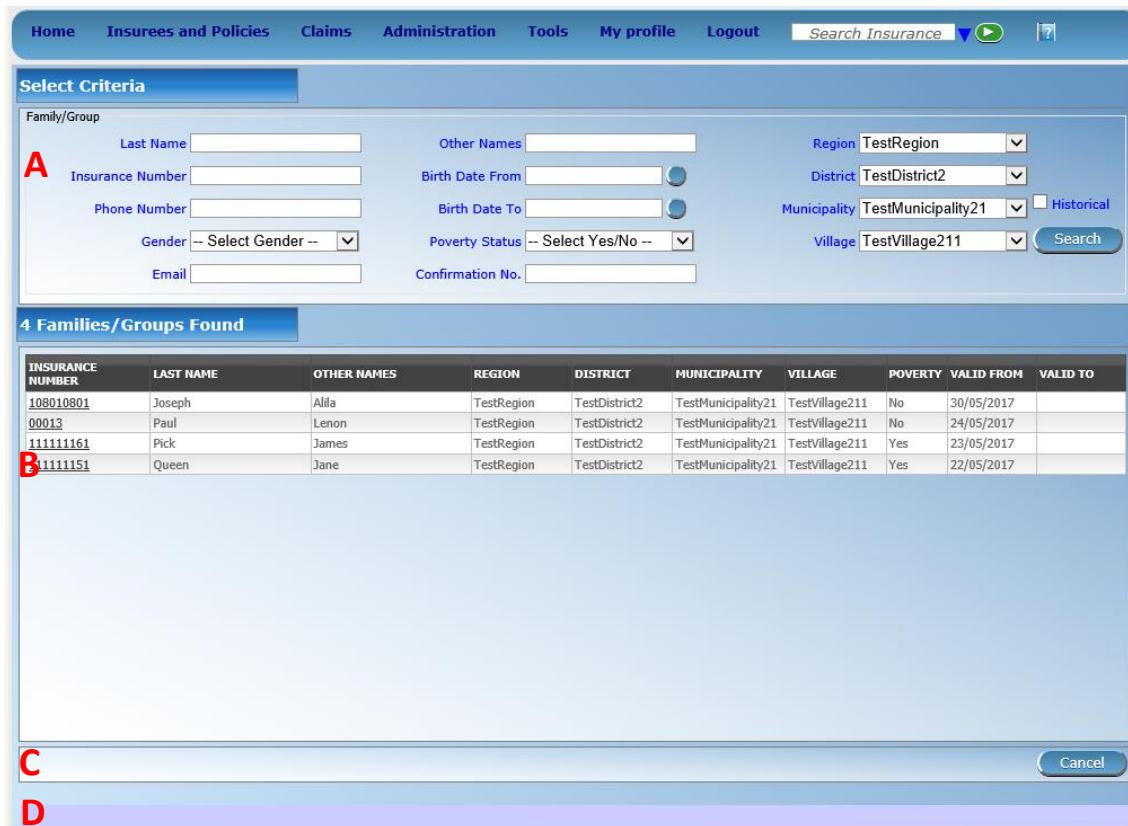
Find Family can be found under the main menu [INSUREES AND POLICIES](#) sub menu [FAMILIES/GROUPS](#)



Image 4.3 (Navigation – Families - Find Family)

Clicking on the sub menu **FAMILIES/GROUPS** re-directs the current user to the [Find Family Page](#).

4.2.3 Find Family Page



The screenshot shows the 'Find Family Page' with the following sections:

- Select Criteria:** This section contains various search fields grouped into four quadrants (A, B, C, D) and a 'Search' button. Quadrant A includes fields for Last Name, Other Names, Region, Insurance Number, Birth Date From, District, Phone Number, Birth Date To, Municipality, Gender, Poverty Status, Email, and Confirmation No. Quadrant B includes a 'Historical' checkbox. Quadrant C is a large empty area. Quadrant D contains a 'Cancel' button.
- 4 Families/Groups Found:** This section displays a table with the following data:

INSURANCE NUMBER	LAST NAME	OTHER NAMES	REGION	DISTRICT	MUNICIPALITY	VILLAGE	POVERTY	VALID FROM	VALID TO
108010801	Joseph	Alila	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	No	30/05/2017	
00013	Paul	Lenon	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	No	24/05/2017	
111111161	Pick	James	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	Yes	23/05/2017	
B11111151	Queen	Jane	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	Yes	22/05/2017	

Image 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 four panels ([IMAGE 4.4](#))

A. 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.

- **LAST NAME**

Type in the beginning of; or the full **LAST NAME**; to search for families/groups, who's family head/group head **LAST NAME**, starts with or matches completely, the typed text.

- **OTHER NAMES**

Type in the beginning of; or the full **OTHER NAMES** to search for families/groups, who's family head/group head **OTHER NAMES** starts with or matches completely, the typed text.

- **INSURANCE NUMBER**

Type in the beginning of; or the full **INSURANCE NUMBER** to search for families/groups, who's family head/group head **INSURANCE NUMBER**, starts with or matches completely, the typed text.

- **PHONE NUMBER**

Type in the beginning of; or the full **PHONE NUMBER** to search for families/groups, who's family head/group head **PHONE NUMBER**, starts with 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 families/groups, who's family head/group head, 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.*

- **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 head/group head, 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.*

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image 4.5](#)); 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.



Image 4.5 (Calendar Selector - Search Panel)

- **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 head/group head is of the specific gender.
- **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.
- **EMAIL**
Type in the beginning of; or the full EMAIL to search for families/groups, who's family head/group head EMAIL starts with or matches completely the typed text.
- **CONFIRMATION TYPE**
Type in the beginning of; or the full CONFIRMATION TYPE to search for families/groups, who's CONFIRMATION TYPE, starts with or matches completely the typed text.
- **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.

- **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.**

- **VILLAGE**

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.**

- **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 ([Image 4.6](#)).

INSURANCE NUMBER	LAST NAME	OTHER NAMES	REGION	DISTRICT	MUNICIPALITY	VILLAGE	POVERTY	VALID FROM	VALID TO
111111199	Bock	John	TestRegion	TestDistrict1	TestMunicipality12	TestVillage122	Yes	10/06/2017	10/06/2017
111111199	Bock	John	TestRegion	TestDistrict1	TestMunicipality12	TestVillage122	Yes	10/06/2017	10/06/2017
8007870	Soni	Hiren	TestRegion	TestDistrict1	TestMunicipality11	TestVillage111	No	09/06/2017	
111111212	Medley	Elis	TestRegion	TestDistrict1	TestMunicipality11	TestVillage111	Yes	31/05/2017	
111111191	Garbright	James	TestRegion	TestDistrict1	TestMunicipality11	TestVillage111	Yes	30/05/2017	
111111181	Travolta	John	TestRegion	TestDistrict1	TestMunicipality11	TestVillage111	Yes	30/05/2017	
108010801	Joseph	Alila	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	No	30/05/2017	

Image 4.6 (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.

B. Result Panel

The Result Panel displays a list of all families/groups 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 4.7](#)). The leftmost record contains a hyperlink which if clicked, 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.

INSURANCE NUMBER	LAST NAME	OTHER NAMES	REGION	DISTRICT	MUNICIPALITY	VILLAGE	POVERTY	VALID FROM	VALID TO
108010801	Joseph	Ailia	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	No	30/05/2017	
00013	Paul	Lemon	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	No	24/05/2017	
111111161	Pick	James	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	Yes	23/05/2017	
111111151	Queen	Jane	TestRegion	TestDistrict2	TestMunicipality21	TestVillage211	Yes	22/05/2017	

Image 4.7 (Selected record (blue), hovered records (yellow) - Result 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 4.8](#))



Image 4.8 (Page selector- Result Panel)

C. Button Panel

The [CANCEL](#) button re-directs to the [Home Page](#).

D. Information Panel

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

4.3 Find Insuree

Access to the [FIND INSUREE PAGE](#) is restricted to users with the role of Accountant, Clerk and Health Facility Receptionist.

4.3.1 Pre-conditions

Need to enquire on, or edit an insuree, and the family/group, policies and contributions associated.

4.3.2 Navigation

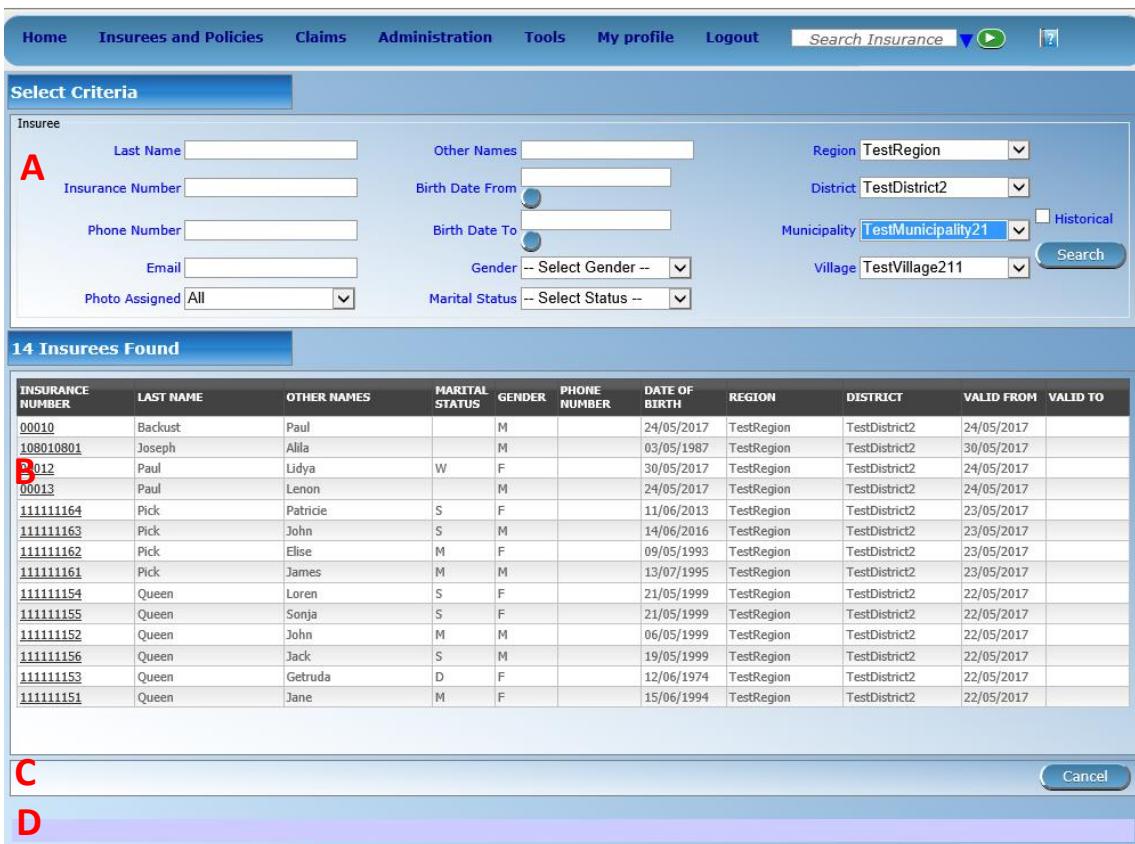
All functionality for use with the administration of insurees can be found under the main menu **INSUREES AND POLICIES**, sub menu **INSUREES**



Image 4.9 (Navigation Insurees)

Clicking on the sub menu **INSUREES** re-directs the current user to the **FIND INSUREE PAGE**.

4.3.3 Find Insuree Page



The screenshot shows the 'Find Insuree Page' interface. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, Logout, and a search bar labeled 'Search Insurance' with a magnifying glass icon. Below the navigation bar is a 'Select Criteria' panel titled 'Insuree'. This panel contains several input fields: 'Last Name' (A), 'Other Names', 'Region' (TestRegion), 'Insurance Number' (B), 'Birth Date From' (with a calendar icon), 'District' (TestDistrict2), 'Phone Number', 'Birth Date To' (with a calendar icon), 'Municipality' (TestMunicipality21) with a 'Historical' checkbox, 'Email', 'Gender' (dropdown), 'Village' (TestVillage211), 'Photo Assigned' (All dropdown), and 'Marital Status' (dropdown). A 'Search' button is located at the bottom right of this panel. Below the search panel is a header '14 Insurees Found'. A table follows, displaying 14 rows of insuree information. The columns are: INSURANCE NUMBER, LAST NAME, OTHER NAMES, MARITAL STATUS, GENDER, PHONE NUMBER, DATE OF BIRTH, REGION, DISTRICT, VALID FROM, and VALID TO. The data includes various names like Backust, Joseph, Paul, Lidya, Lenon, etc., with their respective details. At the bottom of the page, there are four colored labels: 'C' (red) and 'D' (blue) on the left, and 'Cancel' (blue) and a blue button on the right.

INSURANCE NUMBER	LAST NAME	OTHER NAMES	MARITAL STATUS	GENDER	PHONE NUMBER	DATE OF BIRTH	REGION	DISTRICT	VALID FROM	VALID TO
00010	Backust	Paul		M		24/05/2017	TestRegion	TestDistrict2	24/05/2017	
108010801	Joseph	Alla		M		03/05/1987	TestRegion	TestDistrict2	30/05/2017	
B 012	Paul	Lidya	W	F		30/05/2017	TestRegion	TestDistrict2	24/05/2017	
00013	Paul	Lenon		M		24/05/2017	TestRegion	TestDistrict2	24/05/2017	
111111164	Pick	Patricia	S	F		11/06/2013	TestRegion	TestDistrict2	23/05/2017	
111111163	Pick	John	S	M		14/06/2016	TestRegion	TestDistrict2	23/05/2017	
111111162	Pick	Elise	M	F		09/05/1993	TestRegion	TestDistrict2	23/05/2017	
111111161	Pick	James	M	M		13/07/1995	TestRegion	TestDistrict2	23/05/2017	
111111154	Queen	Loren	S	F		21/05/1999	TestRegion	TestDistrict2	22/05/2017	
111111155	Queen	Sonja	S	F		21/05/1999	TestRegion	TestDistrict2	22/05/2017	
111111152	Queen	John	M	M		06/05/1999	TestRegion	TestDistrict2	22/05/2017	
111111156	Queen	Jack	S	M		19/05/1999	TestRegion	TestDistrict2	22/05/2017	
111111153	Queen	Getruda	D	F		12/06/1974	TestRegion	TestDistrict2	22/05/2017	
111111151	Queen	Jane	M	F		15/06/1994	TestRegion	TestDistrict2	22/05/2017	

Image 4.10 (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 four panels ([Image 4.10](#))

A. Search Panel

The Search Panel allows a user to select specific criteria to minimise 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.

- [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.

- **OTHER NAMES**

Type in the beginning of; or the full OTHER NAMES to search for insurees with OTHER NAMES which starts with or matches completely, the typed text.

- **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.

- **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.

- **PHONE NUMBER**

Type in the beginning of; or the full PHONE NUMBER to search for insurees with a PHONE NUMBER, which starts with 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; use the mouse to highlight the full date and then press the space key.*

- **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; use the mouse to highlight the full date and then press the space key.*

- **DATE SELECTOR BUTTON**

Clicking on the DATE SELECTOR BUTTON will pop-up an easy to use, calendar selector ([Image 4.11](#)) 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.



Image 4.11 (Calendar Selector - Search Panel)

- 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.

- 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 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 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.*

- **PHOTO ASSIGNED**

Select whether all insurees are searched [**All**] or only insurees with a photo assigned [**Yes**] or only insurees with no photo assigned [**No**].

- **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 ([Image 4.12](#))

INSURANCE NUMBER	LAST NAME	OTHER NAMES	MARITAL STATUS	GENDER	PHONE NUMBER	DATE OF BIRTH	REGION	DISTRICT	VALID FROM	VALID TO
111111199	Beck	John	H	H	-	30/03/1990	TestRegion	TestDistrict1	18/06/2017	18/06/2017
111111199	Beck	John	H	H	-	30/03/1990	TestRegion	TestDistrict1	18/06/2017	18/06/2017
10008	Jackson	Ester	S	M		26/05/1989	TestRegion	TestDistrict1	26/05/2017	

[Image 4.12 \(Historical records - Result Panel\)](#)

- **SEARCH BUTTON**

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

B. Result Panel

The result panel displays a list of all Insurees 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 4.13](#)). The leftmost record contains a hyperlink which if clicked, re-directs the user to the [Family Overview Page](#) of the insuree's family, or the [Insuree Page](#) if it is a historical record for viewing purposes.

INSURANCE NUMBER	LAST NAME	OTHER NAMES	MARITAL STATUS	GENDER	PHONE NUMBER	DATE OF BIRTH	REGION	DISTRICT	VALID FROM	VALID TO
111111124	Beck	Julia	S	F		29/12/2008	TestRegion	TestDistrict1	10/05/2017	
111111123	Beck	James	S	M		11/06/2014	TestRegion	TestDistrict1	10/05/2017	
111111122	Beck	Elly	M	F	+4358990000	12/06/1984	TestRegion	TestDistrict1	10/05/2017	
111111121	Beck	John	M	M	+420234567567	12/06/1984	TestRegion	TestDistrict1	10/05/2017	
111111125	Beckwurst	Peter	S	M		01/01/1999	TestRegion	TestDistrict1	10/05/2017	
111111140	Fuchs	Elis	S	F		11/06/2014	TestRegion	TestDistrict1	30/05/2017	
111111144	Fuchs	Luciene	S	M		29/12/2008	TestRegion	TestDistrict1	22/05/2017	

[Image 4.13 \(Selected record \(blue\), hovered records \(yellow\) - Result 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 4.14](#))

Image 4.14 (Page selector- Result Panel)

C. Button Panel

The CANCEL button re-directs to the HOME PAGE.

D. Information 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.

4.4 Find Policy

Access to the FIND POLICY PAGE is restricted to users with the role of Accountant, Clerk or Health Facility Receptionist.

4.4.1 Pre-conditions

Need to enquire on, or edit a policy, and the family/group, insurees and contributions associated.

4.4.2 Navigation

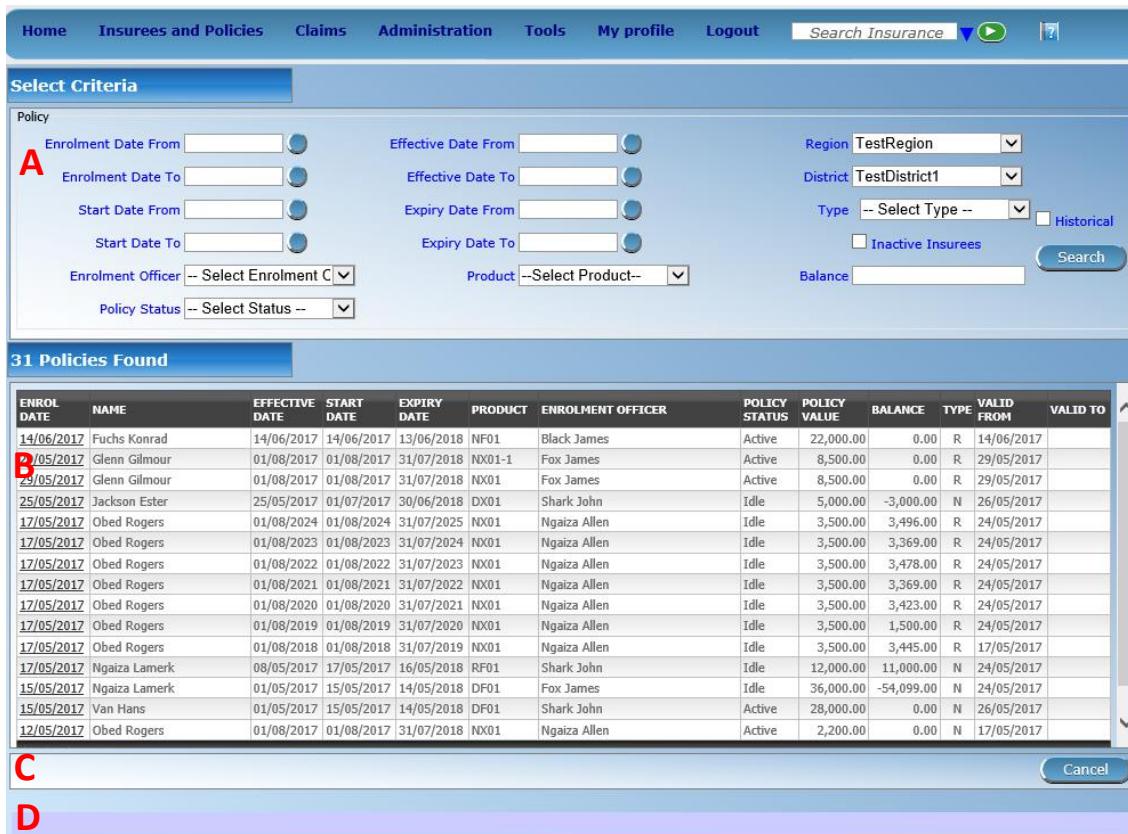


FIND POLICY PAGE can be found under the main menu INSUREES AND POLICIES, sub menu POLICIES

Image 4.15 (Navigation Policies)

Clicking on the sub menu POLICIES re-directs the current user to the FIND POLICY PAGE.

4.4.3 Find Policy Page



ENROL DATE	NAME	EFFECTIVE DATE	START DATE	EXPIRY DATE	PRODUCT	ENROLMENT OFFICER	POLICY STATUS	POLICY VALUE	BALANCE	TYPE	VALID FROM	VALID TO
14/06/2017	Fuchs Konrad	14/06/2017	14/06/2017	13/06/2018	NF01	Black James	Active	22,000.00	0.00	R	14/06/2017	
20/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01-1	Fox James	Active	8,500.00	0.00	R	29/05/2017	
29/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01	Fox James	Active	8,500.00	0.00	R	29/05/2017	
25/05/2017	Jackson Ester	25/05/2017	01/07/2017	30/06/2018	DX01	Shark John	Idle	5,000.00	-3,000.00	N	26/05/2017	
17/05/2017	Obed Rogers	01/08/2024	01/08/2024	31/07/2025	NX01	Ngaiza Allen	Idle	3,500.00	3,496.00	R	24/05/2017	
17/05/2017	Obed Rogers	01/08/2023	01/08/2023	31/07/2024	NX01	Ngaiza Allen	Idle	3,500.00	3,369.00	R	24/05/2017	
17/05/2017	Obed Rogers	01/08/2022	01/08/2022	31/07/2023	NX01	Ngaiza Allen	Idle	3,500.00	3,478.00	R	24/05/2017	
17/05/2017	Obed Rogers	01/08/2021	01/08/2021	31/07/2022	NX01	Ngaiza Allen	Idle	3,500.00	3,369.00	R	24/05/2017	
17/05/2017	Obed Rogers	01/08/2020	01/08/2020	31/07/2021	NX01	Ngaiza Allen	Idle	3,500.00	3,423.00	R	24/05/2017	
17/05/2017	Obed Rogers	01/08/2019	01/08/2019	31/07/2020	NX01	Ngaiza Allen	Idle	3,500.00	1,500.00	R	24/05/2017	
17/05/2017	Obed Rogers	01/08/2018	01/08/2018	31/07/2019	NX01	Ngaiza Allen	Idle	3,500.00	3,445.00	R	17/05/2017	
17/05/2017	Ngaiza Lamerk	08/05/2017	17/05/2017	16/05/2018	RF01	Shark John	Idle	12,000.00	11,000.00	N	24/05/2017	
15/05/2017	Ngaiza Lamerk	01/05/2017	15/05/2017	14/05/2018	DF01	Fox James	Idle	36,000.00	-54,099.00	N	24/05/2017	
15/05/2017	Van Hans	01/05/2017	15/05/2017	14/05/2018	DF01	Shark John	Active	28,000.00	0.00	N	24/05/2017	
12/05/2017	Obed Rogers	01/08/2017	01/08/2017	31/07/2018	NX01	Ngaiza Allen	Active	2,200.00	0.00	N	17/05/2017	

Image 4.16 (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 four panels ([Image 4.16](#))

A. 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.

- [ENROLMENT DATE FROM](#)

Type in a date; or use the date selector button, to enter the [ENROLMENT DATE FROM](#) to search for policies with an [ENROLMENT 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.**

- **ENROLMENT DATE TO**

Type in a date; or use the date selector button, to enter the ENROLMENT DATE TO to search for policies with an ENROLMENT 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.*

- **EFFECTIVE DATE FROM**

Type in a date; or use the date selector button, to enter the EFFECTIVE DATE FROM to search for policies with an EFFECTIVE 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.*

- **EFFECTIVE DATE TO**

Type in a date; or use the date selector button, to enter the EFFECTIVE DATE TO to search for policies with an EFFECTIVE 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.*

- **START DATE FROM**

Type in a date; or use the date selector button, to enter the START DATE FROM to search for policies with a START 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.*

- **START DATE TO**

Type in a date; or use the date selector button, to enter the START DATE TO to search for policies with a START 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.*

- **EXPIRY DATE FROM**

Type in a date; or use the date selector button, to enter the EXPIRY DATE FROM to search for policies with an EXPIRY 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.*

- **DATE SELECTOR BUTTON**

Clicking on the DATE SELECTOR BUTTON will pop-up an easy to use, calendar selector ([Image 4.17](#)); 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 display the following month.
- Clicking on the month will display all the months for the year
- Clicking on the year will display a year selector.



Image 4.17 (Calendar Selector - Search Panel)

- **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.

- **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.

- **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

- **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.*

- **POLICY TYPE**

Select whether new policies [New Policy] or renewed policies [Renewal] should be searched for.

- **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.

- **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 ([Image 4.18](#))

ENROL DATE	NAME	EFFECTIVE DATE	START DATE	EXPIRY DATE	PRODUCT	ENROLMENT OFFICER	POLICY STATUS	POLICY VALUE	BALANCE	TYPE	VALID FROM	VALID TO
14/06/2017	Fuchs-Konrad	-	14/06/2017	13/06/2018	NF01	Black-James	Idle	22,000.00	22,000.00	R	14/06/2017	14/06/2017
14/06/2017	Fuchs Konrad	14/06/2017	14/06/2017	13/06/2018	NF01	Black James	Active	22,000.00	0.00	R	14/06/2017	
20/05/2017	Fuchs-Konrad	20/05/2017	20/05/2017	29/05/2018	NF01	Fox-James	Active	24,000.00	24,000.00	N	20/05/2017	29/05/2017
20/05/2017	Fuchs-Konrad	-	20/05/2017	29/05/2018	NF01	Fox-James	Idle	24,000.00	24,000.00	N	20/05/2017	29/05/2017
29/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01-1	Fox-James	Active	4,250.00	4,250.00	R	29/05/2017	29/05/2017
29/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01-1	Fox James	Active	8,500.00	0.00	R	29/05/2017	
29/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01-1	Fox-James	Active	8,500.00	8,500.00	R	29/05/2017	29/05/2017
29/05/2017	Glenn Gilmour	-	01/08/2017	31/07/2018	NX01-1	Fox-James	Idle	8,500.00	8,500.00	R	29/05/2017	29/05/2017

Image 4.18 (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.

B. 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 with light blue, while hovering over records changes the highlight to yellow (Image 4.19). 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.

ENROL DATE	NAME	EFFECTIVE DATE	START DATE	EXPIRY DATE	PRODUCT	ENROLMENT OFFICER	POLICY STATUS	POLICY VALUE	BALANCE	TYPE	VALID FROM	VALID TO
14/06/2017	Fuchs Konrad	14/06/2017	14/06/2017	13/06/2018	NF01	Black James	Active	22,000.00	0.00	R	14/06/2017	
06/06/2017	Jo Jo	07/06/2017	06/06/2017	05/06/2018	NF01	Black James	Active	17,000.00	-17,000.00	N	12/06/2017	
05/06/2017	Paul Jean	05/06/2017	01/01/2017	31/12/2017	NF01	agent agent	Active	17,000.00	-17,000.00	N	05/06/2017	
29/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01-1	Fox James	Active	8,500.00	0.00	R	29/05/2017	
29/05/2017	Glenn Gilmour	01/08/2017	01/08/2017	31/07/2018	NX01	Fox James	Active	8,500.00	0.00	R	29/05/2017	
25/05/2017	Jackson Ester	25/05/2017	01/07/2017	30/06/2018	DX01	Shark John	Idle	5,000.00	-3,000.00	N	26/05/2017	
22/05/2017	Obed Rogers	22/05/2017	22/05/2017	21/05/2018	DF01	Ngaiza Allen	Idle	28,000.00	24,000.00	N	22/05/2017	

Image 4.19 (Selected record (blue), hovered records (yellow) - Result 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 4.20)

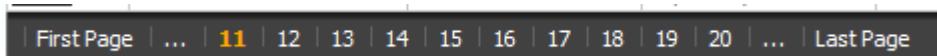


Image 4.20 (Page selector- Result Panel)

C. Button Panel

The **CANCEL** button re-directs to the [Home Page](#).

D. Information Panel

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

4.5 Find Contribution

Access to the [FIND CONTRIBUTION PAGE](#) is restricted to users with the role of Accountant or Clerk.

4.5.1 Pre-conditions

Need to enquire on, or edit a contribution, or the family/group, insurees and policies associated.

4.5.2 Navigation

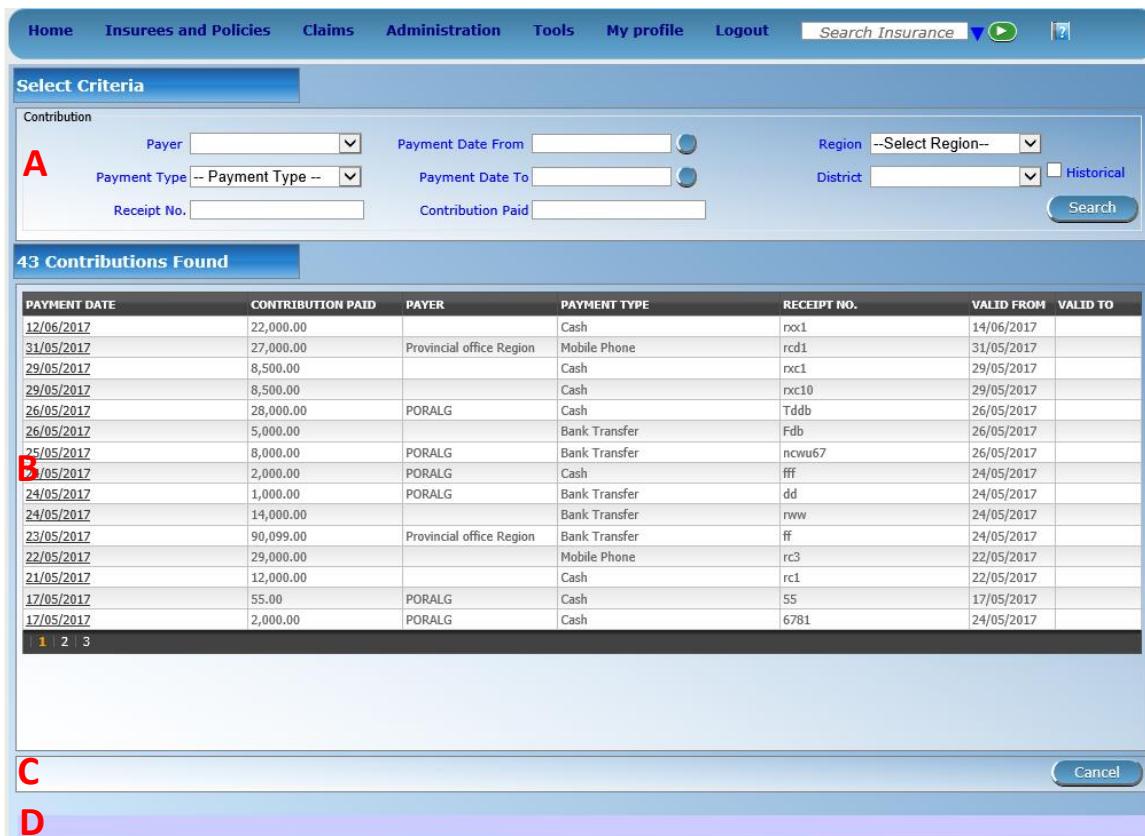
Find Contribution can be found under the main menu [INSUREES AND POLICIES](#), sub menu [CONTRIBUTIONS](#)



Image 4.21 (Navigation Contributions)

Clicking on the sub menu [CONTRIBUTIONS](#) re-directs the current user to the [Find Contribution Page](#).

4.5.3 Find Contribution Page



The screenshot shows a web-based application for managing contributions. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. To the right of the navigation bar is a search bar labeled "Search Insurance" with a magnifying glass icon and a help icon.

Panel A (Search Criteria): This panel contains fields for selecting search criteria. It includes dropdown menus for "Payer" and "Payment Type", date pickers for "Payment Date From" and "Payment Date To", and dropdown menus for "Region" and "District". There is also a checkbox for "Historical" data and a "Search" button.

Panel B (Results): This panel displays a table titled "43 Contributions Found" showing a list of contributions. The columns are: PAYMENT DATE, CONTRIBUTION PAID, PAYER, PAYMENT TYPE, RECEIPT NO., VALID FROM, and VALID TO. The results show various contributions made between May 12, 2017, and May 29, 2017, by different payers like Provincial office Region, PORALG, and PORALG, using methods like Cash, Mobile Phone, and Bank Transfer.

PAYMENT DATE	CONTRIBUTION PAID	PAYER	PAYMENT TYPE	RECEIPT NO.	VALID FROM	VALID TO
12/06/2017	22,000.00		Cash	rxcl	14/06/2017	
31/05/2017	27,000.00	Provincial office Region	Mobile Phone	rcd1	31/05/2017	
29/05/2017	8,500.00		Cash	rxc1	29/05/2017	
29/05/2017	8,500.00		Cash	rxc10	29/05/2017	
26/05/2017	28,000.00	PORALG	Cash	Tddb	26/05/2017	
26/05/2017	5,000.00		Bank Transfer	Fdb	26/05/2017	
25/05/2017	8,000.00	PORALG	Bank Transfer	ncwu67	26/05/2017	
B/05/2017	2,000.00	PORALG	Cash	fff	24/05/2017	
24/05/2017	1,000.00	PORALG	Bank Transfer	dd	24/05/2017	
24/05/2017	14,000.00		Bank Transfer	rww	24/05/2017	
23/05/2017	90,099.00	Provincial office Region	Bank Transfer	ff	24/05/2017	
22/05/2017	29,000.00		Mobile Phone	rc3	22/05/2017	
21/05/2017	12,000.00		Cash	rc1	22/05/2017	
17/05/2017	55.00	PORALG	Cash	55	17/05/2017	
17/05/2017	2,000.00	PORALG	Cash	6781	24/05/2017	

Panel C (Navigation): This panel contains a "Cancel" button.

Panel D (Footer): This panel contains a page number "132".

Image 4.22 (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 ([Image 4.22](#))

A. 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.*

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([image 4.23](#)); 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.



Image 4.23 (Calendar Selector - Search Panel)

- **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 ([Image 4.24](#)).

PAYMENT DATE	CONTRIBUTION PAID	PAYER	PAYMENT TYPE	RECEIPT NO.	VALID FROM	VALID TO
10/05/2017	5,000.00		Bank Transfer	r7	10/05/2017	
09/05/2017	12,000.00		Cash	r1	09/05/2017	
09/05/2017	10,000.00		Bank Transfer	r2	09/05/2017	
04/05/2017	24,000.00	-	Cash	r05	29/05/2017	29/05/2017
04/05/2017	24,000.00	-	Cash	r05	29/05/2017	29/05/2017
29/05/2016	12,500.00	Provincial office Region	Bank Transfer	r04	17/05/2017	17/05/2017
23/06/2016	12,500.00	Provincial office Region	Bank Transfer	r01	17/05/2017	17/05/2017
22/06/2016	12,500.00		Cash	r1	20/05/2017	
15/06/2016	12,500.00	-	Mobile Phone	r2	20/05/2017	20/05/2017
15/06/2016	12,500.00	-	Mobile Phone	r2	20/05/2017	20/05/2017
30/05/2016	24,000.00		Cash	r09	29/05/2017	

Image 4.24 (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.

B. Result Panel

The result panel displays a list of all contributions 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 4.25](#)). 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.

PAYMENT DATE	CONTRIBUTION PAID	PAYER	PAYMENT TYPE	RECEIPT NO.	VALID FROM	VALID TO
10/05/2017	5,000.00		Bank Transfer	r7	10/05/2017	
09/05/2017	12,000.00		Cash	r1	09/05/2017	
09/05/2017	10,000.00		Bank Transfer	r2	09/05/2017	
22/06/2016	12,500.00		Cash	r1	20/05/2017	
20/05/2016	24,000.00		Cash	rx9	29/05/2017	
27/05/2016	12,000.00		Bank Transfer	rc2	22/05/2017	

Image 4.25 (Selected record (blue), hovered records (yellow) - Result 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 4.26](#))



Image 4.26 (Page selector- Result Panel)

C. Button Panel

The **CANCEL** button re-directs to the [Home Page](#).

D. Information Panel

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

4.6 Family Overview

Access to the [Family Overview Page](#) is restricted to users with the role of Accountant or Clerk.

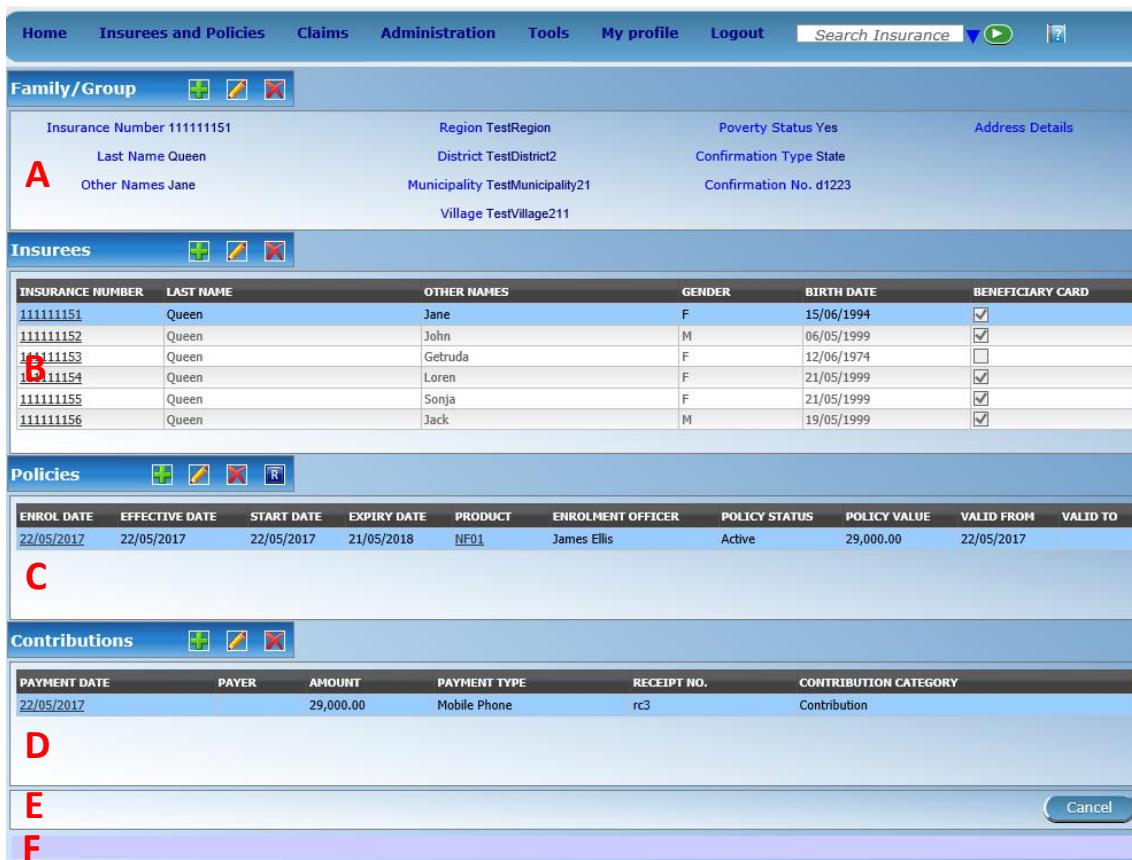
4.6.1 Pre-conditions

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

4.6.2 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](#).

4.6.3 Family Overview Page.



The screenshot shows the Family Overview Page interface divided into six panels:

- A. Family/Group Panel:** Displays family details: Insurance Number 11111151, Last Name Queen, Other Names Jane. Associated regions, districts, municipalities, and villages are also listed.
- B. Insurees Panel:** Shows a grid of insurees with columns for Insurance Number, Last Name, Other Names, Gender, Birth Date, and Beneficiary Card status. Insurees listed include Queen (Jane, John, Getruda, Loren, Sonja, Jack).
- C. Policies Panel:** Displays policy details: Enrol Date 22/05/2017, Effective Date 22/05/2017, Start Date 22/05/2017, Expiry Date 21/05/2018, Product NFO1, Enrolment Officer James Ellis, Status Active, Value 29,000.00, Valid From 22/05/2017, Valid To 22/05/2017.
- D. Contributions Panel:** Shows a contribution record: Payment Date 22/05/2017, Payer (empty), Amount 29,000.00, Payment Type Mobile Phone, Receipt No. rc3, Contribution Category Contribution.
- E. Result Panel:** Shows a single result entry: "Cancel".
- F. Confirmation Panel:** Shows a single result entry: "F".

Image 4.27 (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 6 panels ([Image 4.27](#))

A. Family/Group Panel

The Family/Group Panel provides information about the family including the Insurance Number and the

Last Name and Other Names of the head of family and the District, Municipality, Village and Poverty status of the family. In the Family/Group panel action buttons allow to add, edit and delete the family/group.



The [GREEN PLUS SIGN](#) is for adding a new family/group.

The [YELLOW PENCIL SIGN](#) is for editing a family/group.

The [RED CROSS SIGN](#) is for deleting a family/group.

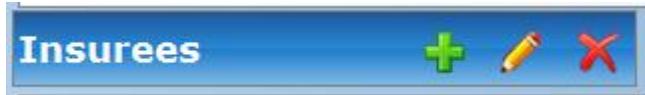
B. Insurees Panel

The [INSUREES PANEL](#) displays a list of the insurees within the family/group. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow ([Image 4.28](#)). The leftmost record contains a hyperlink which if clicked, re-directs the user to the insuree record for editing or detailed viewing.

INSURANCE NUMBER	LAST NAME	OTHER NAMES	GENDER	BIRTH DATE	BENEFICIARY CARD
1111111151	Queen	Jane	F	15/06/1994	<input checked="" type="checkbox"/>
1111111152	Queen	John	M	06/05/1999	<input checked="" type="checkbox"/>
1111111153	Queen	Gebruda	F	12/06/1974	<input type="checkbox"/>
1111111154	Queen	Loren	F	21/05/1999	<input checked="" type="checkbox"/>
1111111155	Queen	Sonja	F	21/05/1999	<input checked="" type="checkbox"/>
1111111156	Queen	Jack	M	19/05/1999	<input checked="" type="checkbox"/>

Image 4.28 (Selected record (blue), hovered records (yellow) – Insurees Panel)

In the [INSUREES PANEL](#), action buttons allow to add, edit and delete insurees belonging to the family/group.



The [GREEN PLUS SIGN](#) is for adding a new insuree.

The [YELLOW PENCIL SIGN](#) is for editing an insuree.

The [RED CROSS SIGN](#) is for deleting an insuree.

C. Policies Panel

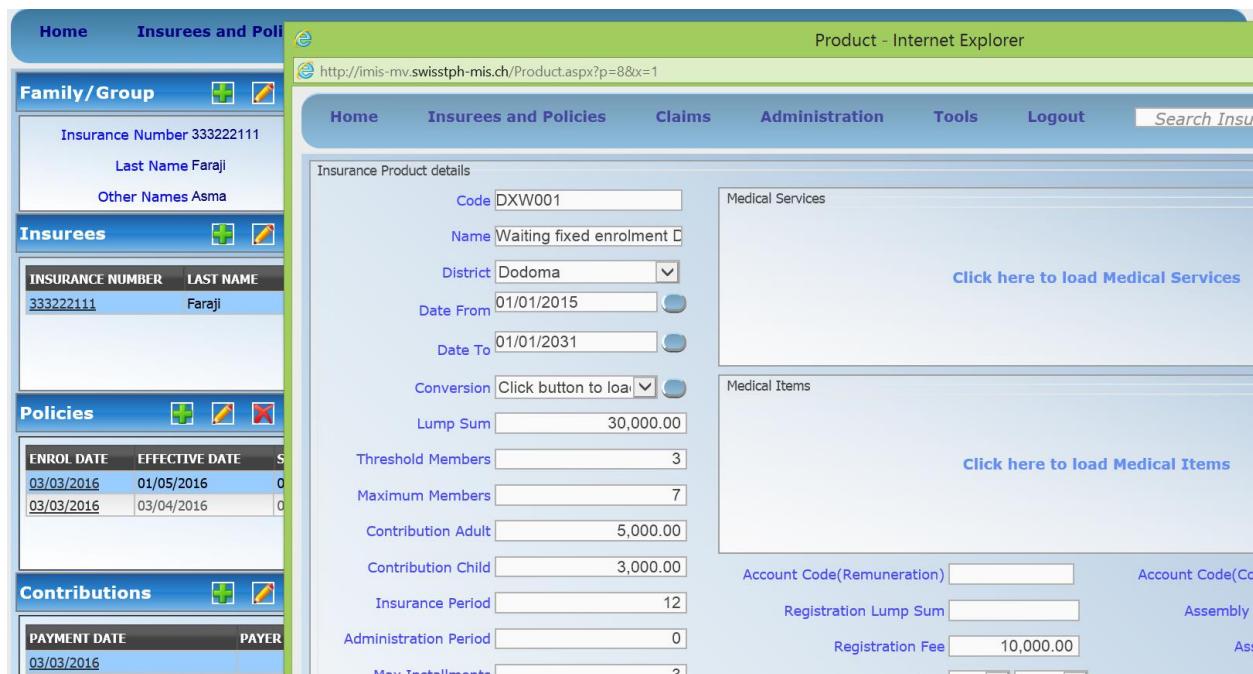
The [POLICIES PANEL](#) displays a list of the policies held by the family/group. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow ([Image 4.29](#)).

The leftmost record contains a hyperlink which if clicked, re-directs the user to the policy for editing or detailed viewing. By default the first policy is selected and therefore in the **CONTRIBUTION PANEL**, only the contributions paid on that policy will be displayed in the **CONTRIBUTION PANEL**. By selecting another policy in the list, the **CONTRIBUTION PANEL**, will refresh with the contributions paid on the newly selected policy.

ENROL DATE	EFFECTIVE DATE	START DATE	EXPIRY DATE	PRODUCT	ENROLMENT OFFICER	POLICY STATUS	POLICY VALUE	VALID FROM	VALID TO
12/09/2011	28/09/2011	11/05/2011	29/01/2013	P-2-2	Edward John	Active	178,000.0	08/06/2012	
02/06/2011	21/06/2011	06/04/2012	03/09/2012	P-2-9	Msako Sunday	Active	118,000.0	08/06/2012	

Image 4.29 (Selected record (blue), hovered records (yellow) - Policy Panel)

In the fifth **Product** column of Policy data grid, there is a link showing product for the policy on the corresponding row. When the link is clicked; a popup browser window ([Image 4.30](#)) will open up showing the details of the product (in read-only mode).



The screenshot shows the Swiss TPH software interface. On the left, there is a vertical navigation bar with links for Home, Insurees and Policies, Family/Group, Insurance Number, Last Name, Other Names, Insurees, Insurance Number, Last Name, Policies, Contributions, Payment Date, and Payer. The Policies section is currently active, indicated by a blue background. On the right, a larger window titled "Product - Internet Explorer" displays the "Insurance Product details" page. The URL in the address bar is <http://imis-mv.swisstph-mis.ch/Product.aspx?p=8&x=1>. The form fields include:

- Code: DXW001
- Name: Waiting fixed enrolment
- District: Dodoma
- Date From: 01/01/2015
- Date To: 01/01/2031
- Conversion: Click button to load
- Lump Sum: 30,000.00
- Threshold Members: 3
- Maximum Members: 7
- Contribution Adult: 5,000.00
- Contribution Child: 3,000.00
- Insurance Period: 12
- Administration Period: 0
- Max. Instalments: 3
- Account Code(Remuneration): [empty]
- Registration Lump Sum: [empty]
- Registration Fee: 10,000.00
- Assembly: [empty]
- Ass: [empty]

There are also buttons for "Click here to load Medical Services" and "Click here to load Medical Items".

Image 4.30 (Product Popup – Policies Panel)

In the **POLICIES PANEL**, action buttons allow to add, edit and delete policies.



The **GREEN PLUS SIGN** is for adding a new policy.

The **YELLOW PENCIL SIGN** is for editing a policy.

The **RED CROSS SIGN** is for deleting a policy.

The **BLUE R SIGN** is for renewing a policy.

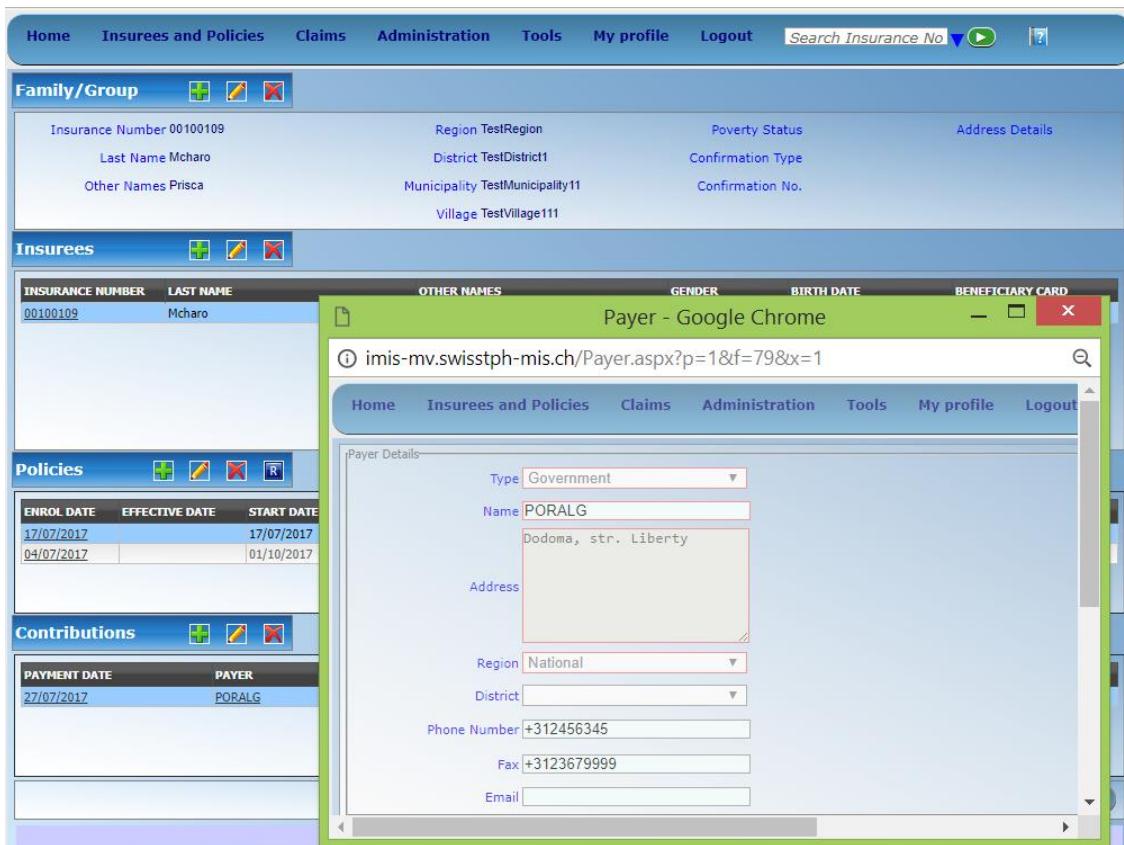
D. Contributions Panel

The **CONTRIBUTION PANEL** displays a list of contributions paid on the policy currently selected in the **POLICIES PANEL**. The currently selected record is highlighted with light blue, while hovering over records changes the highlight to yellow ([Image 4.31](#)). The leftmost record contains a hyperlink which if clicked, re-directs the user to the contribution for editing or detailed viewing.

PAYMENT DATE	PAYER	AMOUNT	PAYMENT TYPE	RECEIPT NO.	CONTRIBUTION CATEGORY
10/05/2017		60,000.00	Bank Transfer	r4	Contribution
10/05/2017		4,000.00	Mobile Phone	r5	Contribution

Image 4.31 (Selected record (blue), hovered records (yellow) - Contributions Panel)

In the second **Payer** column of Contributions data grid, there is a link showing (institutional) payer of the contribution on the corresponding row. When the link is clicked; a popup browser window ([Image 4.32](#)) will open up showing the details of the payer in read-only mode.



The screenshot shows the Swiss TPH application interface with several panels:

- Top Navigation Bar:** Home, Insurees and Policies, Claims, Administration, Tools, My profile, Logout, Search Insurance No.
- Family/Group Panel:** Shows basic information like Insurance Number (00100109), Region (TestRegion), Poverty Status, and Address Details.
- Insurees Panel:** Shows a list of insurees with columns for Insurance Number (00100109) and Last Name (Mcharo).
- Policies Panel:** Shows a list of policies with columns for Enrol Date (17/07/2017), Effective Date (17/07/2017), and Start Date (01/10/2017).
- Contributions Panel:** Shows a list of contributions with columns for Payment Date (27/07/2017) and Payer (PORALG).
- Modal Window (Payer - Google Chrome):** Displays detailed information about the payer PORALG, including Type (Government), Name (PORALG), Address (Dodoma, str. Liberty), Region (National), District, Phone Number (+312456345), Fax (+3123679999), and Email.

Image 4.32 (Payer Pop up – Contribution Panel)

In the CONTRIBUTIONS PANEL, action buttons allow to add, edit and delete contributions.



The GREEN PLUS SIGN is for adding a new contribution.

The YELLOW PENCIL SIGN is for editing a contribution.

The RED CROSS SIGN is for deleting a contribution.

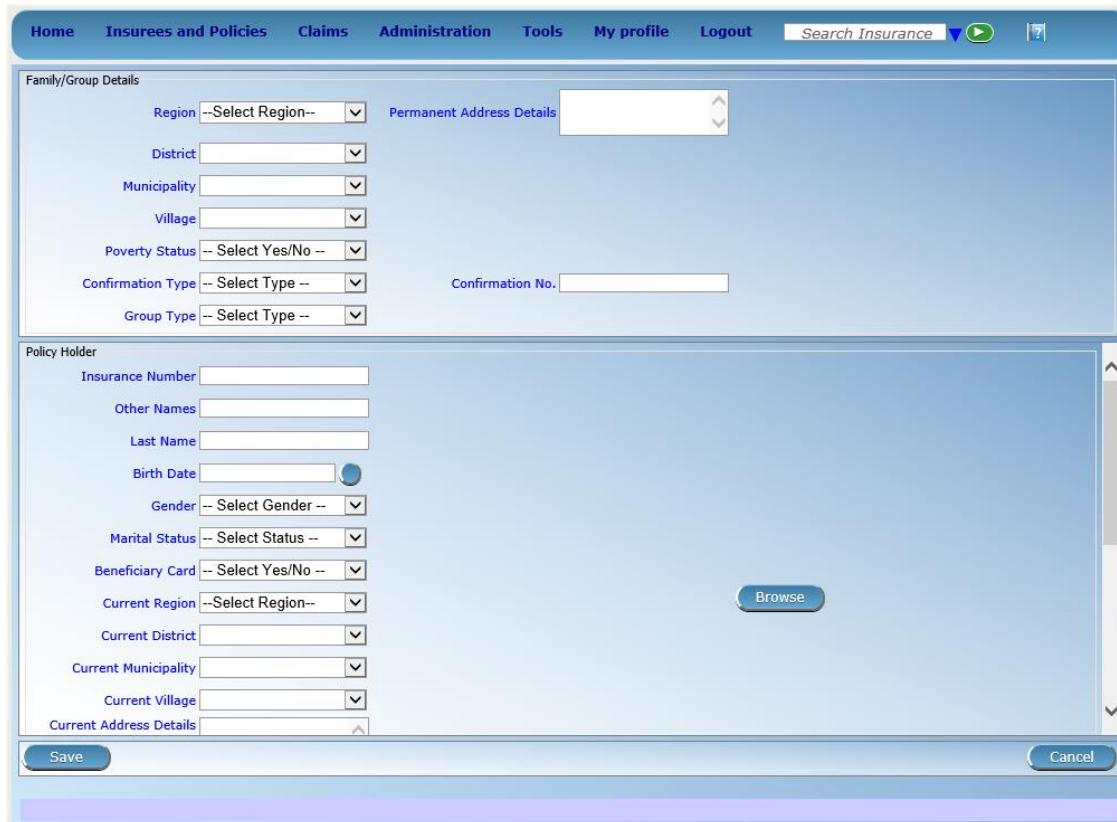
E. Button Panel

The CANCEL button re-directs to the [Home Page](#).

F. Information Panel

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

4.6.4 Family/Group Page



The screenshot shows a web-based application for managing family/group details. At the top, there is a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. There is also a search bar labeled "Search Insurance" with a magnifying glass icon.

The main form is divided into two sections:

- Family/Group Details:** This section contains fields for Region (dropdown), Permanent Address Details (dropdown), District (dropdown), Municipality (dropdown), Village (dropdown), Poverty Status (dropdown), Confirmation Type (dropdown), Confirmation No. (text input), and Group Type (dropdown).
- Policy Holder:** This section contains fields for Insurance Number (text input), Other Names (text input), Last Name (text input), Birth Date (text input), Gender (dropdown), Marital Status (dropdown), Beneficiary Card (dropdown), Current Region (dropdown), Current District (dropdown), Current Municipality (dropdown), Current Village (dropdown), and Current Address Details (dropdown). It also includes a "Browse" button and a "Save" button at the bottom.

Image 4.33 (Family/Group Page)

- **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.

- **POVERTY STATUS**

Select whether the family/group has the poverty status. 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.

- **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. Mandatory.

- **BENEFICIARY CARD**

Select from the list of card whether or not an insurance identification card was issued to the head of family/group. Mandatory.

- **CURRENT REGION**

Select from the list of available regions the region, in which the head of family/group temporarily stays.

- **CURRENT DISTRICT**

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

- **CURRENT MUNICIPALITY**

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

- **CURRENT VILLAGE**

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

- **CURRENT ADDRESS DETAILS**

Enter details of the temporal 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.

- **PHONE NUMBER**

Enter the phone number for the head of family/group.

- **EMAIL**

Enter the e-mail address 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.

- **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.*

- **BROWSE**

Browse to get the photo for the head of family/group related to his/her insurance number.

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 [Family Overview Page](#), with the newly saved record displayed and selected in the result panel. A message confirming that the family member 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 [Find Family Page](#).

4.6.5 Adding a Family

Click on the **GREEN PLUS SIGN** to re-direct to the [Family/Group Page](#).

When the page opens all entry fields are empty. See the [Family/Group Page](#) for information on the data entry and mandatory fields.

4.6.6 Editing a Family/Group

Click on the **YELLOW PENCIL SIGN** to re-direct to the [CHANGE FAMILY/GROUP PAGE](#)

The page will open with the current information loaded into the data entry fields, plus there are options to change the head of the family/group and move an insuree to the family/group.

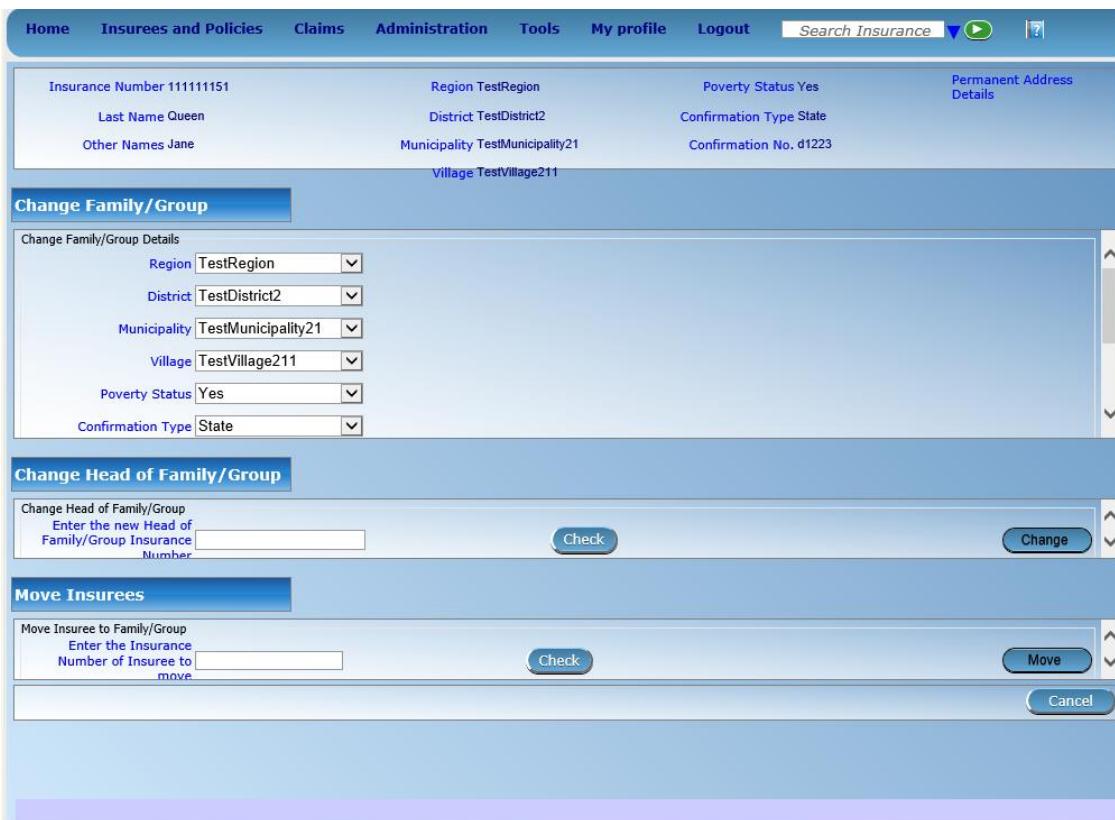


Image 4.34 (Change Family/Group Page)

4.6.7 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. The new head must a head of family in another family.

Enter the insurance number for the new head of family/group, click on check, to confirm that the insurance number is valid and that it really is the person expected. The name will appear to the right of the check button. If all is OK, click on the Change button to complete the change. On a successful change, the user will be re-directed back to the [Family Overview Page](#); the new head will be displayed in the Family/Group Information Panel

4.6.8 Moving an Insuree

Insurees may be moved from one family/group to another. The new insuree must not be a head of family/group in another family/group.

Enter the insurance number for the insuree to move. Click on check, to confirm that the insurance number is valid and that it really is the person expected. The name will appear to the right of the check button. If all is OK, click on the Change button to complete the change. On a successful change, the user will be re-directed back to the [Family Overview Page](#) the new insuree will be displayed in the insuree Information Panel.

4.6.9 Deleting a Family/Group

Click on the [RED CROSS SIGN](#) button to delete the currently selected record.

Before deleting a confirmation popup ([Image 4.35](#)) is displayed, which requires the user to confirm if the action should really be carried out? Deleting of a family requires deleting of all its dependants first.

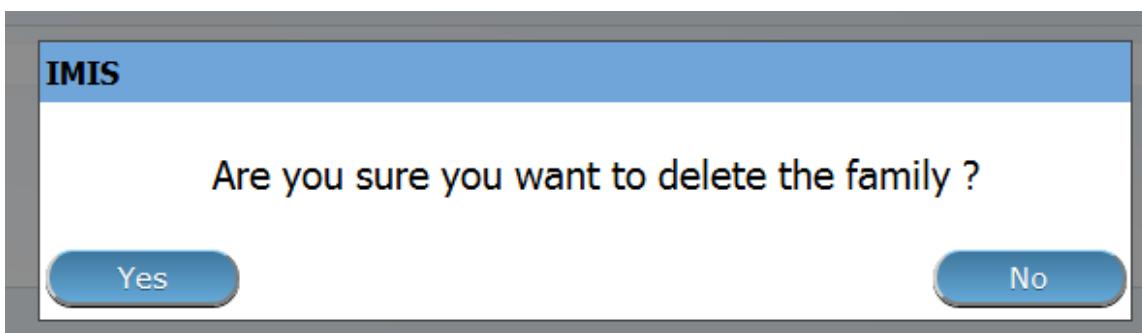


Image 4.35 (Delete confirmation- Button Panel)

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

4.6.10 Insuree Page

1. DATA ENTRY

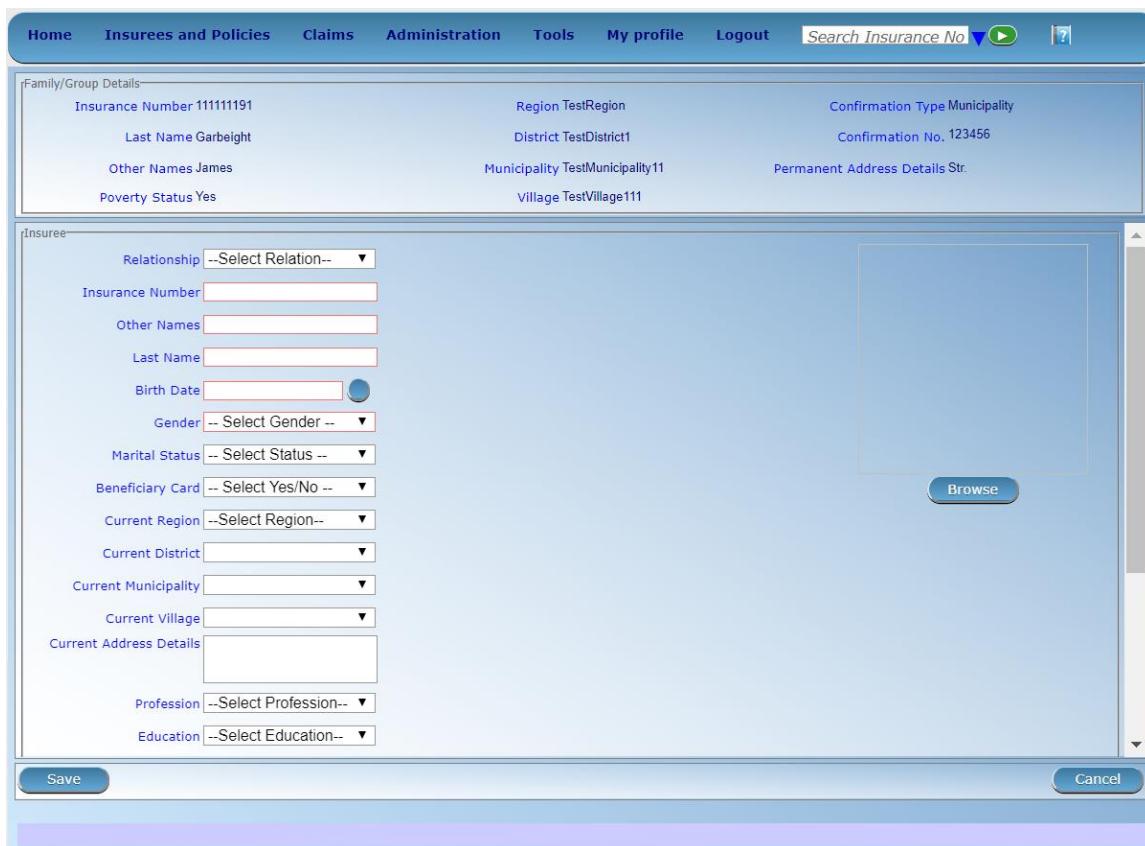


Image 4.36 (Insuree Page)

- **RELATIONSHIP**
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.
- **OTHER NAMES**
Enter other names of the insuree. Mandatory, 100 characters maximum.
- **BIRTH DATE**

Enter the date of birth for the insuree. *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 insuree. Mandatory.

- **MARITAL STATUS**

Select from the list of available options for the marital status of the insuree. Mandatory.

- **BENEFICIARY CARD**

Select from the list of options whether or not the card was issued to the insuree. Mandatory.

- **CURRENT REGION**

Select from the list of available regions the region, in which the insuree temporarily stays.

- **CURRENT DISTRICT**

Select from the list of available districts the district, in which the insuree temporarily stays.

Note: The list will only be filled with the districts belonging to the selected region

- **CURRENT MUNICIPALITY**

Select from the list of available municipalities the municipality, in which the insuree temporarily stays. *Note: The list will only be filled with the municipalities belonging to the selected district.*

- **CURRENT VILLAGE**

Select from the list of available villages the village, in which the insuree temporarily stays.

Note: The list will only be filled with the villages belonging to the selected municipality.

- **CURRENT ADDRESS DETAILS.**

Enter details of the temporal 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.

- **PHONE NUMBER**

Enter the phone number for the insuree.

- **EMAIL**

Enter the e-mail address 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.

- **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.*

- **BROWSE**

Browse to get the photo for the insuree related to his/her insurance number.

Note: There is an automated service in the IMIS Server which will run on configured time basis repeatedly and assign related photos to insurees without photos if any exist in the IMIS 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.

2. SAVING

Once all mandatory data is entered, clicking on the **SAVE** button will save the record. The user will be redirected 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.

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](#).

4.6.11 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.

4.6.12 Editing an Insuree

Click on the **YELLOW PENCIL SIGN** to re-direct to 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.

4.6.13 Deleting an Insuree

Click on the **RED CROSS SIGN** to delete the currently selected record.

Before deleting a confirmation popup ([image 4.37](#)) is displayed, which requires the user to confirm if the action should really be carried out?

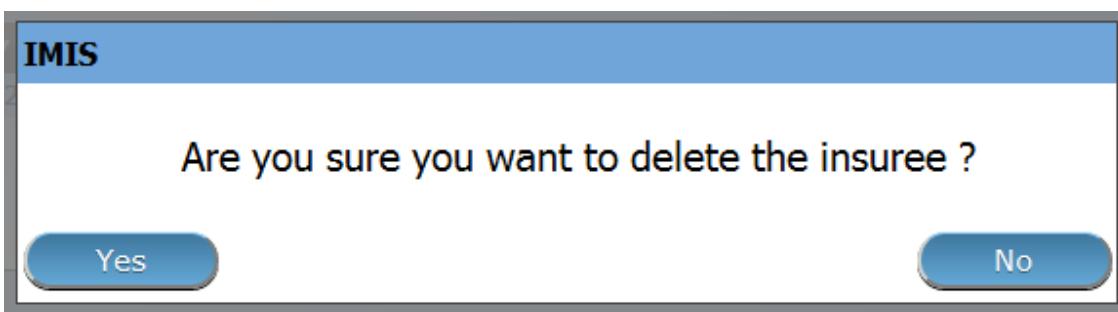
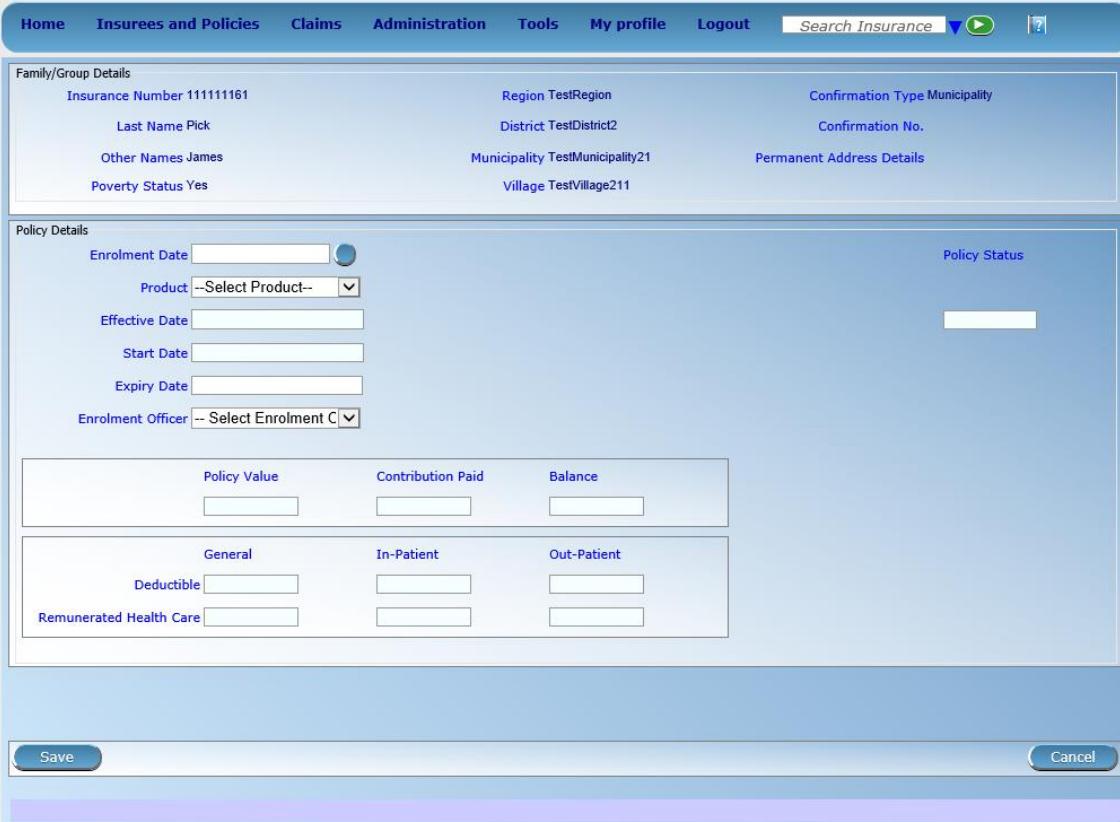


Image 4.37 (Delete confirmation- Button Panel)

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

4.6.14 Policy Page

1. DATA ENTRY



The screenshot shows a web-based application for managing insurance policies. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. There is also a search bar labeled "Search Insurance" and some icons.

Family/Group Details:

Insurance Number	1111111161	Region	TestRegion	Confirmation Type	Municipality
Last Name	Pick	District	TestDistrict2	Confirmation No.	
Other Names	James	Municipality	TestMunicipality21	Permanent Address Details	
Poverty Status	Yes	Village	TestVillage211		

Policy Details:

Enrolment Date	<input type="text"/>	<input type="button" value="..."/>	Policy Status	<input type="text"/>	
Product	<input type="button" value="--Select Product--"/>				
Effective Date	<input type="text"/>				
Start Date	<input type="text"/>				
Expiry Date	<input type="text"/>				
Enrolment Officer	<input type="button" value="-- Select Enrolment C"/>				
Policy Value	<input type="text"/>	Contribution Paid	<input type="text"/>	Balance	<input type="text"/>
General	<input type="text"/>	In-Patient	<input type="text"/>	Out-Patient	<input type="text"/>
Deductible	<input type="text"/>		<input type="text"/>		<input type="text"/>
Remunerated Health Care	<input type="text"/>		<input type="text"/>		<input type="text"/>

At the bottom, there are two buttons: "Save" and "Cancel".

Image 4.38 (Policy Page)

- **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.**

- **PRODUCT**

Select from the list of available products the product of the policy. Mandatory.

- **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.

- **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.

- **ENROLMENT OFFICER**

Select from the list of available enrolment officers the enrolment officer related to the policy.
Mandatory

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 [Family Overview Page](#), with the newly saved record displayed and selected in the result panel. A message confirming that the policy 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](#).

4.6.15 Adding a Policy

Click on the **GREEN PLUS SIGN** to re-direct to the [Policy Page](#).

When the page opens all entry fields are empty. See the [Policy Page](#) for information on the data entry and mandatory fields.

4.6.16 Editing a Policy

Click on the **YELLOW PENCIL SIGN** to re-direct 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.

4.6.17 Deleting a Policy

Click on the **RED CROSS SIGN** to delete the currently selected policy.

Before deleting of a policy, all contributions of the policy should be deleted. Before deleting a confirmation popup ([Image 4.39](#)) is displayed, which requires the user to confirm if the action should really be carried out?

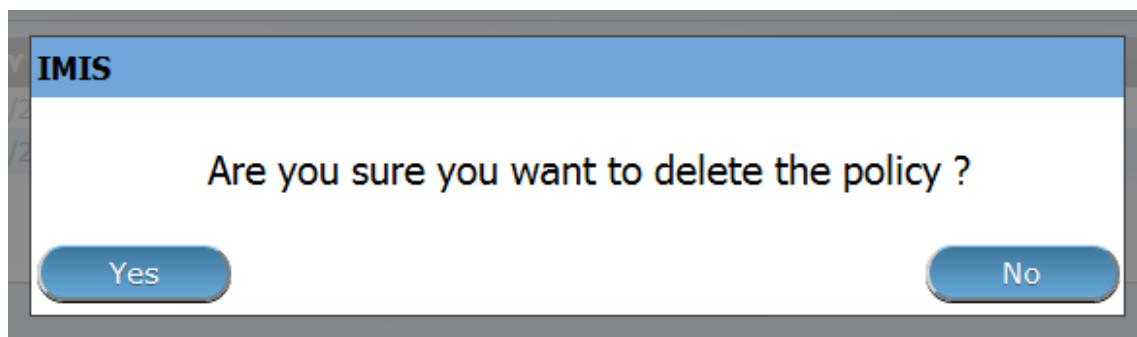
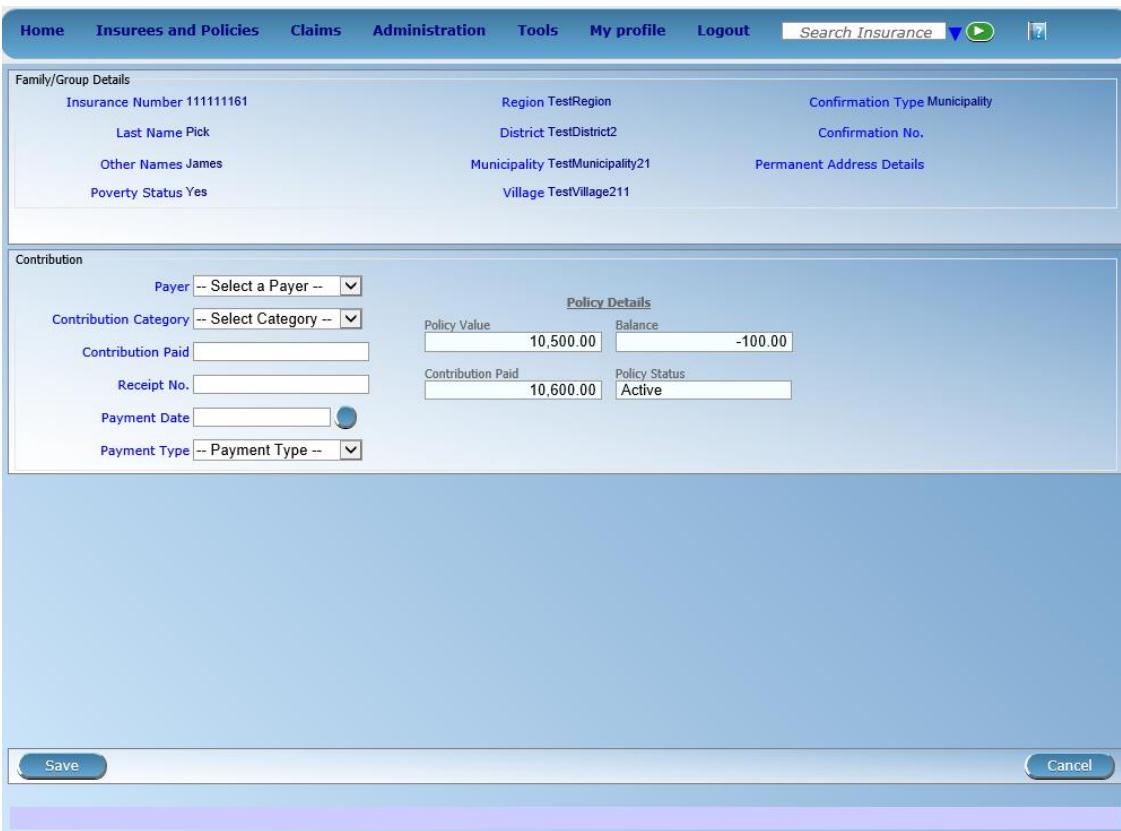


Image 4.39 (Delete confirmation- Button Panel)

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

4.6.18 Contribution Page

1. DATA ENTRY



The screenshot shows a web-based application for managing contributions. At the top, there's a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. There's also a search bar labeled "Search Insurance".

Family/Group Details:

Insurance Number 111111161	Region TestRegion	Confirmation Type Municipality
Last Name Pick	District TestDistrict2	Confirmation No.
Other Names James	Municipality TestMunicipality21	Permanent Address Details
Poverty Status Yes	Village TestVillage211	

Contribution:

Payer -- Select a Payer --	Policy Details	
Contribution Category -- Select Category --	Policy Value 10,500.00	Balance -100.00
Contribution Paid	Contribution Paid 10,600.00	Policy Status Active
Receipt No.		
Payment Date		
Payment Type -- Payment Type --		

At the bottom, there are "Save" and "Cancel" buttons.

Image 4.40 (Contribution Page)

- **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.*

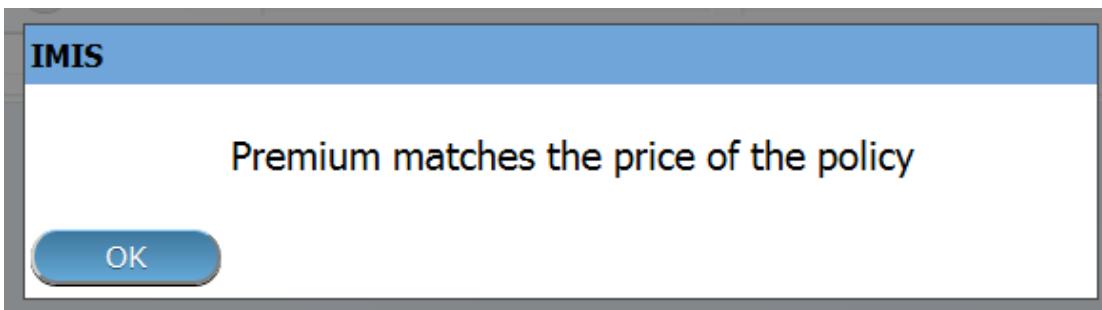
- **PAYMENT TYPE**

Select from the list of available types of payment the payment type of the contribution. Mandatory.

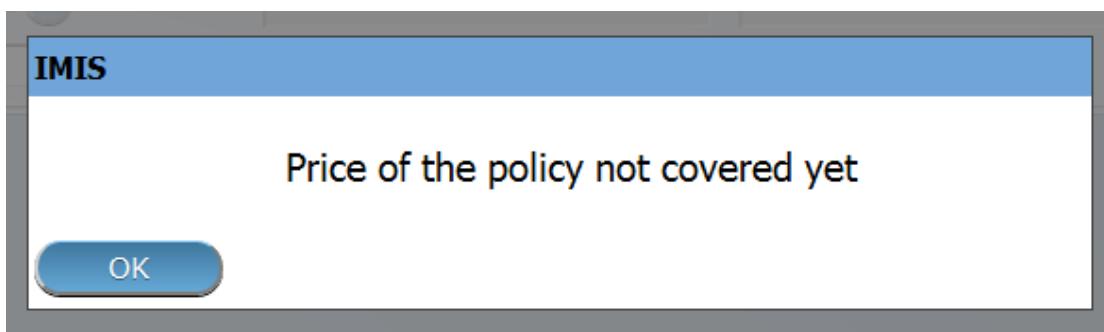
2. SAVING

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.

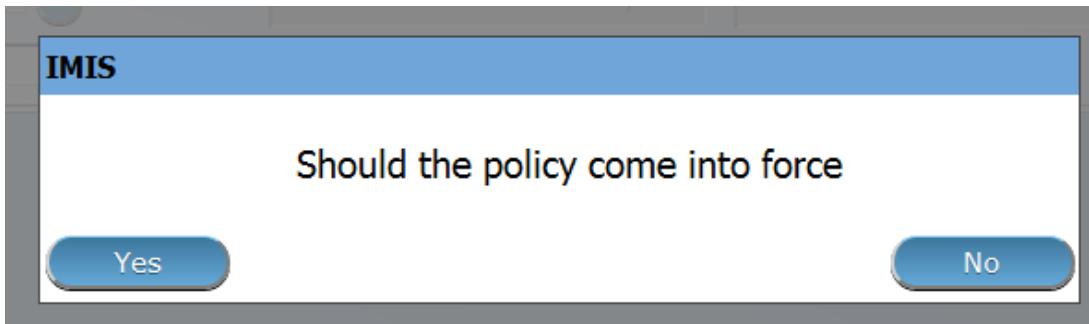
- a) If the Contribution paid matches the price of the policy:



- b) If the contribution paid is lower than the price of the policy:

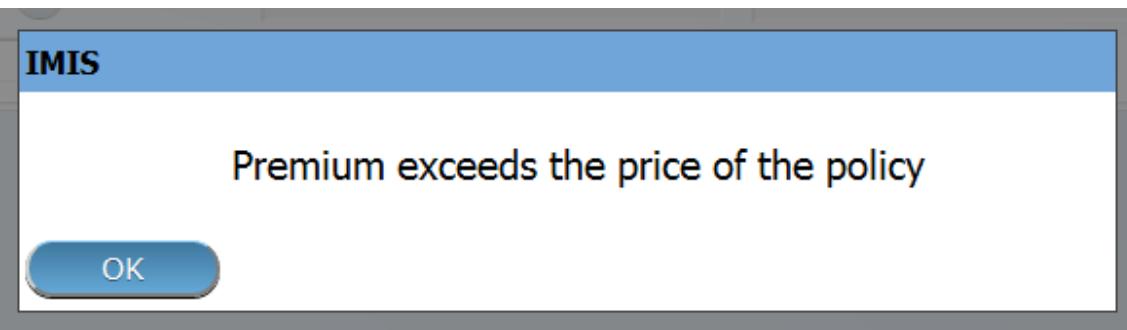


Followed by:



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 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](#).

4.6.19 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.

4.6.20 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.

4.6.21 Deleting a Contribution

Click on the **RED CROSS SIGN** button to delete the currently selected record

Before deleting a confirmation popup ([Image 4.41](#)) is displayed, which requires the user to confirm if the action should really be carried out?

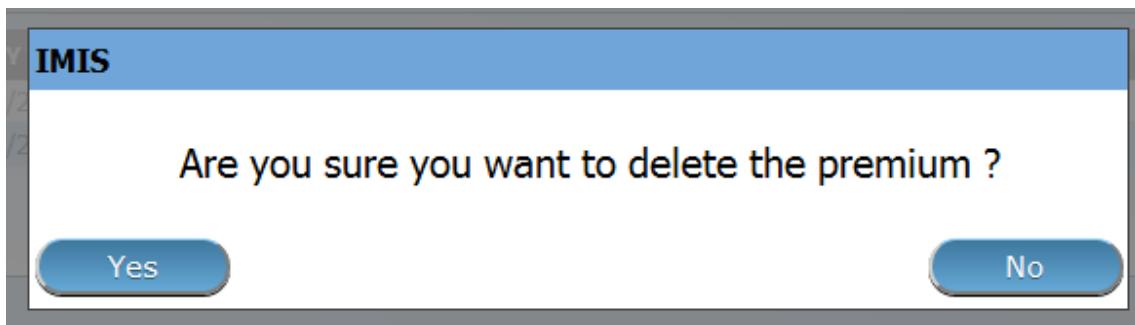


Image 4.41 (Delete confirmation- Button Panel)

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

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 IMIS

(either by the mobile phone application **Claim Management** or typed in and saved in IMIS) it goes to the status **Entered**. 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. Medical reviewing and feedback acquiring can be bypassed. Once such (manual) scrutiny of the claim is at the end, the claim may be pushed to the status **Processed**. 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 IMIS (it is not a part of it). 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**.

5.1 Heath Facility Claims

Access to the [HEALTH FACILITY CLAIMS PAGE](#) is restricted to users with the role of Claim Administrator.

5.1.1 Pre-conditions

5.1.2 Navigation

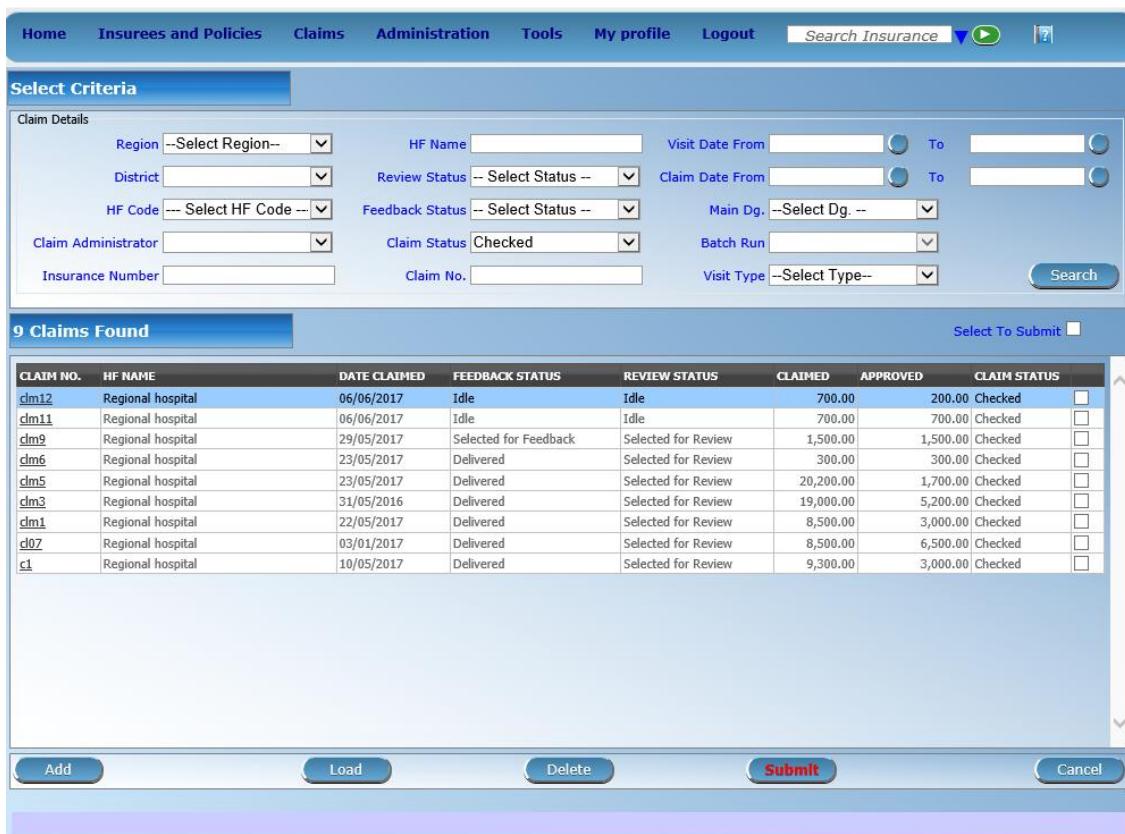
All functionality for use with the administration of health facility claims can be found under the main menu [CLAIMS](#), sub menu [HEALTH FACILITY CLAIMS](#)



Image 5.1 (Navigation Health Facility Claims)

Clicking on the sub menu **HEALTH FACILITY CLAIMS** re-directs the current user to the [Claims Control Page](#).

5.1.3 Claims Control Page



The screenshot shows the "Claims Control Page" with a search interface. The top section is titled "Select Criteria" and contains fields for "Claim Details": Region (dropdown), HF Name (text input), Visit Date From (date input) and To (date input); District (dropdown), Review Status (dropdown), Claim Date From (date input) and To (date input); HF Code (dropdown), Feedback Status (dropdown), Main Dg. (dropdown); Claim Administrator (dropdown), Claim Status (dropdown), Batch Run (dropdown); Insurance Number (text input), Claim No. (text input), Visit Type (dropdown). A "Search" button is located to the right of these fields. Below this is a section titled "9 Claims Found" containing a table of claims. The table has columns: CLAIM NO., HF NAME, DATE CLAIMED, FEEDBACK STATUS, REVIEW STATUS, CLAIMED, APPROVED, and CLAIM STATUS. The data in the table is as follows:

CLAIM NO.	HF NAME	DATE CLAIMED	FEEDBACK STATUS	REVIEW STATUS	CLAIMED	APPROVED	CLAIM STATUS
c1m12	Regional hospital	06/06/2017	Idle	Idle	700.00	200.00	Checked
c1m11	Regional hospital	06/06/2017	Idle	Idle	700.00	700.00	Checked
c1m9	Regional hospital	29/05/2017	Selected for Feedback	Selected for Review	1,500.00	1,500.00	Checked
c1m6	Regional hospital	23/05/2017	Delivered	Selected for Review	300.00	300.00	Checked
c1m5	Regional hospital	23/05/2017	Delivered	Selected for Review	20,200.00	1,700.00	Checked
c1m3	Regional hospital	31/05/2016	Delivered	Selected for Review	19,000.00	5,200.00	Checked
c1m1	Regional hospital	22/05/2017	Delivered	Selected for Review	8,500.00	3,000.00	Checked
c1d2	Regional hospital	03/01/2017	Delivered	Selected for Review	8,500.00	6,500.00	Checked
c1c1	Regional hospital	10/05/2017	Delivered	Selected for Review	9,300.00	3,000.00	Checked

At the bottom of the page are buttons for "Add", "Load", "Delete", "Submit", and "Cancel".

Image 5.2 (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 ([Image 5.2](#)).

A. 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 DG.** from the list of diagnoses status by clicking on the arrow on the right of the selector, 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 button, 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 mouse to highlight the full date and then press the space key.** **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 button, 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 mouse to highlight the full date and then press the space key.** **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 button, 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 mouse to highlight the full date and then press the space key.**

- **CLAIM DATE TO**

Type in a date; or use the date selector button, 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.

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image 5.3](#)); 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.



[Image 5.3 \(Calendar Selector - Search Panel\)](#)

- **SEARCH BUTTON**

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

B. 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 ([Image 5.4](#)). 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.

CLAIM NO.	Hospital Name	DATE CLAIMED	FEEDBACK STATUS	REVIEW STATUS	CLAIMED	APPROVED	CLAIM STATUS
clm12	Regional hospital	06/05/2017	Idle	Idle	700.00	200.00	Checked
clm11	Regional hospital	06/05/2017	Idle	Idle	700.00	700.00	Checked
clm9	Regional hospital	29/05/2017	Selected for Feedback	Selected for Review	1,500.00	1,500.00	Checked
clm6	Regional hospital	23/05/2017	Delivered	Selected for Review	300.00	300.00	Checked
clm5	Regional hospital	23/05/2017	Delivered	Selected for Review	20,200.00	1,700.00	Checked
clm3	Regional hospital	31/05/2016	Delivered	Selected for Review	19,000.00	5,200.00	Checked
clm1	Regional hospital	22/05/2017	Delivered	Selected for Review	8,500.00	3,000.00	Checked
clm2	Regional hospital	03/01/2017	Delivered	Selected for Review	8,500.00	6,500.00	Checked
s1	Regional hospital	10/05/2017	Delivered	Selected for Review	9,300.00	3,000.00	Checked

Image 5.4 (Selected record (blue), hovered records (yellow) - Result Panel)

A maximum of 2000 records can be displayed at one time, in a scroll panel. Further records can be viewed by processing the current loaded claims and search claims again.

C. Button Panel

With exception of the **CANCEL** button, which re-directs to the [Home Page](#), and the **ADD** button which re-directs to the [Claim Page](#), the button panel (the buttons Load and Submit) 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.

- **ADD**

By clicking on the add button, 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.

- **LOAD**

By clicking on the load button, the user is directed to the [Claim Page](#), where the current selected claim can be edited (provided it is in the state **Entered**).

The 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.

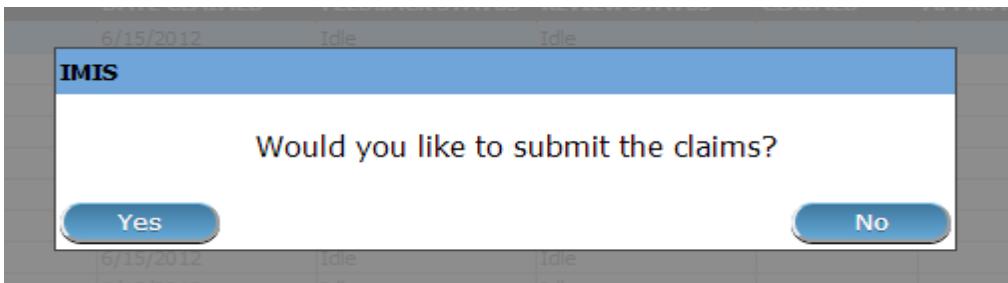
- **SUBMIT**

By clicking on the submit button, claim status of all claims with claim status **Entered** and which

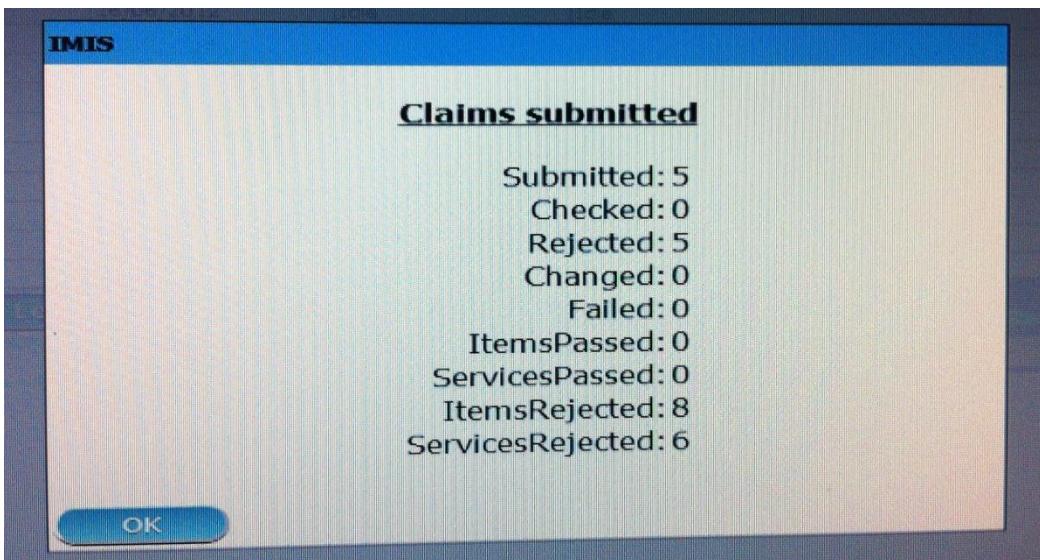
have been selected to be submitted by checking the check box on right end of each record, will be submitted..

On the top of result panel, there is a checkbox to be used to select all claims currently loaded in the result panel and whose claim status is **Entered**, prior to be submitted.

Once the process is done, a popup window ([Image 5.6](#)) with the result of the process will be shown.



[Image 5.5 \(Submit Claims Prompt – Claims Control Page\)](#)



[Image 5.6 \(Submitted Claims details – Claims Control Page\)](#)

- **DELETE**

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

Before deleting a confirmation popup ([Image 5.7](#)) is displayed, which requires the user to confirm if the action should really be carried out?

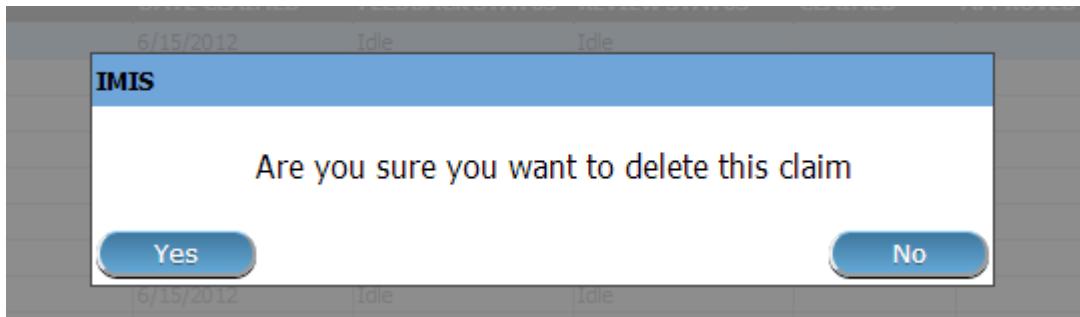


Image 5.7 (Delete confirmation – Claims Control Page)

- CANCEL

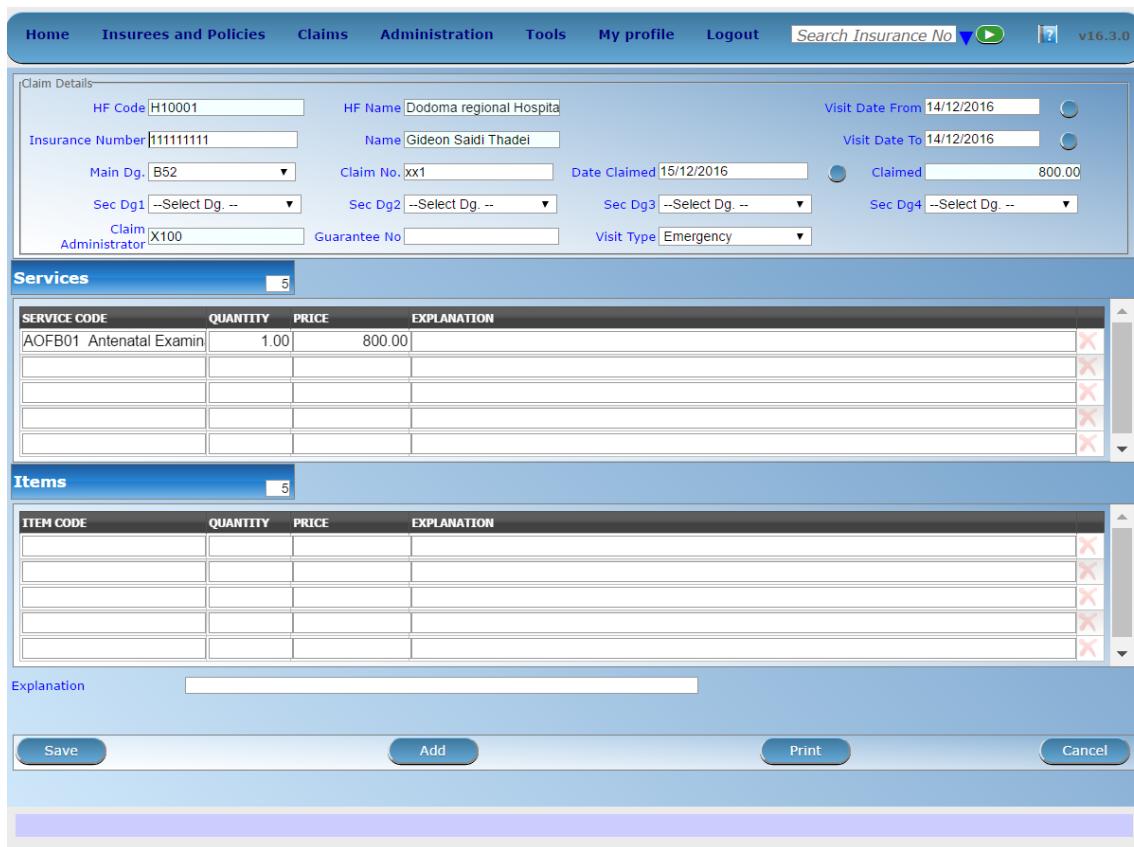
By clicking on the CANCEL button, the user will be re-directed to the [Home Page](#).

D. 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.

5.1.4 Claim Page

1. DATA ENTRY



The screenshot shows the 'Claims' section of the application. At the top, there are several input fields: HF Code (H10001), HF Name (Dodoma regional Hospital), Visit Date From (14/12/2016), Visit Date To (14/12/2016), Insurance Number (I11111111), Name (Gideon Saidi Thadei), Main Dg. (B52), Claim No. (xx1), Date Claimed (15/12/2016), Claimed (800.00), Sec Dg1, Sec Dg2, Sec Dg3, Sec Dg4, Administrator (X100), Guarantee No., and Visit Type (Emergency). Below these are two tables: 'Services' and 'Items'. The 'Services' table has one row: AOFB01 Antenatal Examin 1.00 800.00. The 'Items' table is currently empty. At the bottom, there are buttons for Save, Add, Print, and Cancel.

SERVICE CODE	QUANTITY	PRICE	EXPLANATION
AOFB01 Antenatal Examin	1.00	800.00	
			X
			X
			X
			X
			X

ITEM CODE	QUANTITY	PRICE	EXPLANATION
			X
			X
			X
			X
			X

Explanation: [Text Input Field]

Save Add Print Cancel

Image 5.8 (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 done entering this field, the corresponding name of the patient will be filled on the name of the patient (the text box which is read only field and is on the right side of the Insurance Number text field). Mandatory.

- **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 from the drop down list of diagnosis codes. Mandatory.

- **SEC DG 1**

Select the code of the first secondary diagnosis from the drop down list of diagnosis codes..

- **SEC DG 2**

Select the code of the second secondary diagnosis from the drop down list of diagnosis codes.

- **SEC DG 3**

Select the code of the third secondary diagnosis from the drop down list of diagnosis codes.

- **SEC DG 4**

Select the code of the fourth secondary diagnosis from the drop down list of diagnosis codes.

- **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**)

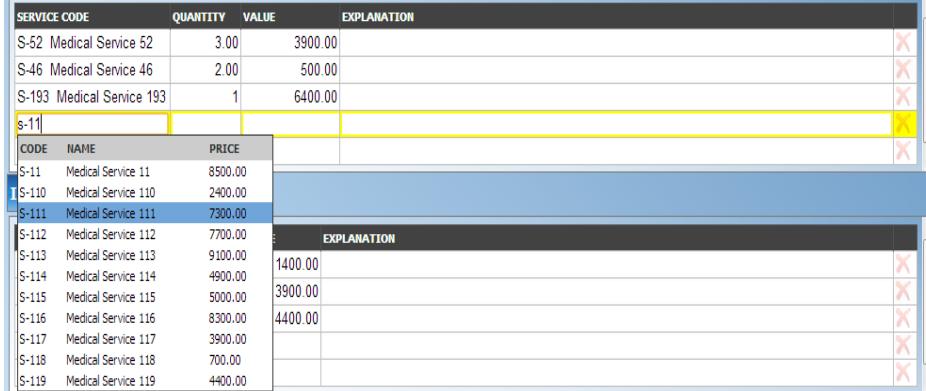
- **SERVICES**

1. **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 to 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, 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.



SERVICE CODE	QUANTITY	VALUE	EXPLANATION
S-52 Medical Service 52	3.00	3900.00	
S-46 Medical Service 46	2.00	500.00	
S-193 Medical Service 193	1	6400.00	
s-11			
CODE	NAME	PRICE	EXPLANATION
S-11	Medical Service 11	8500.00	
S-110	Medical Service 110	2400.00	
S-111	Medical Service 111	7300.00	
S-112	Medical Service 112	7700.00	
S-113	Medical Service 113	9100.00	
S-114	Medical Service 114	4900.00	
S-115	Medical Service 115	5000.00	
S-116	Medical Service 116	8300.00	
S-117	Medical Service 117	3900.00	
S-118	Medical Service 118	700.00	
S-119	Medical Service 119	4400.00	

Image 5.9 (Services dropdown suggestion box – Claim Page)

2. 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.

3. 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.

4. EXPLANATION

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

- ITEMS

1. 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, 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.

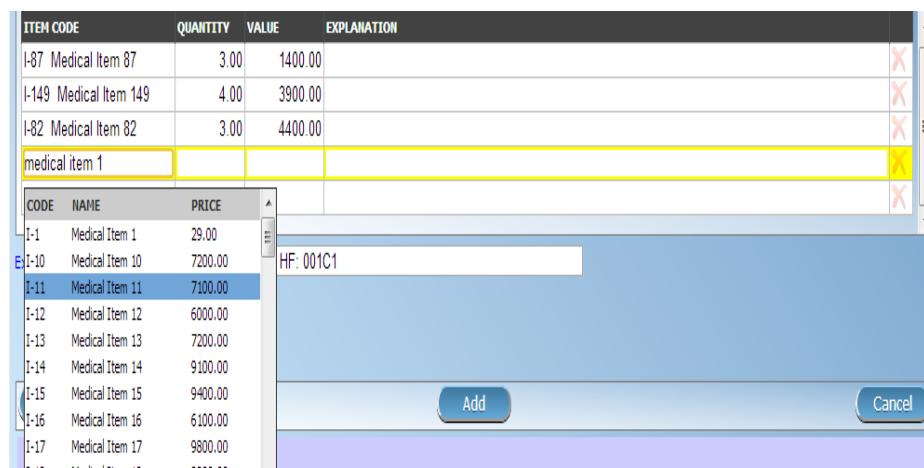


Image 5.10 (Items dropdown suggestion box – Claim Page)

2. 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.

3. 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.

4. 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 (medical officer).

▪ User Controls

On top of services input grid panel and items input grid panel, there is a textbox field ([Image 5.11](#) and [Image 5.12](#)) which is filled with a constant representing the current number of rows in the input grid a user is working with. A user can change the current number of rows in the corresponding data input grid by entered a number of rows greater than existing one. This change is only allowed before a user has made changes to the corresponding data input grid.



Image 5.11 (Services input grid row number change, input field – Claim Page)



Image 5.12 (Items input grid row number change, input field – Claim Page)

A user can manually clear the inputs in the row by clicking the **RED CROSS** button on the end right of a desired row ([Image 5.13](#)). This action will require a user to confirm for the clearing process to proceed by choosing either yes / no from the popup window ([Image 5.14](#)) asking for user confirmation.

SERVICE CODE	QUANTITY	VALUE	EXPLANATION	
S-52 Medical Service 52	3.00	3900.00		X
S-46 Medical Service 46	2.00	500.00		X
				X
				X
				X

Image 5.13 (Clear row inputs button-Claim Page)

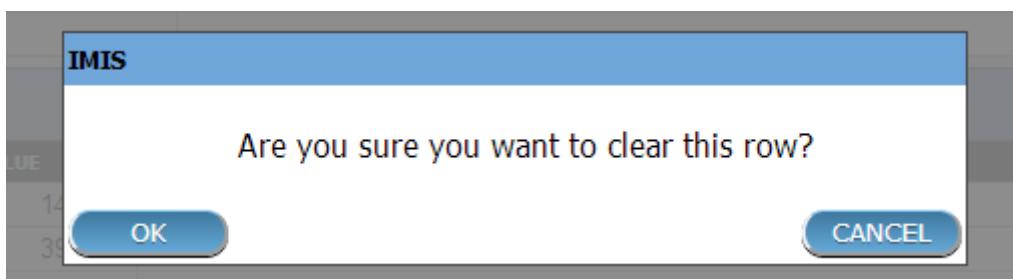


Image 5.14 (Clearing of a row confirmation – Claim Page)

2. SAVING

Once all mandatory data is entered, clicking on the SAVE button will save the claim. The user stay in the Claim Page; a message confirming that the claim has been saved will appear on the bottom of the Claim 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).

4. PRINTING OF A CLAIM

By clicking on the PRINT button, the user will be shown a printable version of the claim details page. The printable version of the claim is available in the following formats (Word, PDF, Excel)

5. Creating of a new claim

By clicking on the ADD button, 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.

6. CANCEL

By clicking on the **CANCEL** button, the user will be re-directed to the [Claims Control Page](#).

5.2 Review claims

The functionality allows reviewing and adjustments of claims from medical point of view. Reviewing of claims is restricted to users with the role of Medical Officer

5.2.1 Pre-conditions

A claim has been already submitted.

5.2.2 Navigation

All functionality for use with the administration of claim overview can be found under the main menu

[CLAIMS](#), sub menu [REVIEW](#).

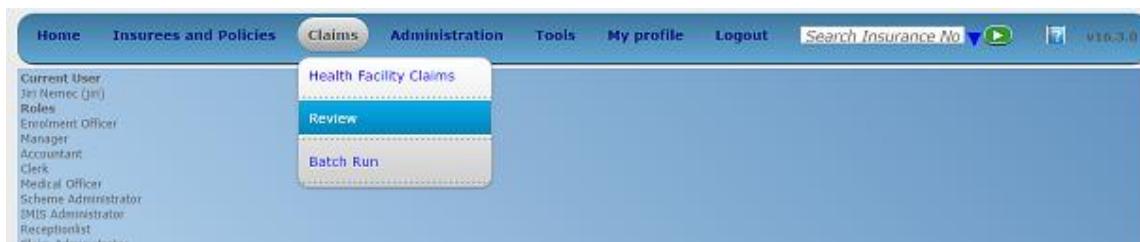
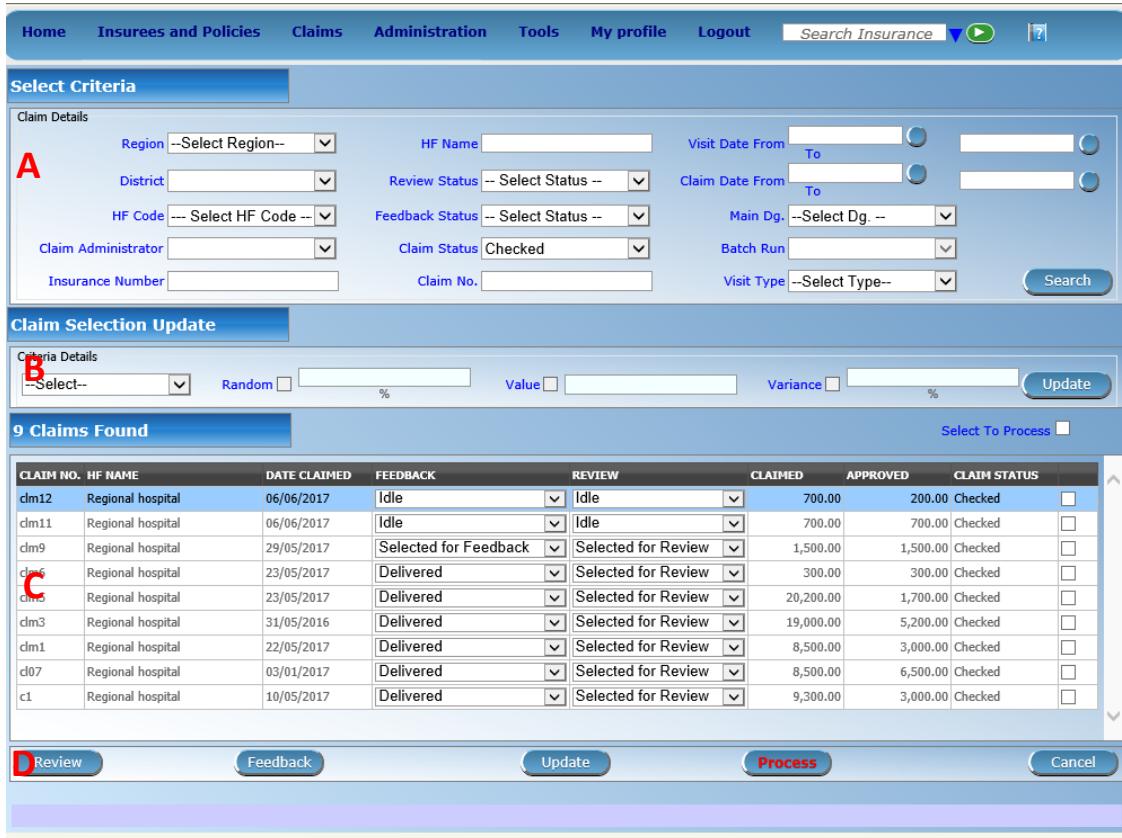


Image 5.15 (Navigation Review)

Clicking on the sub menu [REVIEW](#) re-directs the current user to the [Claims Overview Page](#).



A **Select Criteria**

Claim Details

Region	--Select Region--	HF Name	Visit Date From	To
District	--Select--	Review Status	-- Select Status --	Claim Date From
HF Code	-- Select HF Code --	Feedback Status	-- Select Status --	Main Dg.
Claim Administrator	--Select--	Claim Status	Checked	Batch Run
Insurance Number	--Select--	Claim No.	--Select Type--	Search

B **Claim Selection Update**

Criteria Details

--Select--	Random	%	Value	%	Variance	%	Update
------------	--------	---	-------	---	----------	---	--------

C **9 Claims Found**

Select To Process

CLAIM NO.	HF NAME	DATE CLAIMED	FEEDBACK	REVIEW	CLAIMED	APPROVED	CLAIM STATUS
clm12	Regional hospital	06/06/2017	Idle	Idle	700.00	200.00	Checked
clm11	Regional hospital	06/06/2017	Idle	Idle	700.00	700.00	Checked
clm9	Regional hospital	29/05/2017	Selected for Feedback	Selected for Review	1,500.00	1,500.00	Checked
clm5	Regional hospital	23/05/2017	Delivered	Selected for Review	300.00	300.00	Checked
clm3	Regional hospital	31/05/2016	Delivered	Selected for Review	20,200.00	1,700.00	Checked
clm1	Regional hospital	22/05/2017	Delivered	Selected for Review	19,000.00	5,200.00	Checked
cl07	Regional hospital	03/01/2017	Delivered	Selected for Review	8,500.00	3,000.00	Checked
c1	Regional hospital	10/05/2017	Delivered	Selected for Review	8,500.00	6,500.00	Checked
					9,300.00	3,000.00	Checked

D **Bottom Row Buttons**

Review Feedback Update Process Cancel

Image 5.16 (Claims Overview Page)

5.2.3 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 ([Image 5.16](#)).

A. 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 searched for health facility is located or where patients are permanently living 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 searched for health facility is located or where patients are permanently living 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**; from the list of health facilities codes 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**, 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 administrator codes 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.*

- **INSURENCE NUMBER**

Type in the beginning of; or the full **INSURENCE NUMBER**, to search for claims for patients with the insurance number which start with or match completely the typed text.

- **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 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 status by clicking on the arrow on the right of the selector, 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 button, 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 mouse to highlight the full date and then press the space key.***

- **VISIT DATE TO**

Type in a date; or use the date selector button, 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 mouse to highlight the full date and then press the space key.***

- **CLAIM DATE FROM**

Type in a date; or use the date selector button, 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 mouse to highlight the full date and then press the space key.***

- **CLAIM DATE TO**

Type in a date; or use the date selector button, 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 mouse to highlight the full date and then press the space key.***

- **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.

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image 5.17](#)); 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.



Image 5.17 (Calendar Selector - Search 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.

B. 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 **(Not) Selected for Feedback** or **(Not) 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** alone or **SELECT** and either **RANDOM** or **VALUE** or **VARIANCE** or combination of **VALUE** and **VARIANCE**.

- **SELECT**

Is 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. The default is 40000.

- **VARIANCE**

Accept a number which is considered to be a percentage of the current claim value variance. Calculated by dividing the current claim value (**value**) and the average sum(**Average**) of the all claims in the previous year from the current claim date and with the same main diagnosis as that of the current claim, minus one(**1**) and finally multiply by hundred(**100**) to get the percentage variance.i.e

$$\text{Percentage Variance} = [(Value / Average) - 1] * 100$$

Enter a number by checking the variance checkbox and enter a number on the text field next to checkbox. The default is 50%.

- **UPDATE BUTTON**

Once desired criteria have been set and after clicking this button, then the claims currently displayed in the result panel which satisfy the criteria, will be updated of their **Idle** Review Status or Feedback Status to either **(Not) Selected for Review** or **(Not) Selected for Feedback** respectively.

A popup prompt window will be displayed to confirm the process, as shown on [Image 5.18](#) and [Image 5.19](#).

Once the update process is over, a popup window ([Image 5.20](#)). Showing the result of the process will be displayed.

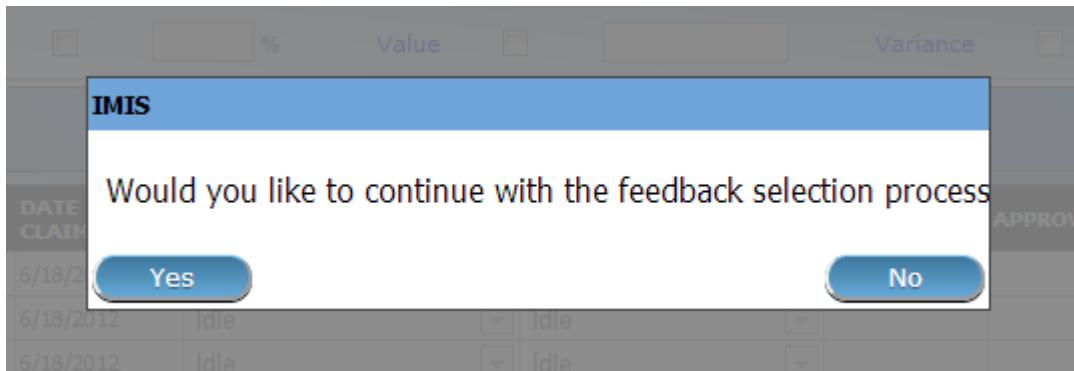


Image 5.18 (Claim Feedback Selection Update Prompt – Claims Overview Page)

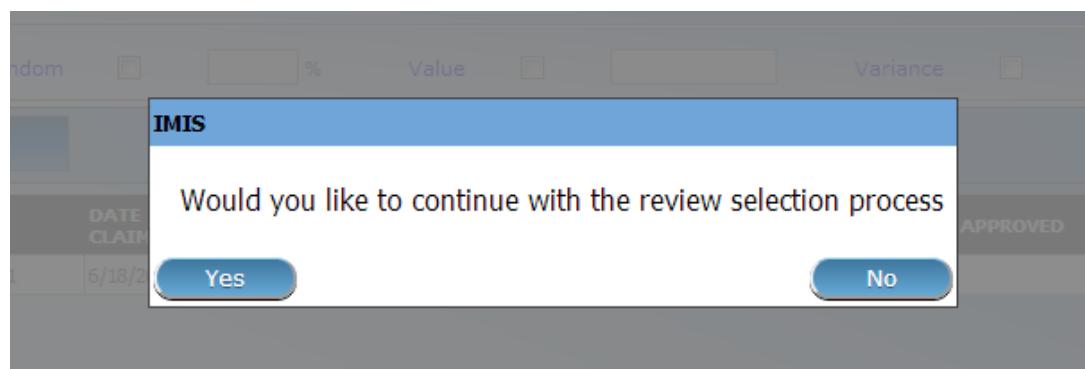


Image 5.19 (Claim Review Selection Update Prompt – Claims Overview Page)

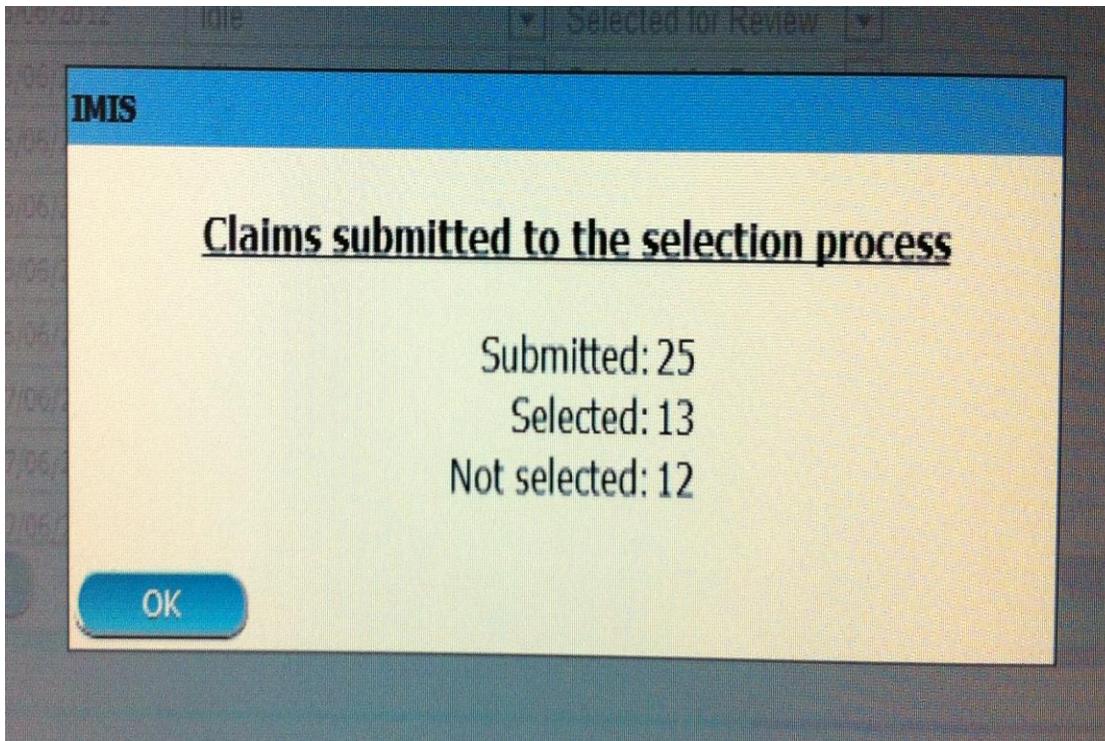


Image 5.20 (Claim Selection Update Results – Claims Overview Page)

C. 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 ([Image 5.21](#)).

CLAIM CODE	HEALTH FACILITY	DATE CLAIMED	FEEDBACK	REVIEW	CLAIMED	APPROVED	CLAIM STATUS
00000006	Health Centre 1 in District 1	6/18/2012	Not Selected	Not Selected			Checked
00000005	Health Centre 1 in District 1	6/18/2012	Not Selected	Not Selected			Checked
00000004	Health Centre 1 in District 1	6/18/2012	Selected for Feedback	Not Selected			Checked
00000003	Health Centre 1 in District 1	6/18/2012	Idle	Idle			Checked
00000002	Health Centre 1 in District 1	6/18/2012	Not Selected	Selected for Review			Checked
00000001	Health Centre 1 in District 1	6/18/2012	Idle	Idle			Checked

Image 5.21 (Selected record (blue), hovered records (yellow) - Result Panel)

A maximum of 2000 records can be displayed at one time, in a scroll panel. Further records can be viewed by processing the current loaded claims and search claims again.

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 from low status to high status only. Either from **Idle** to **Not Selected** or **Selected for Feedback** in case of the feedback status or **Not Selected** or **Selected for Review** in case of the review status. Or from **Not**

Selected to Selected for Feedback in case of the feedback status or **Selected for Review** in case of the review status. For changes to take effect, a user will have to update the changes by clicking the **UPDATE** button.

D. Button Panel

With exception of the Cancel button, which re-directs to the [Claims Overview Page](#), the button panel 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.

- **REVIEW**

Clicking on this button 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.

The page will open with the current information loaded into the data entry fields. See the [Claim Review Page](#), for information on the data entry and mandatory fields.

- **FEEDBACK**

Clicking on this button 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**.

The page will open with the current information loaded into the data entry fields. See the [Claim Feedback Page](#) for information on the data entry and mandatory fields.

- **UPDATE**

Clicking on this button, update the feedback status and review status of claims in the result panel from either **Idle** to **Not Selected** or **Selected for Feedback** or **Selected for Review** respectively or from **Not Selected** to **Selected for Feedback** or **Selected for Review** respectively.

- **PROCESS**

Clicking on this button changes the claim status **Checked** of all current selected claims in the Result Panel, selected by checking the checkbox on the right end of each record, to claim status **Processed**.

Claims which can be selected for being processed are ones whose claim status is **Checked** and

Feedback Status and **Review Status** are not **Idle**. The checkbox on the top of the Result Panel can be used to select multiple claims. The process happens while a user stays on the same page. Once the process is done, a popup window ([Image 5.23](#)) showing results of the process will be shown.

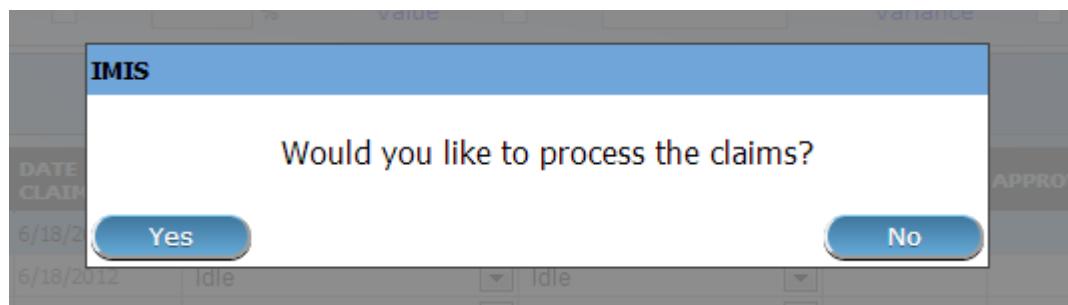


Image 5.22 (Process Claim Prompt – Claims Overview Page)

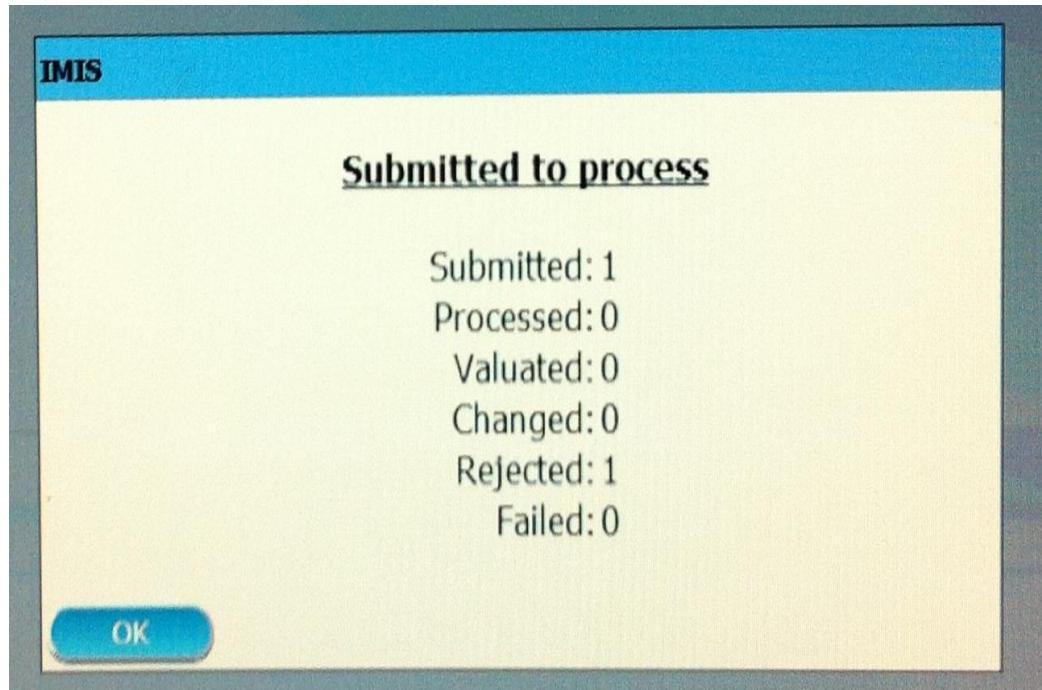


Image 5.23 (Processed Claims details – Claims Overview Page)

- **CANCEL**

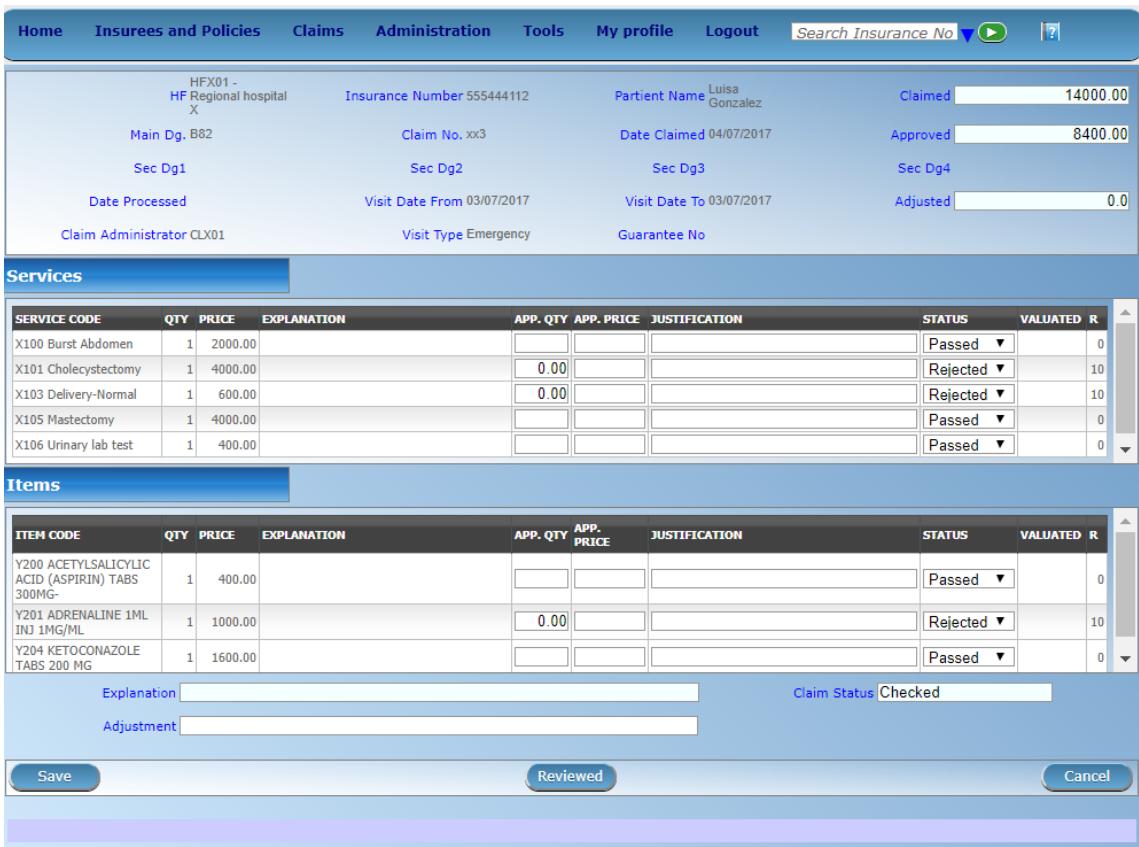
By clicking on the cancel button, the user will be re-directed to the [Claims Overview Page](#).

E. 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.

5.2.4 Claim Review Page

1. DATA ENTRY



The screenshot shows the 'Claim Review Page' interface. At the top, there's a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. There's also a search bar for Insurance No and a help icon.

In the main area, there are several input fields and dropdowns:

- HFX01 - HF Regional hospital X
- Insurance Number: 555444112
- Patient Name: Luisa Gonzalez
- Claimed Amount: 14000.00
- Main Dg: B82
- Claim No.: xx3
- Date Claimed: 04/07/2017
- Approved Amount: 8400.00
- Sec Dg1
- Sec Dg2
- Sec Dg3
- Sec Dg4
- Date Processed
- Visit Date From: 03/07/2017
- Visit Date To: 03/07/2017
- Adjusted Amount: 0.0
- Claim Administrator: CLX01
- Visit Type: Emergency
- Guarantee No.

Below these fields are two grid sections:

- Services** grid (top):

SERVICE CODE	QTY	PRICE	EXPLANATION	APP. QTY	APP. PRICE	JUSTIFICATION	STATUS	VALUATED	R
X100 Burst Abdomen	1	2000.00					Passed	0	
X101 Cholecystectomy	1	4000.00		0.00			Rejected	10	
X103 Delivery-Normal	1	600.00		0.00			Rejected	10	
X105 Mastectomy	1	4000.00					Passed	0	
X106 Urinary lab test	1	400.00					Passed	0	
- Items** grid (bottom):

ITEM CODE	QTY	PRICE	EXPLANATION	APP. QTY	APP. PRICE	JUSTIFICATION	STATUS	VALUATED	R
Y200 ACETYLSALICYLIC ACID (ASPIRIN) TABS 300MG-	1	400.00					Passed	0	
Y201 ADRENALINE 1ML INJ 1MG/ML	1	1000.00		0.00			Rejected	10	
Y204 KETOCONAZOLE TABS 200 MG	1	1600.00					Passed	0	

At the bottom of the page are three buttons: Save, Reviewed, and Cancel.

Image 5.24 (Claim Review Page)

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 role Medical Officer can enter new relevant values for review of the current claim.

Read-only information of the current claim includes the following:

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

- **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:

Reason Code	Reason Description
-1	Rejected by a medical officer
0	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	Item/Service duplicated
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

- **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.

- **ADJUSTMENT**

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

2. SAVING

Once appropriate data is entered, clicking on the **SAVE** button will save the claim. The user will be re-directed back to the [Claims Overview Page](#); a message confirming that the claim has been saved will appear on the Information Panel. The **SAVE** button appears only if the claim was reviewed in the status **Selected for Review**.

3. REVIEWING

Once appropriate data is entered, clicking on the **REVIEWED** button will save the claim and change the claim Review Status from **Selected for Review** to **Review**. The user will be re-directed back to the [Claims Overview Page](#); a message confirming that the claim has been saved will appear on the Information Panel. The **REVIEWED** button appears only if the claim was reviewed in the status **Selected for Review**.

4. DATA ENTRY VALIDATION

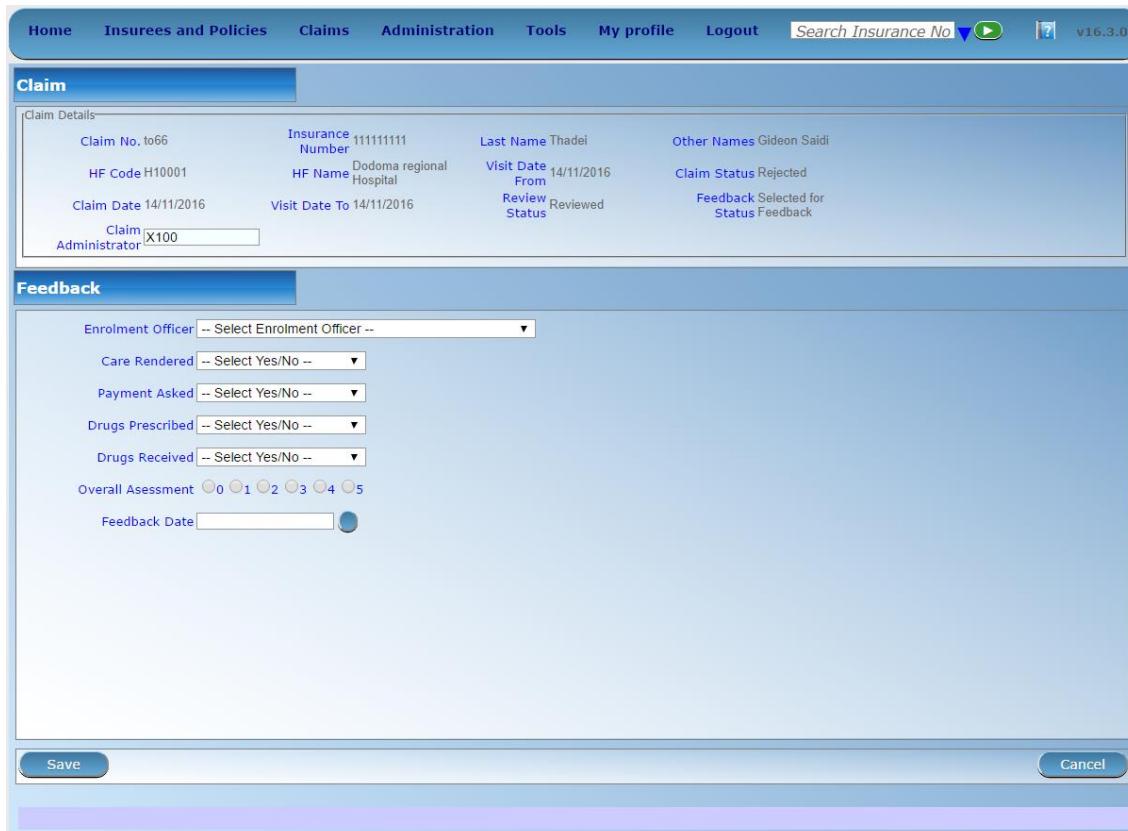
If inappropriate data is entered at the time the user clicks the **SAVE** or **REVIEW** button, an error message will appear in the Information Panel, and the data field will take the focus.

5. CANCEL

By clicking on the **CANCEL** button, the user will be re-directed to the [Claims Overview Page](#).

5.2.5 Claim Feedback Page

1. DATA ENTRY



Claim

Claim Details

Claim No.	to66	Insurance Number	11111111	Last Name	Thadei	Other Names	Gideon Saidi
HF Code	H10001	HF Name	Dodoma regional Hospital	Visit Date From	14/11/2016	Claim Status	Rejected
Claim Date	14/11/2016	Visit Date To	14/11/2016	Review Status	Reviewed	Feedback Status	Selected for Feedback
Claim Administrator	X100						

Feedback

Enrolment Officer: -- Select Enrolment Officer --

Care Rendered: -- Select Yes/No --

Payment Asked: -- Select Yes/No --

Drugs Prescribed: -- Select Yes/No --

Drugs Received: -- Select Yes/No --

Overall Assessment: 0 1 2 3 4 5

Feedback Date: [Text Input]

Buttons: Save, Cancel

Image 5.25 (Claim Feedback Page)

CLAIM FEEDBACK PAGE will show read-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 role Medical Officer can enter feedback on the current claim or where the user can read a feedback delivered by enrolment officers.

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

- **HF CODE**

The health facility code which the claim belongs to.

- **HF NAME**

The health facility name which the claim belongs to

- **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.

- **LAST NAME**

The last name of the patient on whom the claim is made.

- **OTHER NAMES**

The other names 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.

- **REVIEW STATUS**

The status of the claim with respect to reviewing.

- **FEEDBACK STATUS**

The status of the claim with respect to feed back.

Modifiable data of the feedback include in the section **Feedback** the following

- **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 list, by clicking the arrow on the right side of selection field.

- **PAYMENT ASKED**

Select 'Yes' or 'No' from the list, by clicking the arrow on the right side of selection field.

- **DRUGS PRESCRIBED**

Select 'Yes' or 'No' from the list, by clicking the arrow on the right side of selection field.

- **DRUGS RECEIVED**

Select 'Yes' or 'No' from the list, by clicking the arrow on the right side of selection field

- **OVERALL ASSESSMENT**

Choose one level among the six levels available by checking/clicking on the desired checkbox.

- **FEEDBACK DATE**

Type in a date of collection of the feedback; or use the date selector button, to enter date.

Note. To clear the date entry box; use the mouse to highlight the full date and then press the back space key.

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR** BUTTON will pop-up an easy to use, calendar selector ([Image: 5.26](#)) ; 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.

<p>September, 2012</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> </thead> <tbody> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </tbody> </table> <p>Today: September 6, 2012</p>	Su	Mo	Tu	We	Th	Fr	Sa	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	<p>2012</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th></tr> </thead> <tbody> <tr><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td></tr> <tr><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td></tr> </tbody> </table> <p>Today: September 6, 2012</p>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	<p>2010-2019</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>2009</th><th>2010</th><th>2011</th><th>2012</th></tr> </thead> <tbody> <tr><td>2013</td><td>2014</td><td>2015</td><td>2016</td></tr> <tr><td>2017</td><td>2018</td><td>2019</td><td>2020</td></tr> </tbody> </table> <p>Today: September 6, 2012</p>	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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26	27	28	29	30	31	1																																																																					
2	3	4	5	6	7	8																																																																					
9	10	11	12	13	14	15																																																																					
16	17	18	19	20	21	22																																																																					
23	24	25	26	27	28	29																																																																					
30	1	2	3	4	5	6																																																																					
Jan	Feb	Mar	Apr																																																																								
May	Jun	Jul	Aug																																																																								
Sep	Oct	Nov	Dec																																																																								
2009	2010	2011	2012																																																																								
2013	2014	2015	2016																																																																								
2017	2018	2019	2020																																																																								

Image 5.26 (Calendar Selector – Claim Feedback Page)

2. SAVING

Once all mandatory data is entered, clicking on the **SAVE** button 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.

3. CANCEL

By clicking on the **CANCEL** button, the user will be re-directed to the [Claims Overview Page](#).

5.3 Batch Run

Administration of batches of claims is restricted to users with the role of Accountant.

5.3.1 Pre-conditions

5.3.2 Navigation

All functionality for use with the administration of processing of batches can be found under the main menu [CLAIMS](#), sub menu [BATCH RUN](#).

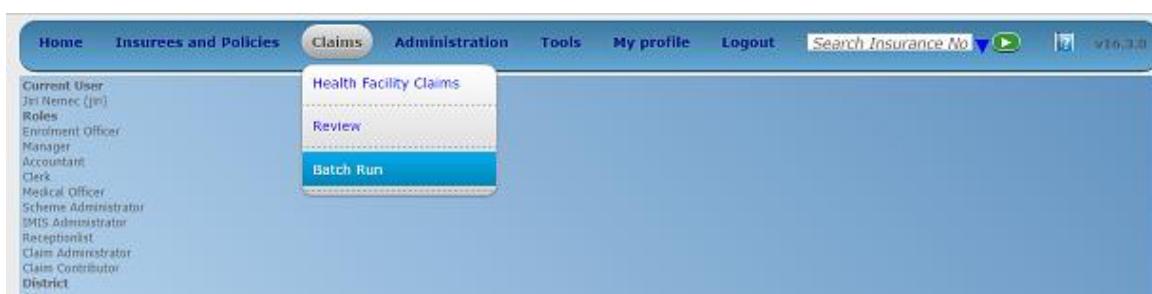
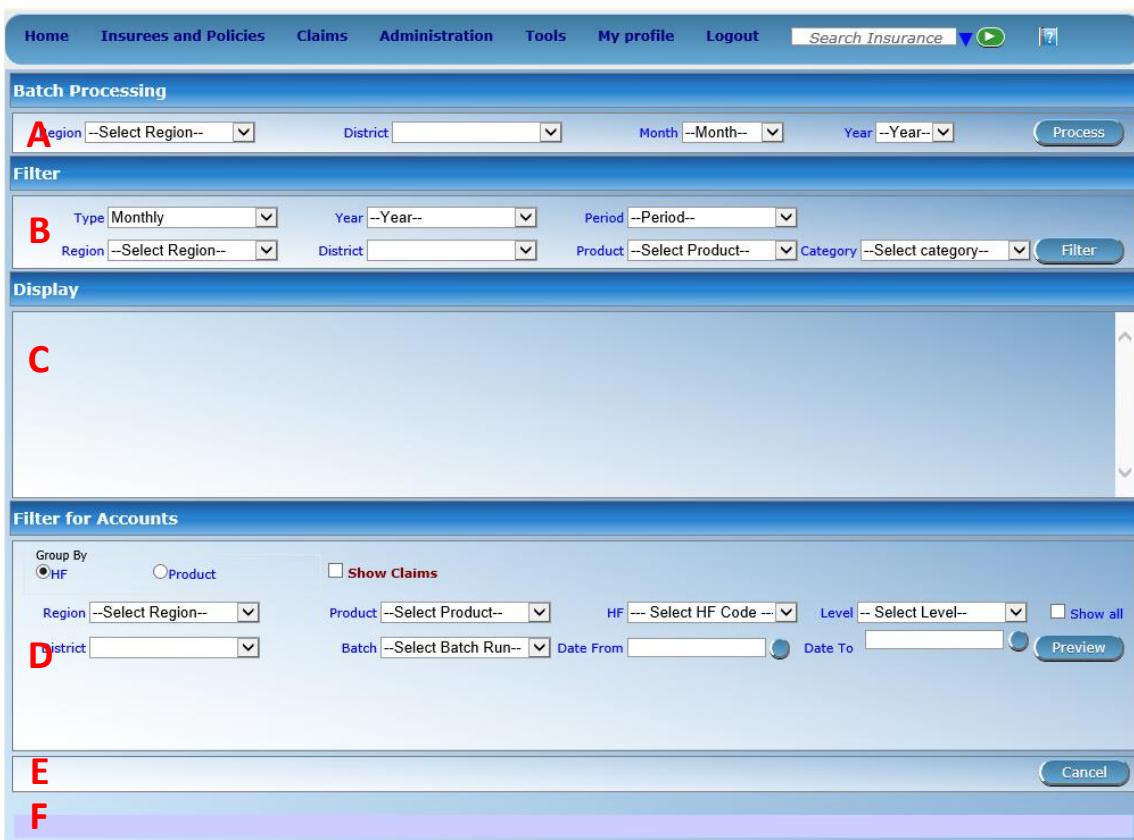


Image 5.27 (Navigation Batch Run)

Clicking on the sub menu **BATCH RUN** re-directs the current user to the [Batch Run Control Page.](#)

5.3.3 Batch Run Control Page



The screenshot shows the 'Batch Processing' section of the Batch Run Control Page. It includes:

- A:** A 'Region' dropdown menu labeled 'Select Region--'.
- B:** A 'Filter' section containing 'Type' (set to 'Monthly'), 'Year' (dropdown), 'Period' (dropdown), 'Region' (dropdown), 'District' (dropdown), 'Product' (dropdown), and 'Category' (dropdown).
- C:** A large, empty blue rectangular area representing the main display or results pane.
- D:** A 'Filter for Accounts' section with 'Group By' radio buttons for 'HF' (selected) and 'Product'. It also includes 'Show Claims' checkbox, 'Region' (dropdown), 'Product' (dropdown), 'HF' (dropdown), 'Level' (dropdown), 'District' (dropdown), 'Batch' (dropdown), 'Date From' (text input), 'Date To' (text input), and a 'Preview' button.
- E:** A small red rectangular area at the bottom left of the page.
- F:** A small red rectangular area at the bottom right of the page.

Image 5.28 (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 role of Accountant. By having access to this page, it is possible to process batches, filter, and filter for accounts. The panel is divided into six sections ([Image 5.28](#))

- 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.**

- **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 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.**

- **MONTH**

Select the **MONTH**; from the list of months 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. Only periods for which a batch hasn't been run yet are offered in both lists.

- **PROCESS**

Once criteria are chosen, clicking on this process button, will process based on the selected criteria. If the option **National** was used in the field **REGION** the batch is run only for nationwide insurance products. If a region is selected in the field **REGION** and no district is selected the batch is 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.

B. Filter Panel.

The filter panel allows a user to filter results of running of batches (calculation of indexes for relative pricing) 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 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.***

- **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 only one then the district will be automatically selected***

- **PRODUCT**

Select **PRODUCT** from the list of products by clicking on the arrow on the right of the selector.

- **CATEGORY**

Select category of health care (**Hospital, Non-hospital, General**) 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 will filter based on the selection criteria.

C. Display Panel.

The Display Panel is used to display results of running of batches after the filter or processing. While hovering over records, records get highlighted with a yellow colour ([Image 5.29](#)).

YEAR	MONTH	PRODUCT	CARE TYPE	CALCULATED DATE	INDEX
2012	1	Product 1 in District 1	O	2/28/2012	0.7500000000000000
2012	2	Product 1 in District 1	O	3/31/2012	0.8000000000000000
2012	3	Product 1 in District 1	O	4/30/2012	0.8300000000000000
2012	1	Product 1 in District 1	I	2/28/2012	0.7700000000000000
2012	2	Product 1 in District 1	I	3/31/2012	0.6300000000000000
2012	3	Product 1 in District 1	I	4/30/2012	0.7200000000000000

Image 5.29 (Selected record (blue), hovered records (yellow) - Result Panel)

D. 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:

- **START DATE**

Type in a date; or use the date selector button to enter date which is equal or less than claim date. **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 date which is equal or greater than claim date. **Note.** To clear the date entry box; use the mouse to highlight the full date and then press the space key.

- **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image 5.30](#)); by default the calendar will show the current month, or the month of the currently selected date, with the current day highlighted.

- a. At anytime during the use of the pop-up, the user can see the date of today.
- b. Clicking on today will close the pop-up and display the today's date in the corresponding date entry box.
- c. Clicking on any day of the month will close the pop-up and display the date selected in the corresponding date entry box.
- d. Clicking on the arrow to the left displays the previous month.
- e. Clicking on the arrow on the right will displays the following month.
- f. Clicking on the month will display all the months for the year
- g. Clicking on the year will display a year selector.



Image 5.30 (Calendar Selector – Filter for Accounts Panel)

- **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.**

- **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 only one then the District will be automatically selected**

- **HF**

Select a health facility from the list of health facilities codes and names clicking on the arrow on the right of the selector. **Note: The list will only be filled with the Health Facilities belonging to the Districts assigned to the current logged in user.**

- **PRODUCT**

Select a product from the list of products by clicking on the arrow on the right of the selector. The list of products contains only nationwide insurance products if the option **National** is used in the field **REGION**. It contains only regional insurance products for the selected region if no district is selected. It contains only district insurance products for the selected district.

- **LEVEL**

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

- **GROUP BY**

Select either grouping of the report by health facility (**HF**) or by product (**PRODUCT**) by checking either the health facility checkbox or product checkbox respectively.

- **SHOW ALL**

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

- **SHOW CLAIMS**

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

- **PREVIEW**

Once criteria are chosen, clicking on this preview button will create a protocol of the selected batch.

E. Button Panel

This panel contains control button.

- **CANCEL**

By clicking on the cancel button, the user will be re-directed to the [Home Page](#).

F. 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.

6 Tools

6.1 Upload List of Diagnoses

Access to uploading of diagnoses is restricted to the users with the role of IMIS Administrator.

6.1.1 Navigation

All functionality for use with the administration of uploading of the list of diagnoses can be found under the main menu [TOOLS](#), sub menu [UPLOAD DIAGNOSES](#).



Image 6.1 (Navigation Upload Diagnoses)

Clicking on the sub menu **UPLOAD DIAGNOSES** re-directs the current user to the [Upload Diagnoses Page.](#)

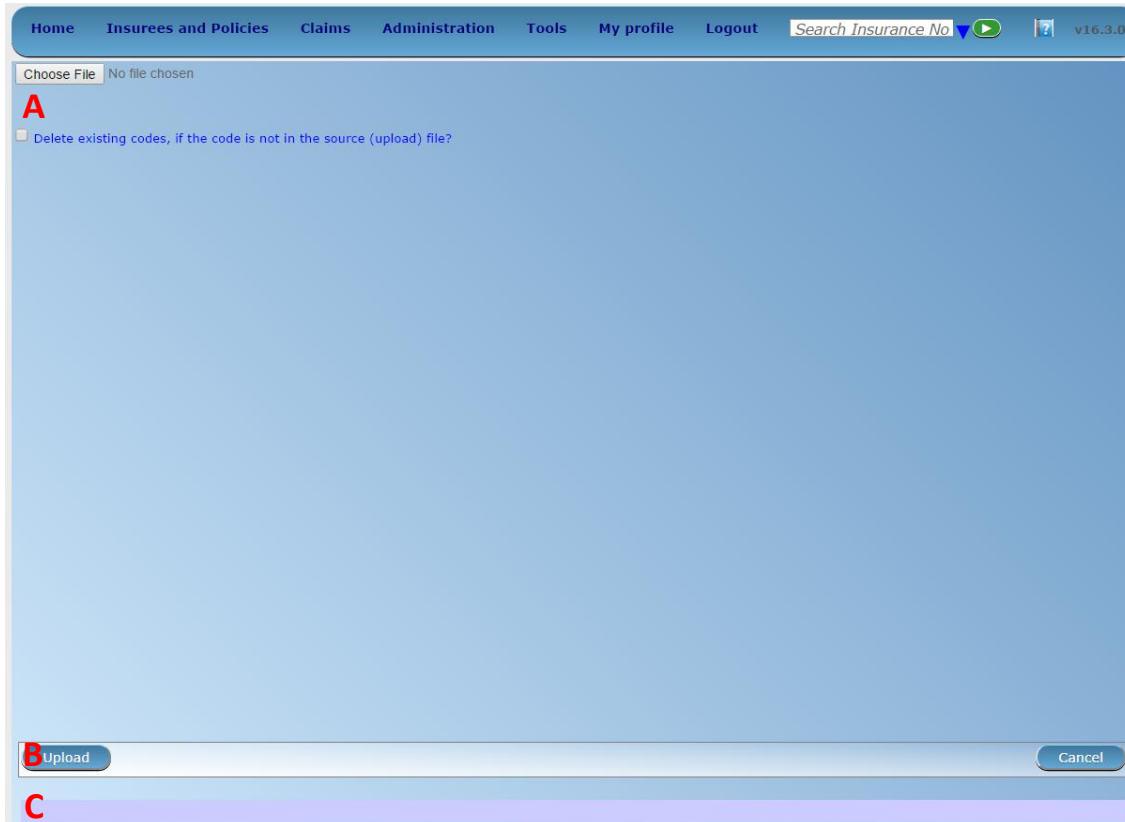


Image 6.2 (Upload Diagnoses Page)

The [**UPLOAD DIAGNOSES PAGE**](#) is divided into three sections ([Image 6.2](#)).

A. Select Criteria

The Select Criteria allows the user to choose file containing diagnoses codes; that should be uploaded. Also a user can select the option whether or not to delete existing codes, if the code is not in the source file. The source file containing the uploaded list of diagnoses is a **txt** file having in the title (first) row (items separated by a **Tab** character):

ICDCode ICDName

And on each subsequent row is the code of one diagnosis and its name separated by a **Tab** character

B. Buttons

- **UPLOAD**

By clicking on the **UPLOAD** button, a prompt popup message will appear, require a user to agree or disagree ([Image 6.3](#)). If user agrees the selected file containing list of diagnoses will be

uploaded.

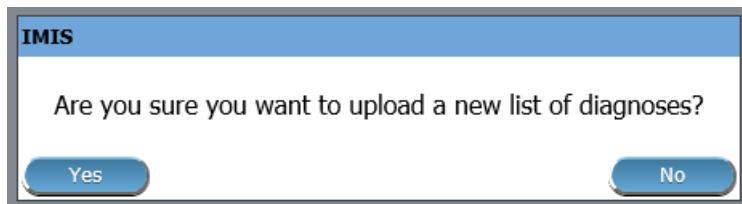


Image 6.3 (Upload Diagnoses)

- [CANCEL](#)

By clicking on [CANCEL](#) button, user will be re-directed to [Home page](#).

C. Information Panel

The Information Panel is used to display messages back to the user.

6.2 Policy Renewals

Access to management of policy renewals is restricted to the users with the role of Clerk.

6.2.1 Navigation

All functionality for use with the administration of policy renewals can be found under the main menu



[TOOLS](#), sub menu [POLICY RENEWALS](#)

Image 6.4 (Navigation Policy Renewals)

Clicking on the sub menu [POLICY RENEWALS](#) re=directs the current user to the [Policy Renewal Page](#).

A

Select Criteria

Preview Journal

Policy Status	Idle	<input type="button" value="▼"/>
Region	--Select Region--	<input type="button" value="▼"/>
District	<input type="text"/>	<input type="button" value="▼"/>
Municipality	<input type="text"/>	<input type="button" value="▼"/>
Village	<input type="text"/>	<input type="button" value="▼"/>
Enrolment Officer	<input type="text"/>	<input type="button" value="▼"/>
Date From	<input type="text"/>	<input type="button" value="▼"/>
Date To	<input type="text"/>	<input type="button" value="▼"/>

B

C

Image 6.5 (Policy Renewal Page)

6.2.2 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 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 ([Image 6.5](#)).

A. 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.

B. Button Panel

CANCEL: Re-directs to the [Home Page](#)

PREVIEW: Click on the preview button to display the report based on the filters.

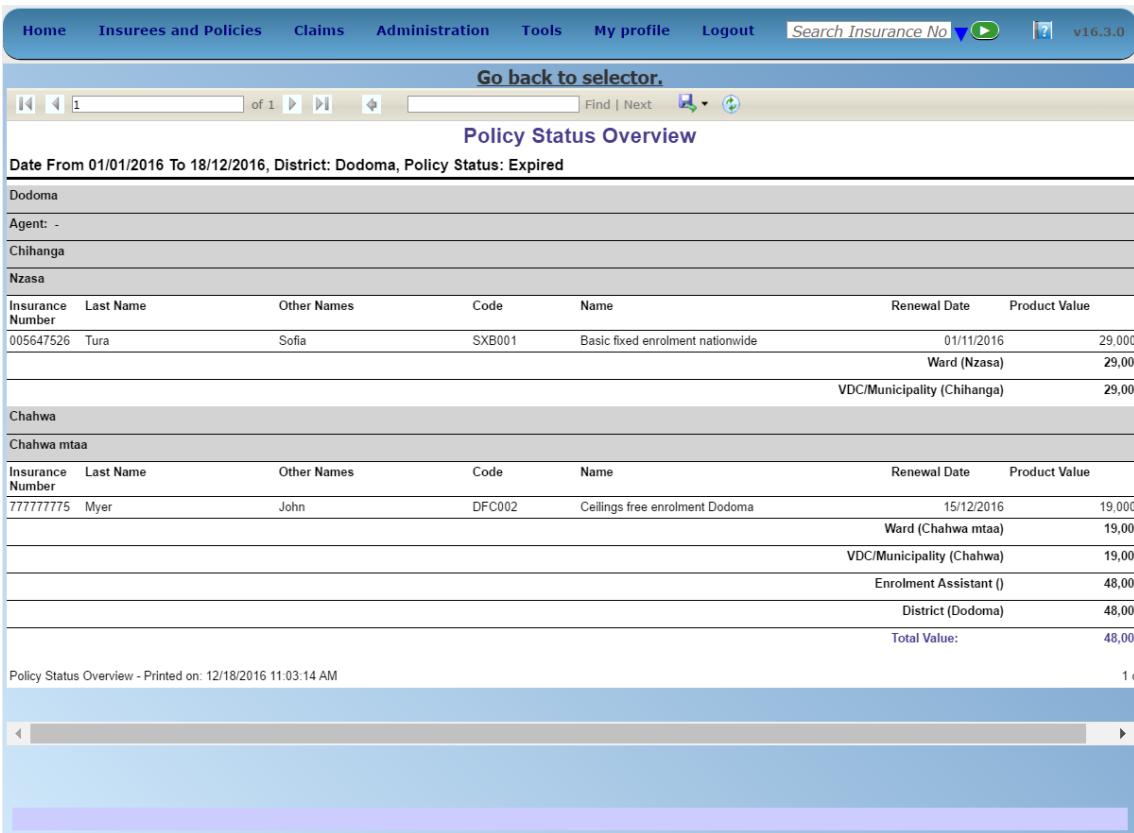
UPDATE: Click on this button to manually update the status of the policy on the current day. Although this task is carried out by the **IMIS Policy Renewal Service** running on the server at specific intervals of time, this button enables the task to be run manually.

C. 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.

Policy Renewals updated successfully

6.2.3 Preview Report on Renewals



The screenshot shows a software application window titled "Policy Status Overview". At the top, there is a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. A search bar is also present. The main content area displays a table of policy renewals. The table has columns for Insurance Number, Last Name, Other Names, Code, Name, Renewal Date, and Product Value. The data in the table is as follows:

Insurance Number	Last Name	Other Names	Code	Name	Renewal Date	Product Value
005647526	Tura	Sofia	SXB001	Basic fixed enrolment nationwide	01/11/2016	29,00
				Ward (Nzasa)		29,00
				VDC/Municipality (Chihanga)		29,00

Below the table, there are sections for "Chahwa" and "Chahwa mtaa", each containing a smaller table with similar columns. The "Chahwa" section shows one entry for "Myer" with a total value of 48,00. The "Chahwa mtaa" section shows multiple entries, including "Ceilings free enrolment Dodoma" and "Enrolment Assistant ()".

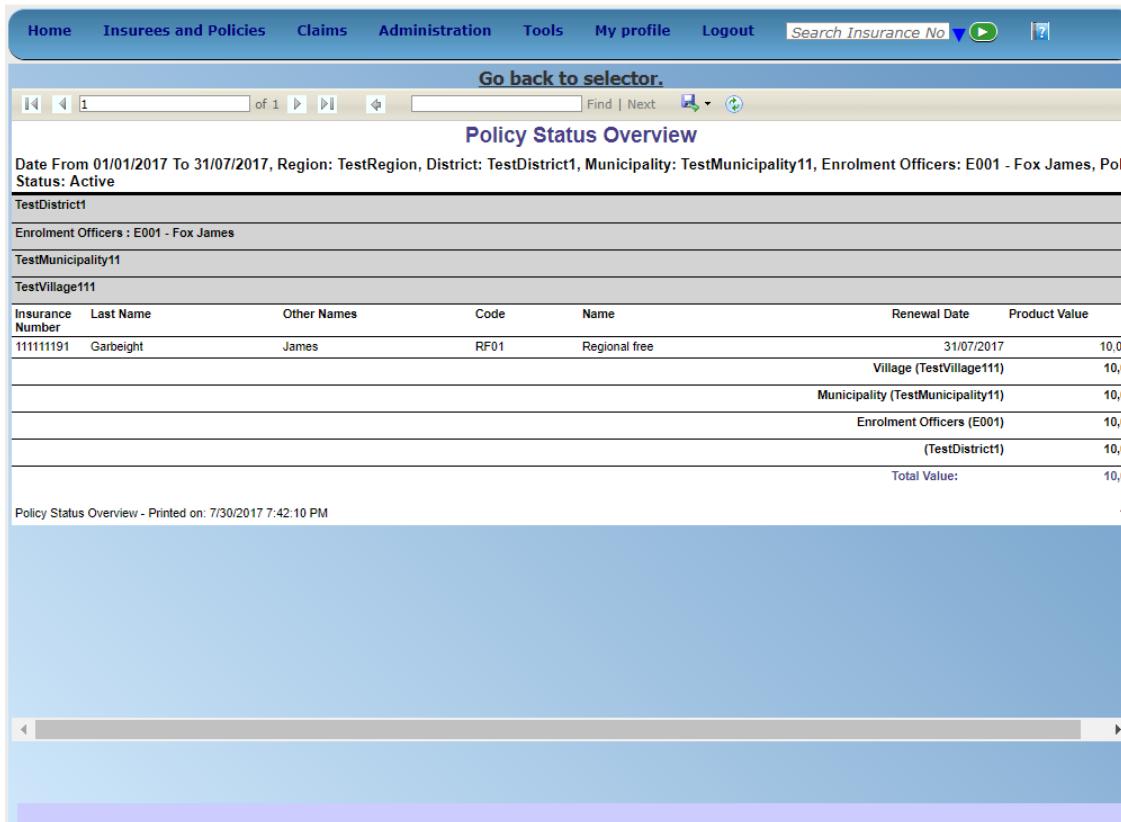
At the bottom of the screen, a message indicates the report was printed on 12/18/2016 at 11:03:14 AM.

Image 6.6 (Preview Report on Renewals)

After selecting specific criteria; preview the report ([Image 6.6](#)) by clicking on the preview button.

6.2.4 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.



The screenshot shows a software application window titled "Policy Status Overview". The window includes a toolbar with "Home", "Insurees and Policies", "Claims", "Administration", "Tools", "My profile", and "Logout" buttons. A search bar at the top right says "Search Insurance No". Below the toolbar is a message "Go back to selector." and a navigation bar with icons for back, forward, and search.

The main content area displays a table of policy renewals. The table has columns for Insurance Number, Last Name, Other Names, Code, Name, Renewal Date, and Product Value. One row is shown:

Insurance Number	Last Name	Other Names	Code	Name	Renewal Date	Product Value
111111191	Garbeight	James	RF01	Regional free	31/07/2017	10,00

Below the table, there is a note: "Policy Status Overview - Printed on: 7/30/2017 7:42:10 PM".

Image 6.7 (Preview Journal on Renewals)

6.3 Feedback Prompts

Access to administration of feedback prompts is restricted to the users with the role of Medical Officer.

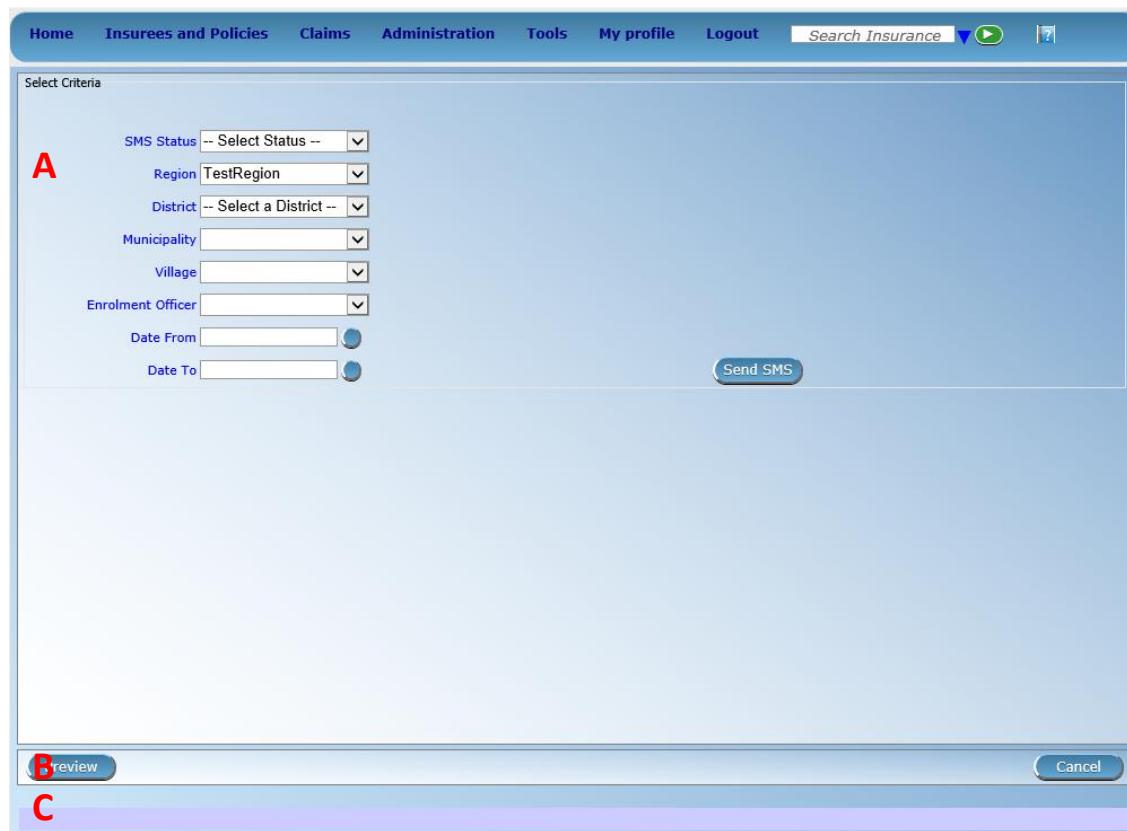
6.3.1 Navigation

All functionality for use with the administration of feedback prompt can be found under the main menu **TOOLS**, sub menu **FEEDBACK PROMPTS**



Image 6.8 (Navigation Feedback Prompts)

Clicking on the sub menu **FEEDBACK PROMPTS** re-directs the current user to the [Feedback Prompt Page](#).



The screenshot shows the 'Feedback Prompts' page. At the top, there's a header with tabs: Home, Insurees and Policies, Claims, Administration, Tools, My profile, Logout, and a search bar. Below the header is a 'Select Criteria' panel (labeled A) containing fields for SMS Status, Region, District, Municipality, Village, Enrolment Officer, Date From, and Date To, along with a 'Send SMS' button. The main area (labeled B) is currently empty. At the bottom is a status bar (labeled C) with a 'Review' button on the left and a 'Cancel' button on the right.

Image 6.9 (Feedback Prompts Page)

The [FEEDBACK PROMPT PAGE](#) is divided into three panels ([Image 6.9](#))

A. 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

- **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.

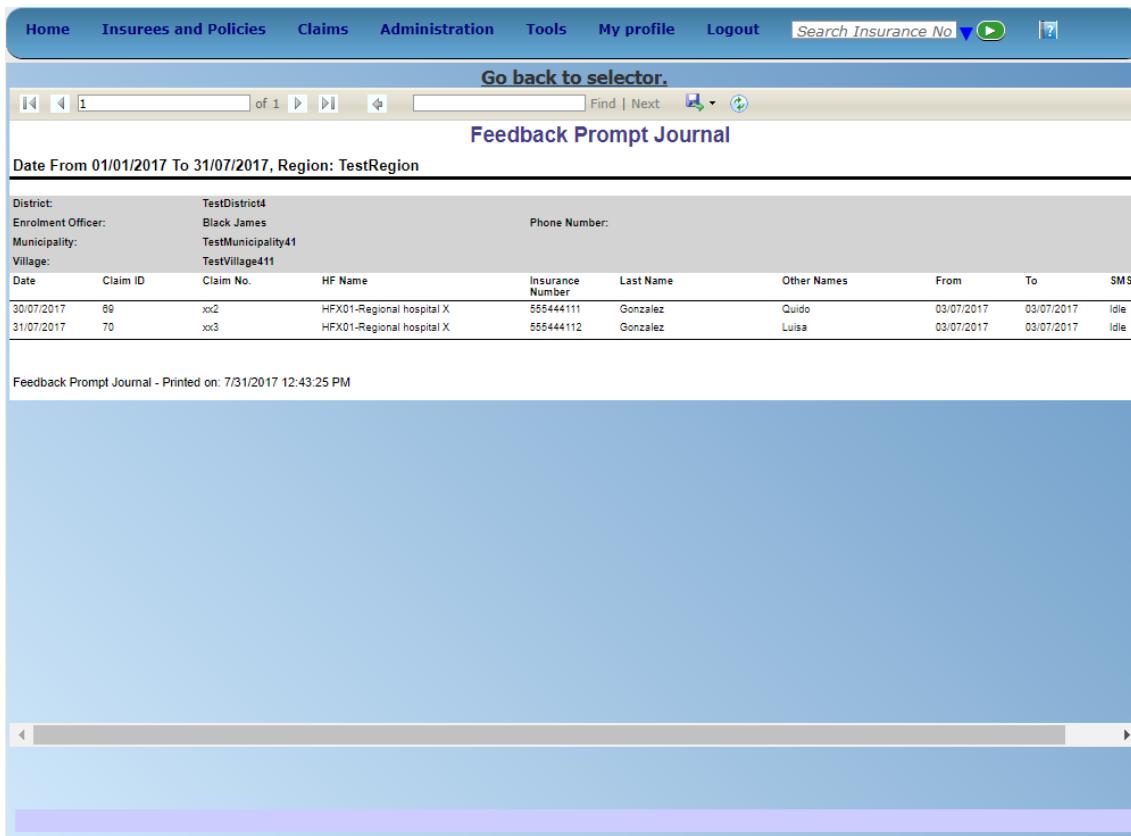
B. Buttons Panel

- **PREVIEW**

By clicking on the **PREVIEW** button, a report (journal) of feedbacks prompted will get generated and displayed ([Image 6.10](#))

- **CANCEL**

By clicking on **CANCEL** button, user will be re-directed to [Home Page](#).



Date	Claim ID	Claim No.	HF Name	Insurance Number	Last Name	Other Names	From	To	SMS
30/07/2017	69	xx2	HFX01-Regional hospital X	555444111	Gonzalez	Quido	03/07/2017	03/07/2017	Idle
31/07/2017	70	xx3	HFX01-Regional hospital X	555444112	Gonzalez	Luisa	03/07/2017	03/07/2017	Idle

Image 6.10 (Feedback Prompt Journal)

C. 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.

6.4 IMIS Extracts

Access to the IMIS Extracts page is restricted to users with the role of Scheme Administrator (IMIS Central online) or HF Administrator (IMIS offline installations). 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.

6.4.1 Pre-conditions

The extract functionality is covering extracts for the mobile phone applications and the IMIS ‘off-line’ installations. IMIS 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 IMIS clients.

6.4.2 Navigation

All functionality related to IMIS extracts can be found under the main menu [TOOLS](#), sub menu [IMIS EXTRACTS](#)

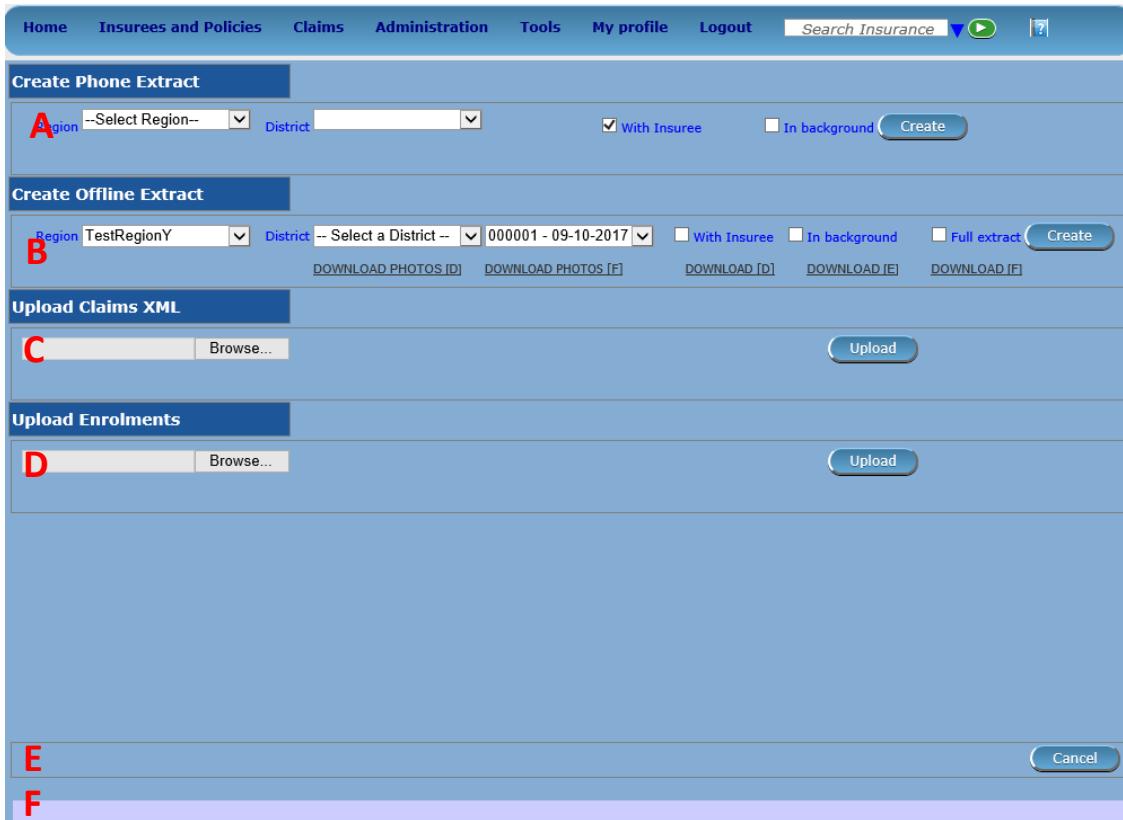


Image 6.11 (Navigation IMIS Extracts)

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 IMIS installation: IMIS Central (live server) or IMIS offline (installed on local network in a health facility or an office of the scheme administration).

6.4.3 IMIS Extracts (ONLINE MODE)



The screenshot shows the IMIS Extracts (Online Mode) interface. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, My profile, Logout, and a search bar labeled "Search Insurance". Below the navigation bar are four main panels:

- Panel A: Create Phone Extract** (top left): Contains fields for "Region" (dropdown menu with "Select Region"), "District" (dropdown menu with "Select a District"), checkboxes for "With Insuree" and "In background", and a "Create" button.
- Panel B: Create Offline Extract** (top right): Contains fields for "Region" (dropdown menu with "TestRegionY"), "District" (dropdown menu with "Select a District"), date "000001 - 09-10-2017", checkboxes for "With Insuree", "In background", and "Full extract", and download buttons for "DOWNLOAD PHOTOS [D]", "DOWNLOAD PHOTOS [F]", "DOWNLOAD [D]", "DOWNLOAD [E]", and "DOWNLOAD [F]".
- Panel C: Upload Claims XML** (middle left): Contains a file input field "C" with "Browse..." button and an "Upload" button.
- Panel D: Upload Enrolments** (middle right): Contains a file input field "D" with "Browse..." button and an "Upload" button.

At the bottom of the interface, there are two additional panels:

- Panel E** (bottom left): A small panel with a red border.
- Panel F** (bottom right): A larger panel with a red border, containing a "Cancel" button.

Image 6.12 (IMIS Extracts)

A-Phone Extract panel

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 A, a phone extract will be created. This process might take a while. As long as the hour glass (as a cursor) is shown, IMIS 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:

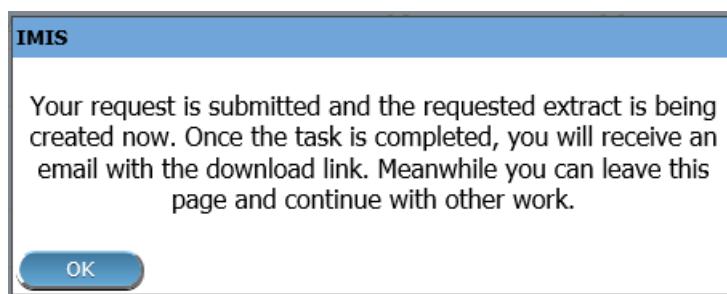


Image 6.13

If the extract is not created in background the user is notified about successful creation by the following message as shown below.

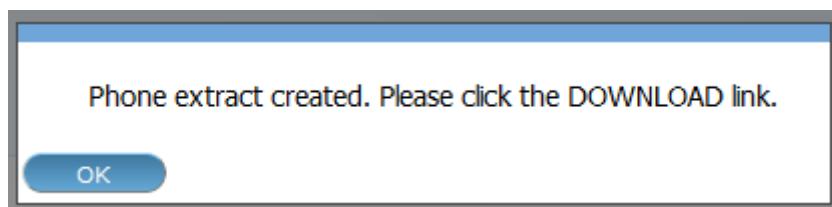


Image 6.14

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.



Image 6.15

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.



Image 6.16

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.

B-Offline Extract panel

The offline extract panel is used to generate the IMIS 'offline' extract files for the health facilities or offices of the scheme administration that run IMIS 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 (in panel B).

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.



Image 6.17

- ❖ 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.



The screenshot shows a software interface for creating extracts. It includes fields for Region (TestRegionY), District (Select a District), Date (000006 - 13-10-2017), and checkboxes for 'With Insuree' (checked) and 'Full extract' (checked). Below these are download buttons for photos and extracts in various formats (D, E, F).

Image 6.18

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.



This screenshot is similar to Image 6.18, but the 'Full extract' checkbox is the only one checked. The other options ('With Insuree') are unchecked.

Image 6.19

After clicking the CREATE button, the system will create the extract file and will on completion display the following message:

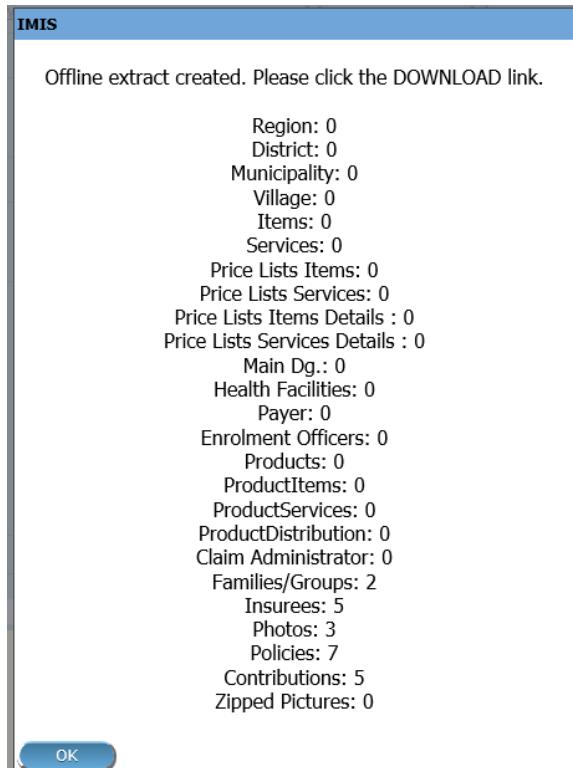


Image 6.20

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:

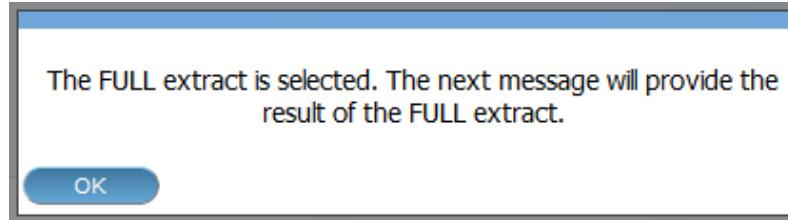


Image 6.21

After clicking OK the statistics of the full extract will be shown:

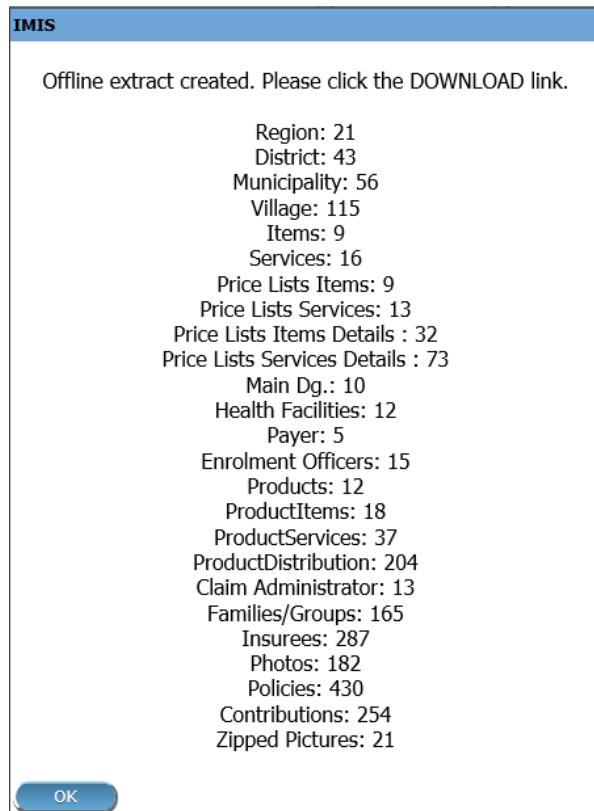


Image 6.22

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 IMIS 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)

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:

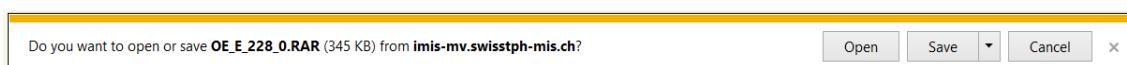


Image 6.23

In case the extract file is not available (anymore) on the server, the following dialog box might appear:

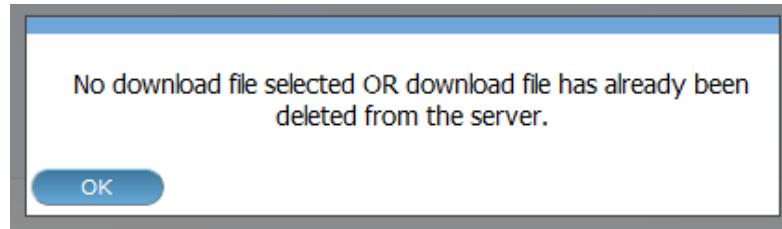


Image 6.24

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:



Image 6.25

In case the extract is created in the background, the following dialog box appears:

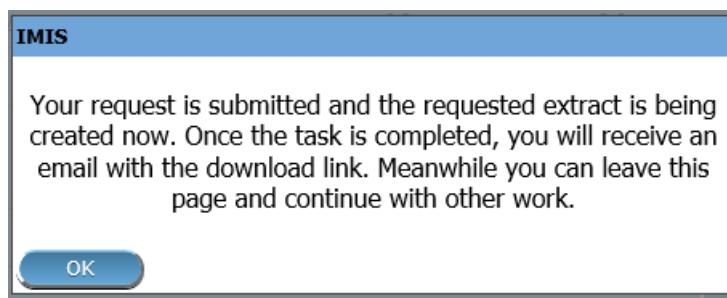


Image 6.26

C-Import Extract panel

This panel will be disabled in the IMIS online mode. (Only available for IMIS offline)

D-Import Photos panel

This panel will be disabled in the IMIS online mode. (Only available for IMIS offline)

E- Button panel

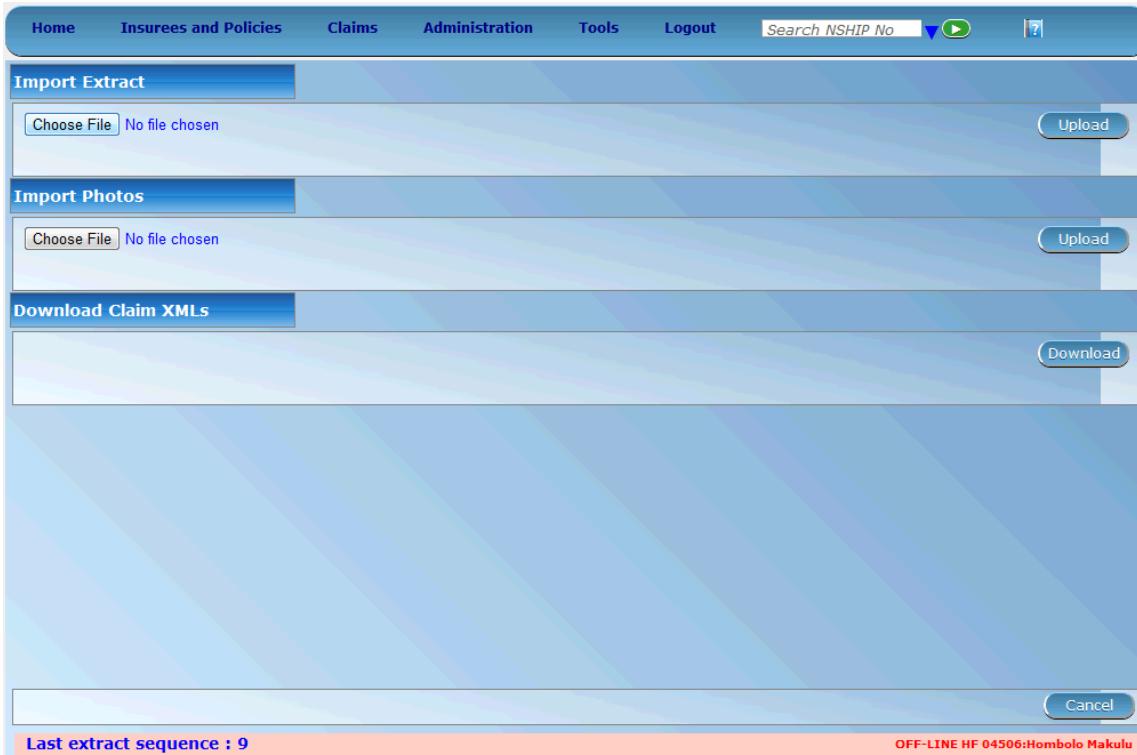
The **CANCEL** button brings the operator back to the [Home Page](#).

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.

6.4.4 IMIS Extracts (OFFLINE MODE)

Offline HF



The screenshot shows the IMIS Extracts (OFFLINE MODE) interface. At the top, there is a navigation bar with links for Home, Insurees and Policies, Claims, Administration, Tools, Logout, and a search bar for NSHIP No. Below the navigation bar, there are three main sections:

- Import Extract:** Contains a "Choose File" input field showing "No file chosen" and an "Upload" button.
- Import Photos:** Contains a "Choose File" input field showing "No file chosen" and an "Upload" button.
- Download Claim XMLs:** Contains a "Download" button.

At the bottom of the interface, there is a status bar with the text "Last extract sequence : 9" on the left and "OFF-LINE HF 04506:Hombolo Makulu" on the right. There is also a "Cancel" button in the bottom right corner of the status bar area.

Image 6.27

A-Import Extract

Used to extract photos obtained from online IMIS

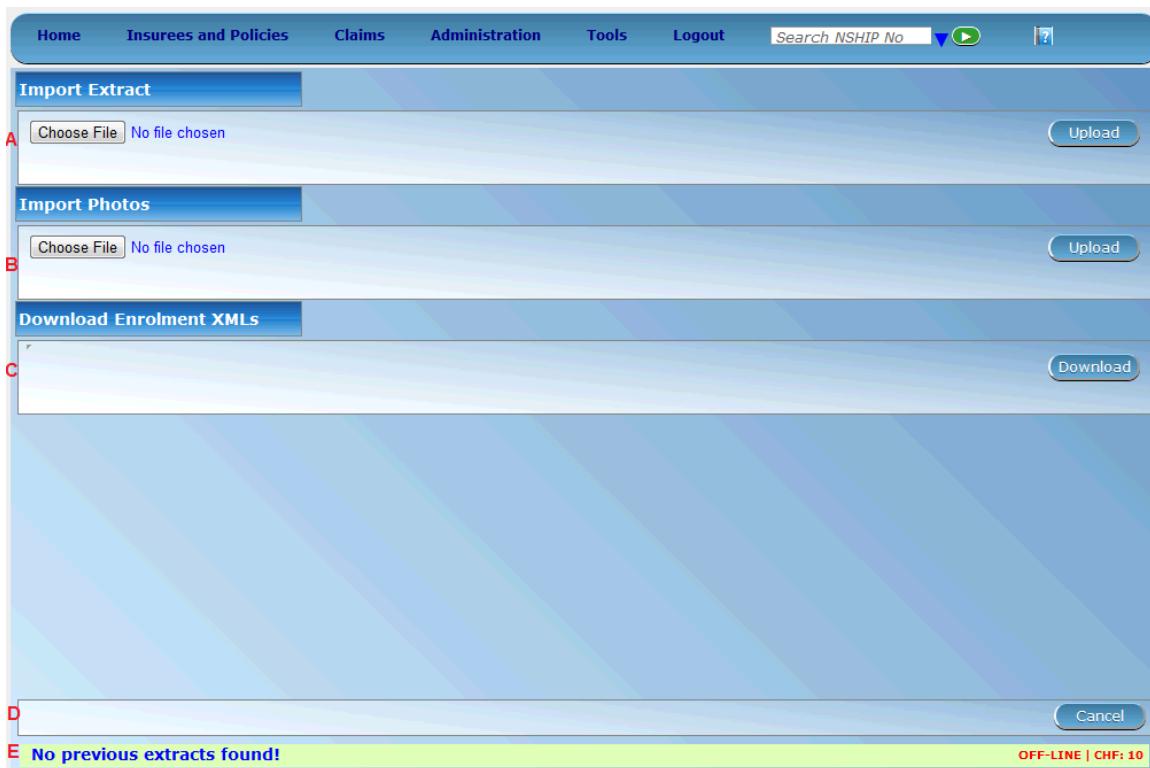
B-Import Photos

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



The screenshot shows the 'Offline Insurer' application interface. At the top, there is a navigation bar with links: Home, Insurees and Policies, Claims, Administration, Tools, Logout, and a search bar for NSHIP No. Below the navigation bar are three main functional areas:

- Import Extract:** Contains a 'Choose File' input field with the message 'No file chosen' and an 'Upload' button.
- Import Photos:** Contains a 'Choose File' input field with the message 'No file chosen' and an 'Upload' button.
- Download Enrolment XMLs:** Contains a 'Choose File' input field with the message 'No file chosen' and a 'Download' button.

At the bottom of the screen, there is a status bar with the text 'OFF-LINE | CHF: 10'. Above the status bar, there is a message 'E No previous extracts found!'.

Image 6.28

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):

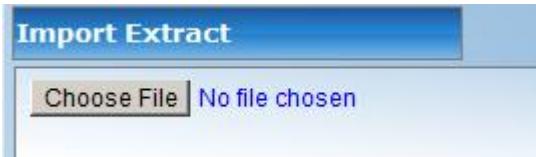


Image 6.29

On clicking the **CHOOSE FILE** button, the file selector dialog appears as shown below:

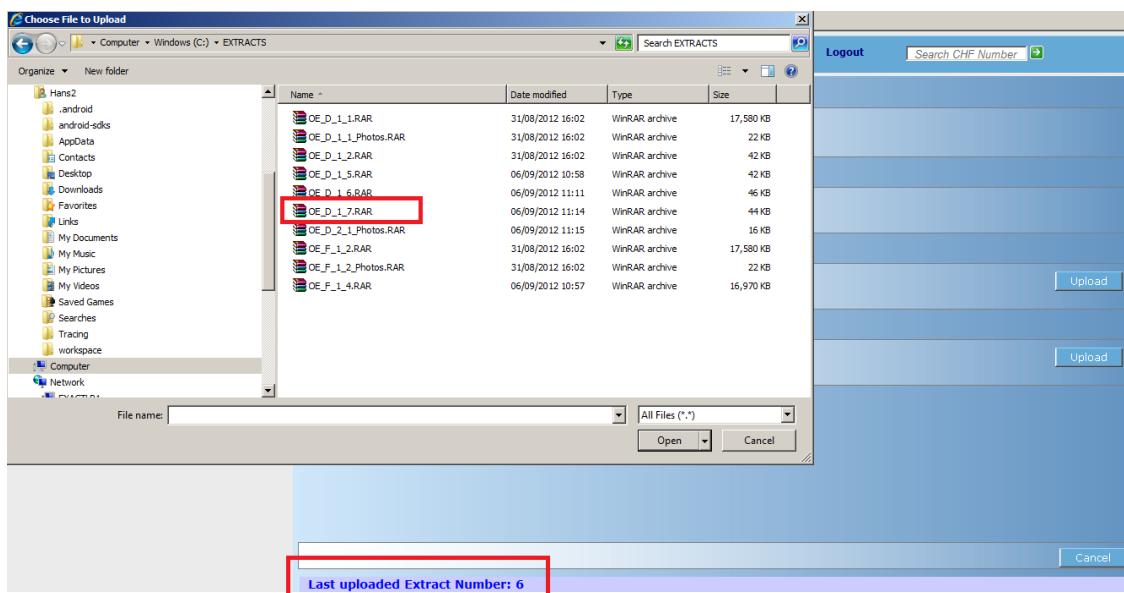
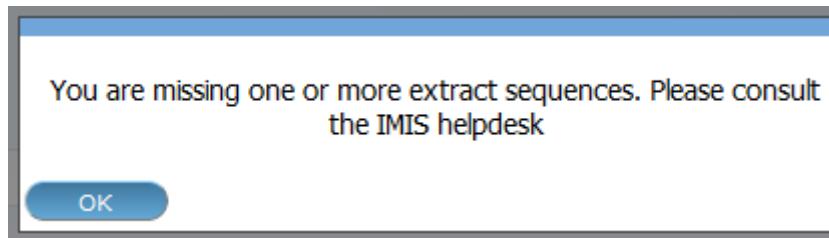


Image 6.30

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:



or

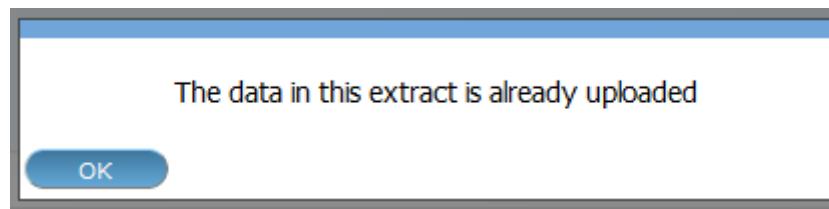
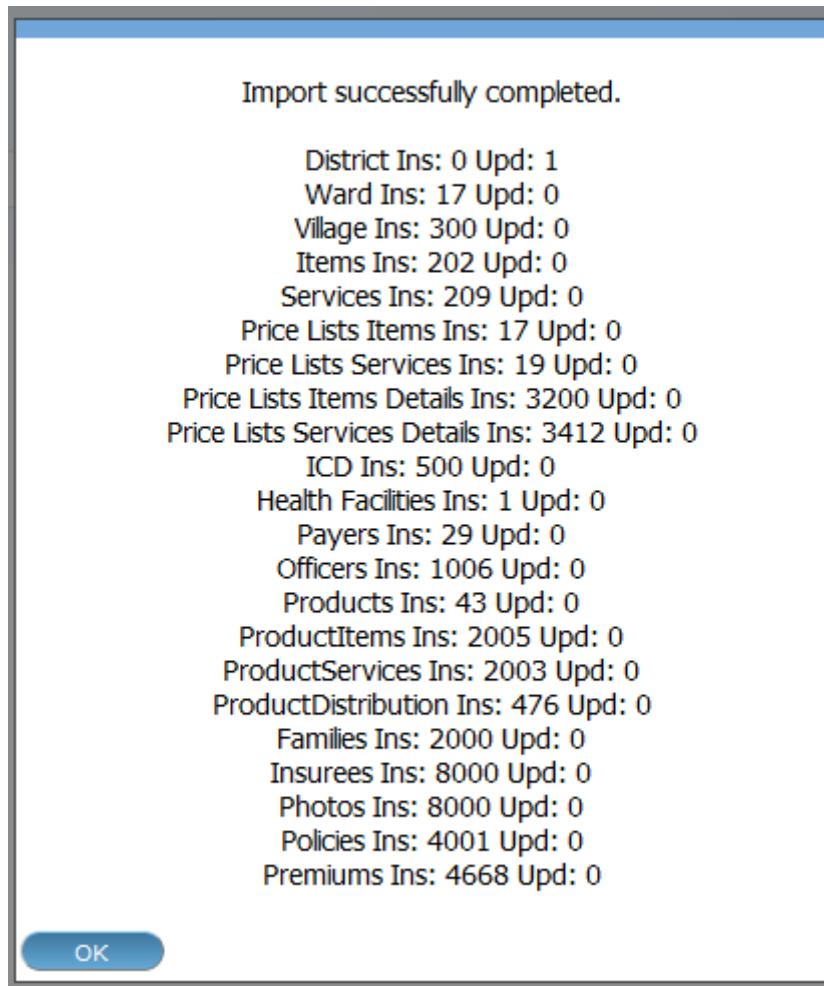


Image 6.31

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 (Differential and FULL), a form is displayed with the statistics of the import as shown below:

**Image 6.32**

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)

 OE_D_1_1.RAR OE_D_1_1_Photos.RAR

OR (for FULL extract)

 OE_F_1_8.RAR OE_F_1_8_Photos.RAR

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:

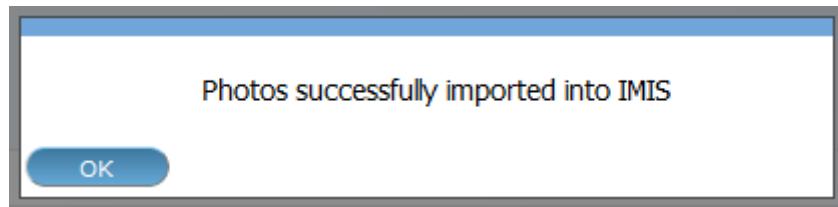


Image 6.33

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 IMIS extracts page (in offline mode only), the status bar will show the last sequence number uploaded.

6.5 Reports

Access to the reports is generally restricted to the users with the role of Manager, Accountant, Scheme Administrator and IMIS 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 role (Manager, Accountant, Scheme Administrator and IMIS Administrator) only.

6.5.1 Pre-Conditions

6.5.2 Navigation

All functionality for use with the administration of Reports can be found under the main menu **TOOLS**, sub menu **REPORTS**.



Image 6.34 (Navigation Reports)

Clicking on the sub menu **REPORTS** re-directs the current user to the [Reports Page](#).

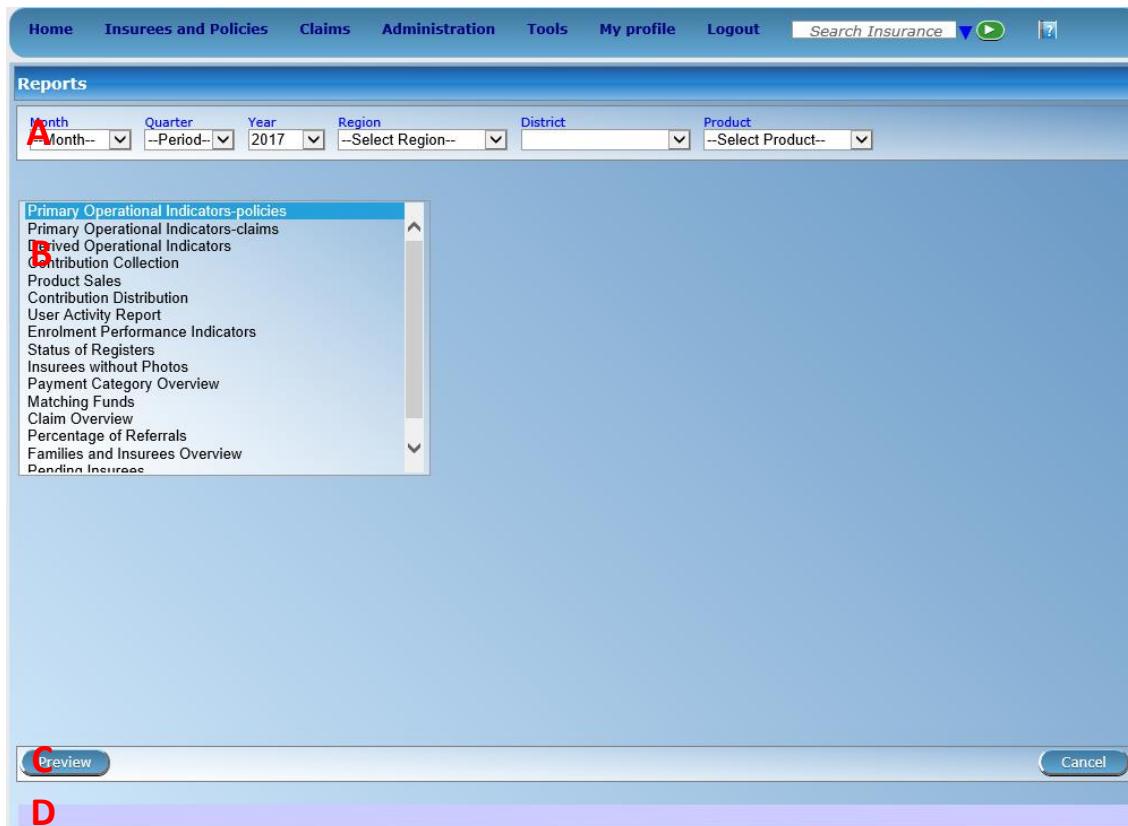


Image 6.35 (Reports Page)

The [REPORTS PAGE](#) is divided into four panels ([Image 6.29](#)).

A. 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 ([Image 6.30 – 6.41](#)) will change depending on the selected type of the report.

- ❖ Primary Operational Indicators - Policies Report.



Image 6.36 (Primary Operational Indicators - Policies Report Criteria)

- ❖ Primary Operational Indicators - Claims Report.

Reports

Month --Month--	Year 2017	Region --Select Region--	District 	Product --Select Product--	HF Code --- Select HF Code --
--------------------	--------------	-----------------------------	--------------	-------------------------------	----------------------------------

Image 6.37 (Primary Operational Indicators - Claims Report Criteria)

- ❖ Derived Operational Indicators Report.

Reports

Month --Month--	Year 2017	Region --Select Region--	District 	Product --Select Product--	HF Code --- Select HF Code --
--------------------	--------------	-----------------------------	--------------	-------------------------------	----------------------------------

Image 6.38 (Derived Operational Indicators Report Criteria)

- ❖ Contribution Collection Report.

Reports

Date From 	Date To 	Region --Select Region--	District 	Product --Select Product--	Payment Type -- Payment Type --
---------------	-------------	-----------------------------	--------------	-------------------------------	------------------------------------

Image 6.39 (Contribution Collection Report Criteria)

- ❖ Product Sales Report.

Reports

Date From 	Date To 	Region --Select Region--	District 	Product --Select Product--
---------------	-------------	-----------------------------	--------------	-------------------------------

Image 6.40 (Product Sales Report Criteria)

❖ Contribution Distribution Report.



Image 6.41 (Contribution Distribution Report Criteria)

❖ User Activity Report.



Image 6.42 (User Activity Report Criteria)

❖ Enrolment Performance Indicator Report.



Image 6.43 (Enrolment Performance Indicators Report Criteria)

❖ Status of Registers Report.



Image 6.44 (Status of Registers Report Criteria)

❖ Insurees without Photos Report.



Image 6.45 (Insurees without photos Report Criteria)

- ❖ Payment Category Overview Report.

Reports

Date From Date To Region TestRegion District -- Select a District -- Product --Select Product--

Image 6.46 (Payment Category Overview Report Criteria)

- ❖ Matching Funds Report.

Reports

Date From Date To Region TestRegion District -- Select a District -- Product --Select Product-- Payer -- Select a Payer --

Image 6.47 (Matching funds Report Criteria)

- ❖ Claim Overview Report.

Reports

Date From Date To Region TestRegion District -- Select a District -- Product --Select Product-- HF Code --- Select HF Code --

Claim Status Status
 -- Select Status -- -- Select Status --

Image 6.48 (Claim Overview Report Criteria)

- ❖ Percentage of Referrals Report.

Reports

Date From Date To Region TestRegion District -- Select a District --

Image 6.49 (Percentage of Referrals Report Criteria)

- ❖ Families and Insurees Overview Report.

Reports

Date From	Date To	Region	District	Municipality	Village
<input type="text"/>	<input type="button"/>	<input type="text"/> TestRegion	<input type="button"/> -- Select a District --	<input type="text"/>	<input type="text"/>
Status -- Select Status --					

Image 6.50 (Families and Insurees Overview Report Criteria)

- ❖ Pending Insurees Report.

Reports

Date From	Date To	Region	District	Enrolment Officer
<input type="text"/>	<input type="button"/>	<input type="text"/> TestRegion	<input type="button"/> -- Select a District --	<input type="text"/> -- Select Enrolment C

Image 6.51 (Pending Insurees Report Criteria)

- ❖ Renewals Report.

Reports

Date From	Date To	Region	District	Product	Enrolment Officer
<input type="text"/>	<input type="button"/>	<input type="text"/> TestRegion	<input type="button"/> -- Select a District --	<input type="text"/> --Select Product--	<input type="text"/> -- Select Enrolment C
Sorting Renewal Date					

Image 6.52 (Renewals Report Criteria)

- ❖ Capitation Payment Report

Month	Year	Region	District	Product
<input type="button"/> --Month--	<input type="button"/> 2017	<input type="text"/> --Select Region--	<input type="text"/>	<input type="text"/> --Select Product--

Image 6.53 (Capitation Payment Report Criteria)

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, contributions were paid 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.**

❖ **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 health 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.***

- ❖ **DATE SELECTOR BUTTON**

Clicking on the **DATE SELECTOR BUTTON** will pop-up an easy to use, calendar selector ([Image 6.54](#)) 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.



Image 6.54 (Calendar Selector - Search Panel)

B. 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 ([Image 6.48](#)) 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:

- Primary Operational Indicators Report.
- Derived Operational Indicators Report.
- Contribution Collection Report.
- Product Sales Report.
- Contribution Distribution.
- User Activity Report.
- Enrolment Performance Indicators
- Status of Registers
- Insures without Photos.
- Matching Funds.
- Claim Overview.
- Payment Category Overview.
- Families and Insurees Overview.

- Pending Insurees.
- Percentage of Referrals.
- Capitation Payment

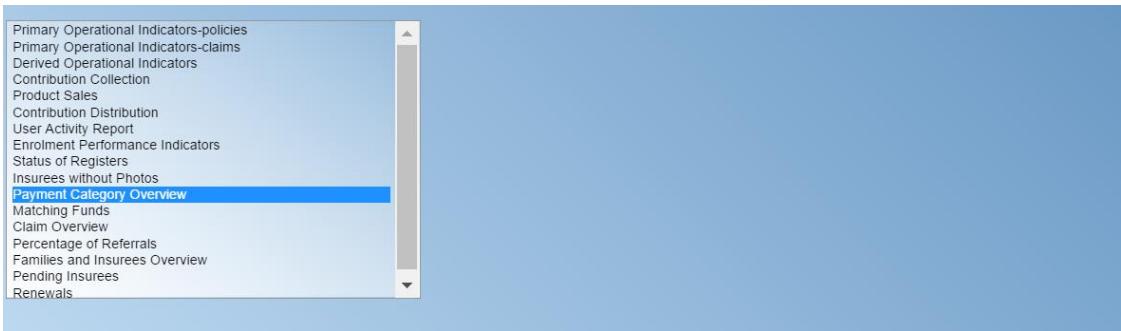


Image 6.55 (Report Type Selector)

C. 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](#).

D. 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.

6.5.3 Report Preview

The report viewer offers the facility to navigate through the report either by using the arrows or by typing in a page number at the top of the report. Another feature of the report viewer is to export the report in different formats. Currently system supports three formats; Word, Excel and PDF. Select the desired format from the list by clicking on the Export link. Use the [GO BACK TO SELECTOR](#) link to go back to the previous

selection page.

Below are the types of reports as they can be seen in the report page.

1. 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 role Manager. The table below will provide an overview on primary indicators of the report.

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 for given 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	The number of policies that were renewed for given

		product	insurance product (or a converted one) during a respective period (Enrolment date is within the respective period, there is a preceding policy with the same (or before converted) product for given family)
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)
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)

Below is an example of the report:

[Go back to selector.](#)

Primary Operational Indicators-policies

Period : Year 2017 | Region: TestRegion | District: TestDistrict1 | Product: NF01

Quarter: 1													
2017 January													
Code	Name	Policy			New Policy	Suspended Policy	Expired Policy	Policy Renewal	Insuree			New Insuree	Cor
		M	F	O	M	F	O	M	F	O	M	F	O
NF01	National free enrolment											0	0
Total for 2017 January :												0	0
2017 February													
Code	Name	Policy			New Policy	Suspended Policy	Expired Policy	Policy Renewal	Insuree			New Insuree	Cor
		M	F	O	M	F	O	M	F	O	M	F	O
NF01	National free enrolment											0	0
Total for 2017 February :												0	0
2017 March													
Code	Name	Policy			New Policy	Suspended Policy	Expired Policy	Policy Renewal	Insuree			New Insuree	Cor
		M	F	O	M	F	O	M	F	O	M	F	O

Image 6.56 (Preview – Primary Operational Indicators - Policies Report)

2. 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 role Manager. The table below will provide an overview on primary indicators of the report.

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 date of a claim is within the respective period)
P11	Amount remunerated	Time, Health facility, Insurance product	Amount remunerated for claims for given insurance product that emerged during a respective period

			(Start date of 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 date of a claim is within the respective period and the Status approval of the claim is Rejected)

Below is an example of the report:

[Go back to selector.](#)

Primary Operational Indicators-claims

Region : TestRegionX | District : TestDistrictX1 | Product: All

Code	Name	Total Claims	Remunerated	Rejected Claims
RF01	Regional free	0	0	0
Total for HFX01 :		0	0	0
Total for 2017 January :		0	0	0
2017 February				
HFX01-Regional hospital X				
Code	Name	Total Claims	Remunerated	Rejected Claims
RF01	Regional free	0	0	0
Total for HFX01 :		0	0	0
Total for 2017 February :		0	0	0
2017 March				
HFX01-Regional hospital X				
Code	Name	Total Claims	Remunerated	Rejected Claims
RF01	Regional free	0	0	0

Image 6.57 (Preview – Primary Operational Indicators - Claims Report)

3. DERIVED OPERATIONAL INDICATORS REPORT

The report provides operational indicators derived from primary operational indicators. The report can be run by users with the role Manager. The table below will provide an overview on the actual derived indicators provided by the report.

Code	Derived indicators	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	<p>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</p> <p>Date of sending of payment is not in the structure of Claim, it has to be retrieved from a journal-can be?)</p>
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
D8	Satisfaction level	Time, District, Health facility	The average mark from feedbacks received in a respective period
D9	Feedback response	Time, District,	The ratio of number of feedbacks received (up to time of creation of the report) and number of

	ratio	Health facility	feedbacks asked for in a respective period
--	-------	-----------------	--

Below is an example of the report:

Derived Operational Indicators						
Region: TestRegion District: TestDistrict1 Product: DF01						
<hr/>						
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

Image 6.58 (Preview – Derived Operational Indicators Report)

4. 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 role Accountant. Payments are assigned to the specified period according to the actual date of payment.

Below is an example of the report:

[Go back to selector.](#)

Contribution Collection Report		
Date From 01/01/2017 To 02/07/2017, Region: TestRegion, District: TestDistrict1, Product: DF01 - District free enrolment, Account Code: ...		
<u>TestDistrict1</u>	<u>DF01</u> District free enrolment Acc Code :	
<u>Payment Date</u>	<u>Pay Type</u>	<u>Amount</u>
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

Image 6.59 (Preview – Contribution Collection Report)

5. 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 role Accountant. Policies are assigned to the specified period according to their effective days.

Below is an example of the report:

[Go back to selector.](#)

Product Sales		
Date From 01/07/2017 To 31/07/2017, Region: TestRegion, Product: RX01 - Regional fixed enrolment, Account Code: Rx01C		
<u>TestDistrict1</u>	<u>RX01</u>	
<u>Effective Date</u>	<u>Amount</u>	
01/07/2017	31,000.00	
04/07/2017	10,000.00	
RX01's Collection :		41,000.00
Total Collection in : TestDistrict1:		41,000.00
<u>TestDistrict2</u>	<u>RX01</u>	
<u>Effective Date</u>	<u>Amount</u>	
04/07/2017	10,000.00	
RX01's Collection :		10,000.00
Total Collection in : TestDistrict2:		10,000.00
Total Sales :		51,000.00

Product Sales - Printed on: 7/31/2017 1:53:00 PM

1 of 1

Image 6.60 (Preview – Product Sales Report)

6. CONTRIBUTION DISTRIBUTION REPORT

The report provides proportional amount of actually paid contributions allocated by IMIS to specific months according to insurance products. The report can be run by users with the role Accountant. This report shows the information about the **Total collection**, **Allocated amount** and **Not allocated** amount for contributions in the specified period.

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).

Below is an example of the report:

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
			Overall Total :	1,165,000.00	578,221.01
Contribution Distribution - Printed on: 7/31/2017 1:57:37 PM					1 of 1

Image 6.61 (Preview – Contribution Distribution Report)

7. 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 the role IMIS Administrator. Below is an example of the report:

[Go back to selector.](#)

User Activity Report			
User Name	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

Image 6.62 (Preview – User Activity Report)

8. ENROLMENT PERFORMANCE INDICATOR REPORT

The report provides overview of activity of enrolment officers. The report can be run by users with the role Manager. Below is an example of the report:

Image 6.63 (Preview – Enrolment Performance Indicator Report)

9. 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 role Scheme Administrator. Below is an example of the report:

Status of Registers									
Region: TestRegion District: TestDistrict1									
District Name	No of Enrolment Officers	No of Users	No of Insurance Products	No of Health Facilities	No of Service Pricelists	No of Item Pricelists	No of Services	No of Medical Items	No of
TestDistrict1	4	13	3	2	2	2	10	5	
Total	4	13	3	2	2	2			

Image 6.64 (Preview – Status of Registers Report)

10. 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 the role Accountant. Below is an example of the report:

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
11111111	Gatsby	John	M	Yes
11111112	Gatsby	Elis	F	No
11111121	Bock	John	M	No
11111122	Bock	Elly	F	No
11111123	Bock	James	M	No
11111124	Bock	Julia	F	No
11111125	Bockwurst	Peter	M	No
11111131	Glenn	Gilmour	M	Yes
11111132	Glenn	Julia	F	No
11111133	Glenn	John	M	No
11111140	Fuchs	Elis	F	No
11111141	Fuchs	Konrad	M	Yes
11111142	Fuchs	Elis	F	No
11111143	Fuchs	Jane	F	No
11111144	Furche	Luciane	M	No

Image 6.65 (Preview – Insurees without photos)

11. MATCHING FUNDS

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 role Accountant. Below is an example of the report:

Matching Funds								
Insurance Number	Birth Date	Municipality	Village	Enrol Date	Payment Date	Receipt No.	Payers	
555444531	Ripper Jack	15/06/2004	TestMunicipality11	TestVillage111	23/07/2017	23/07/2017	sdct	10,0
555444532	Ripper Jane	14/06/1994						
555777899	Wein Jack	27/07/1986	TestMunicipality12	TestVillage122	06/07/2017	17/07/2017	aqsq12	13,0
555777992	Wein Ellis	27/07/1973						
							Total 23,0	
							1	

Matching Funds - Printed on: 7/31/2017 3:26:42 PM

Image 6.66 (Preview –Matching Funds)

12. CLAIM OVERVIEW

The report provides detailed data about results of processing of claims in IMIS 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 role Accountant. 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). Below is an example of the report:

Claim Overview												
Health 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 Number	Status	Rej. Reason	Claimed	Approved	Adjusted	Paid
cl07	03/01/2017	Book John	01/01/2017	02/01/2017	1111111111	Glenn Gilmour	Valuated		8,500.00	6,500.00	6,500.00	6,500.00
Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason								
X105	1.00	0.00	X105	4								
cl1	10/05/2017	Book John	10/05/2017	10/05/2017	1111111121	Book John	Valuated		5,300.00	3,000.00	2,500.00	2,500.00
Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason	Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason			
X101	1.00	0.00	X101	10	Y201	1.00	0.00	Y201	10			
X102	1.00	0.00	X102	10				Y203	4			
X103	1.00	0.00	X103	10								
X105	1.00	0.00	X105	4								
clm1	22/05/2017	Book John	22/05/2017	22/05/2017	1111111141	Fuchs Konrad	Valuated		8,500.00	3,000.00	2,850.00	2,850.00
Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason	Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason			
X101	1.00	0.00	X101	10	Y201	1.00	0.00	Y201	10			
X105	1.00	0.00	X105	4	Y203	1.00	0.00	Y203	4			
clm2	22/05/2017	Book John	22/05/2017	22/05/2017	1111111142	Fuchs Ellis	Valuated		9,200.00	4,700.00	4,000.00	4,000.00
Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason	Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason			
X101	1.00	0.00	X101	10	Y201	1.00	0.00	Y201	10			
X102	1.00	0.00	X102	10	Y203	1.00	0.00	Y203	4			
clm5	23/05/2017	Book John	21/05/2017	22/05/2017	1111111142	Fuchs Ellis	Valuated		20,200.00	1,700.00	1,620.00	1,620.00
Service Code	Org.Qty	Adj.Qty	Rej. Service	Rej. Reason	Item Code	Org.Qty	Adj.Qty	Rej. Item	Rej. Reason			
X105	50.00	0.00	X105	16	Y204	10.00	0.00	Y204	5			
					Y203	1.00	0.00	Y203	4			
clm6	23/05/2017	Book John	23/05/2017	23/05/2017	1111111143	Fuchs Jane	Valuated		300.00	300.00	300.00	300.00

Image 6.67 (Preview – Claim Overview)

13. PAYMENT CATEGORY OVERVIEW

The report provides split of total contributions according to their categories. The report can be run by users with the role Accountant. Contributions are assigned to the specified period according to actual payment date. Below is an example of the report:

Payment Category Overview					
Region : TestRegion District : TestDistrict1 Date From01/01/2017Date To31/07/2017					
District Name : TestDistrict1	Code	Name	Registration Fee	Assembly Fee	Contribution
	RF01	Regional free	12,000.00	27,000.00	24,500.00
		Total for TestDistrict1 :	12,000.00	27,000.00	24,500.00
		Total :	12,000.00	27,000.00	24,500.00

Payment Category Overview - Printed on: 7/31/2017 3:33:00 PM 1 of 1

Image 6.68 (Preview – Payment Category Overview)

14. 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 role Accountant. Below is an example of the report:

Families and Insurees Overview			
Insurance Number	Name	Enrol Date	Status
Region : TestRegion District : TestDistrict1 Municipality : TestMunicipality11 Village : TestVillage111			
11111111 Gatsby John			
11111112 Gatsby Elis			
11111121 Bock John			
11111122 Bock Elly			
11111123 Bock James			
11111124 Bock Julia			
11111125 Bockwurst Peter			
777888983 Pappen Luisa			
00001 Soni Hiren			
000011 Soni Nisha			
000012 Soni Pooja			
000013 Hindocha Dhyey			
00002 Obed Rogers			
11111131 Glenn Gilmour			
11111132 Glenn Julia			
11111133 Glenn John			
11111141 Fuchs Konrad			
11111142 Fuchs Eli			
11111143 Fuchs Jane			
11111144 Fuchs Linda			

Image 6.69 (Preview – Families and Insurees Overview Report)

15. 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 role Accountant. Below is an example of the report:

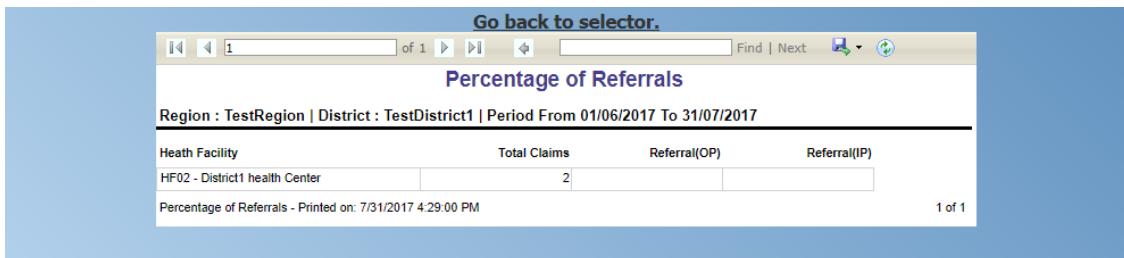


Image 6.70 (Preview – Percentage of Referrals Overview Report)

16. PENDING INSUREES REPORT

The report lists all insurees whose photos have been sent to IMIS but who has no record in IMIS yet. The report can be run by users with the role Accountant. Below is an example of the report:

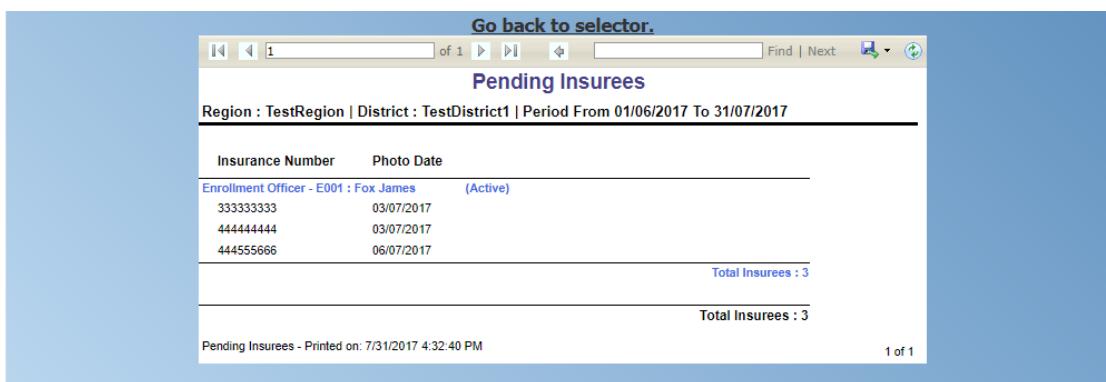


Image 6.71 (Preview – Pending Insurees Report)

17. 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 role Accountant. Below is an example of the report:

Renewals								
Product: RF01 - Regional free Region : TestRegion District : TestDistrict1 Period From 01/06/2017 To 31/07/2017								
Enrolment Officers Code	Enrolment Officer	Municipality	Village	Insurance Number	Insuree	Renewal Date	Receipt No.	Payers
E001	James Fox	TestMunicipality11	TestVillage111	55544331	Jack Fox	23/07/2017	sdc1	
Renewals - Printed on: 7/31/2017 4:36:04 PM								

Image 6.72 (Preview – Renewals Report)

18. 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 role Accountant. Below is an example of the report:

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			
		Weight 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								

Image 6.73 (Preview –Capitation Payment Report)

6.6 Utilities

Access to the **UTILITIES** is restricted to the users with the role of IMIS Administrator.

The **UTILITIES** is the place for database administration. By having access to this page, it is possible to backup and restore the IMIS operational database and also to execute SQL Scripts (patches provided for maintenance or update of the database). At the top of the page, the current “Backend” version is displayed for reference.

6.6.1 Navigation

All functionality for use with the administration of utilities can be found under the main menu **TOOLS**, sub menu **UTILITIES**.



Image 6.74 (Navigation Utilities)

Clicking on the sub menu **UTILITIES** re-directs the current user to the [Utilities Page.](#)

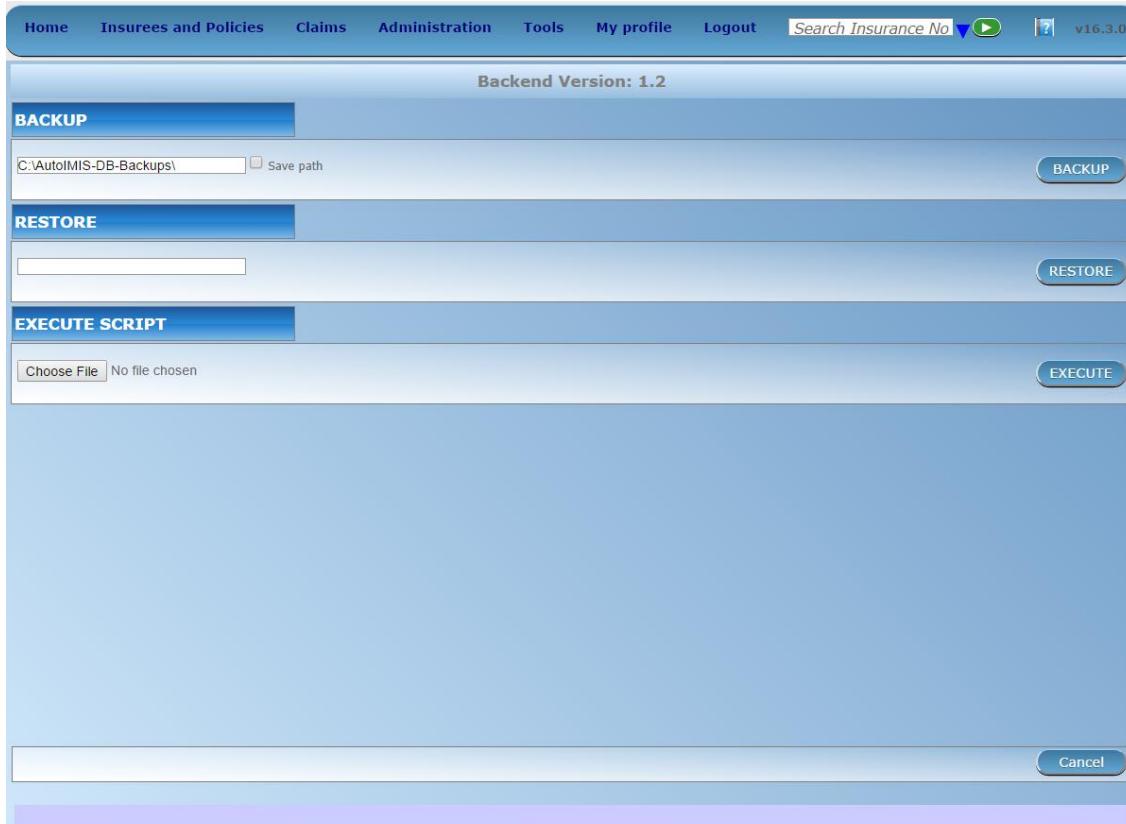


Image 6.75 (Utilities Page)

6.6.2 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 check 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.



Image 6.76 (Backup is in progress)

6.6.3 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.



Image 6.77 (Restore is in progress)

6.6.4 Execute script

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.

6.7 Funding

Access to the **FUDING** is restricted to the users with the role of Accountant.

The **FUNDING** is the place where funding from external authorities (payers) can be entered. IMIS 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. IMIS 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.

6.7.1 Navigation

The functionality for entering of funds can be found under the main menu **TOOLS**, sub menu **FUNDING**

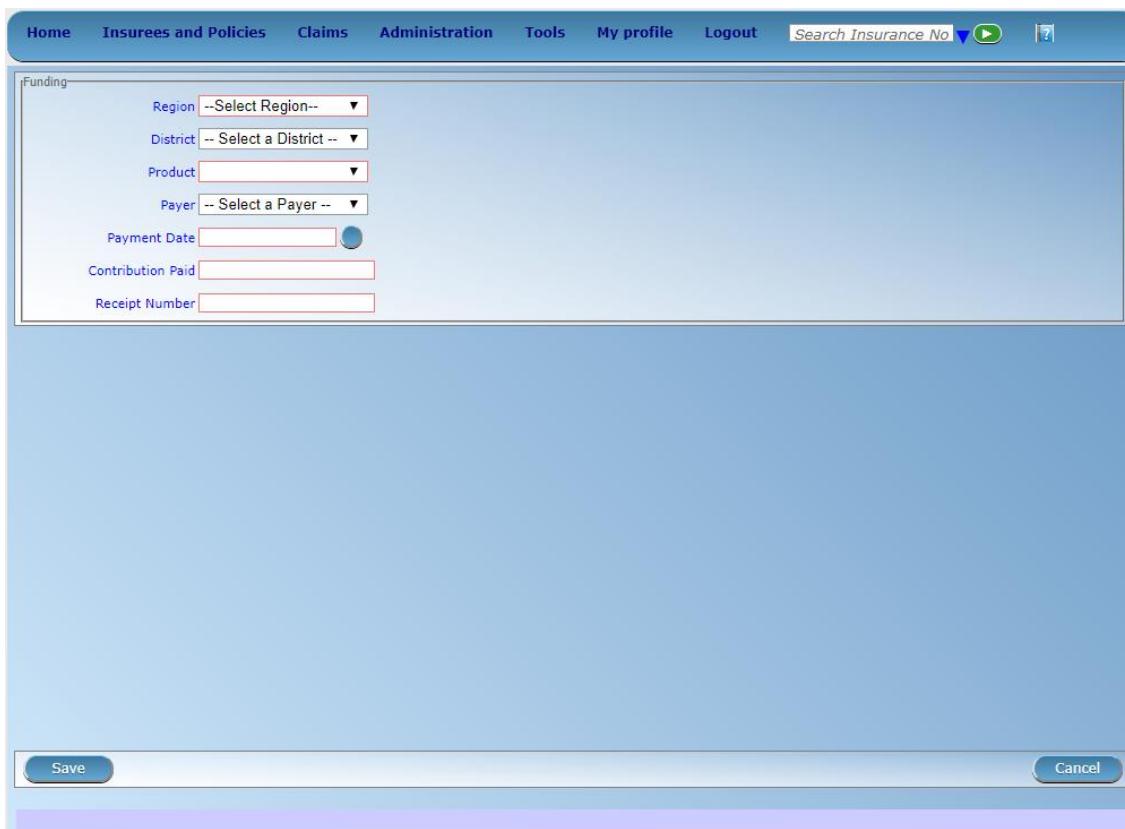


Image 6.78 (Navigation Funding)

Clicking on the sub menu **FUNDING** re-directs the current user to the [Funding Page](#).

6.7.2 Funding Page

1. DATA ENTRY



The screenshot shows a web-based application for managing funding. The top navigation bar includes links for Home, Insurees and Policies, Claims, Administration, Tools, My profile, and Logout. A search bar for 'Insurance No.' is also present. The main content area is titled 'Funding' and contains several input fields:

- Region: A dropdown menu labeled '--Select Region--' with a downward arrow.
- District: A dropdown menu labeled '-- Select a District --' with a downward arrow.
- Product: A dropdown menu labeled '--' with a downward arrow.
- Payer: A dropdown menu labeled '-- Select a Payer --' with a downward arrow.
- Payment Date: An input field with a date picker icon.
- Contribution Paid: An input field.
- Receipt Number: An input field.

At the bottom of the form are two buttons: 'Save' on the left and 'Cancel' on the right.

Image 6.79 (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](#).

7 **Changing of user's password**

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

7.1 **Navigation**

Functionality for changing of a password can be in the menu **MY PROFILE**, sub menu **CHANGE PASSWORD**

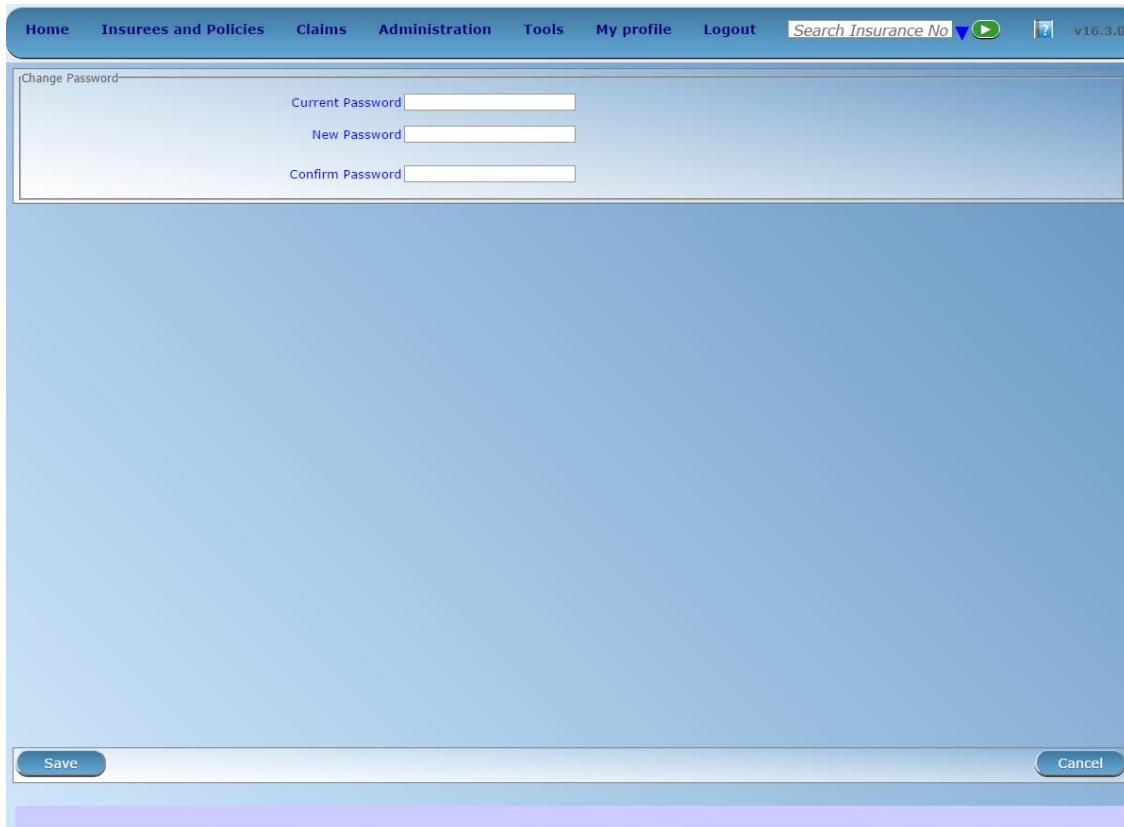


Image 7.1 (Navigation Change Password)

Clicking on the sub menu **CHANGE PASSWORD** re-directs the current user to the [Change Password Page](#).

7.2 Change Password Page

5. DATA ENTRY



The screenshot shows a "Change Password" form. It contains three input fields: "Current Password", "New Password", and "Confirm Password". At the bottom of the form are two buttons: "Save" on the left and "Cancel" on the right. The background of the page is light blue.

Image 7.2 (Change Password Page)

❖ **CURRENT PASSWORD**

Enter the password of the current user.

❖ **NEW PASSWORD**

Enter a new password of the current user. The password should have at least 8 alphanumeric characters with at least one digit.

❖ **CONFIRM PASSWORD**

Repeat the new password of the current user.

6. 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 [Home Page](#). A message confirming that the new password has been saved will appear at the bottom.

7. 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).

8. CANCEL

By clicking on the **CANCEL** button, the user will be re-directed to the [Home Page](#)

8 IMIS OFFLINE

8.1 Introduction

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.

8.2 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 IMIS in offline mode.

A. LOGIN

If a user who is logging in is having user role HF Administrator or offline Scheme Administrator and if Health 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 ([Image 8.1](#), [Image 8.2](#)), only once for that very first time of logging in.

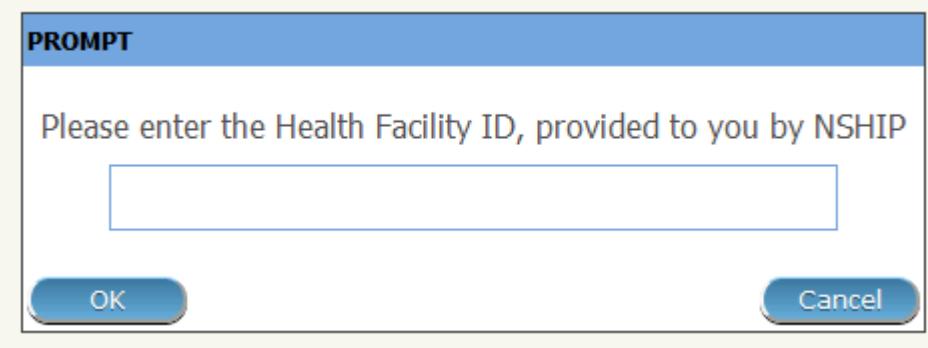


Image 8.1 (Enter HF ID - HF Administrator Login, IMIS offline)

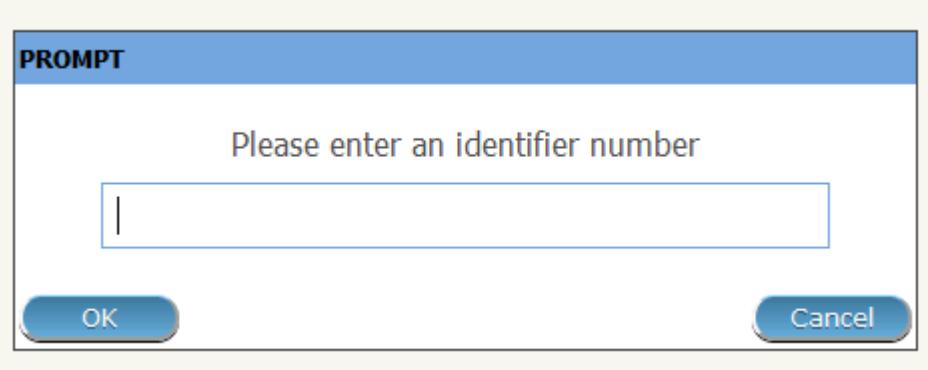


Image 8.2 (Enter Scheme Office ID - offline Scheme Administrator Login, IMIS offline)

B. INFORMATION BAR

Throughout the application, an information bar at the bottom of each page will have a different background colour to that of online IMIS and on the its right end, there will be shown heath facility code and health facility name / Scheme Office ID submitted ([Image 8.3](#), [Image 8.4](#)).

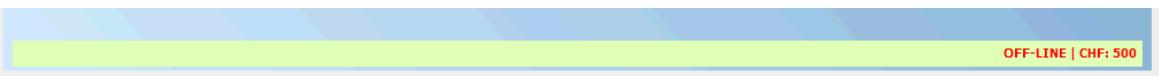
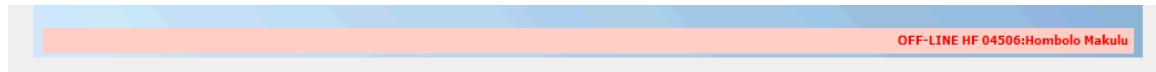


Image 8.3 (Information Bar – Scheme Office, IMIS offline)**Image 8.4 (Information Bar - Health Facility, IMIS offline)**

C. MENUS ACCESS

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 IMIS 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 IMIS 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 IMIS 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 ([Image 8.5](#), [Image 8.6](#)) 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](#)

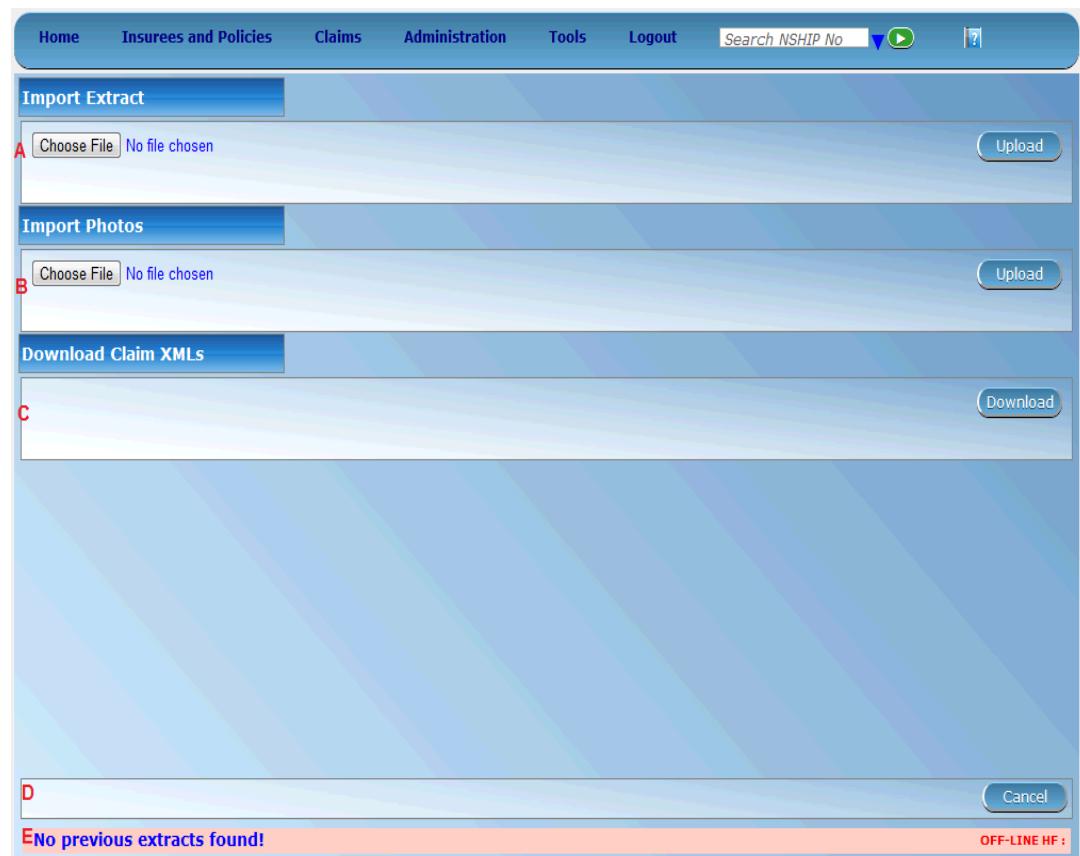


Image 8.5 (Extracts Control Page, HF Administrator, IMIS offline)

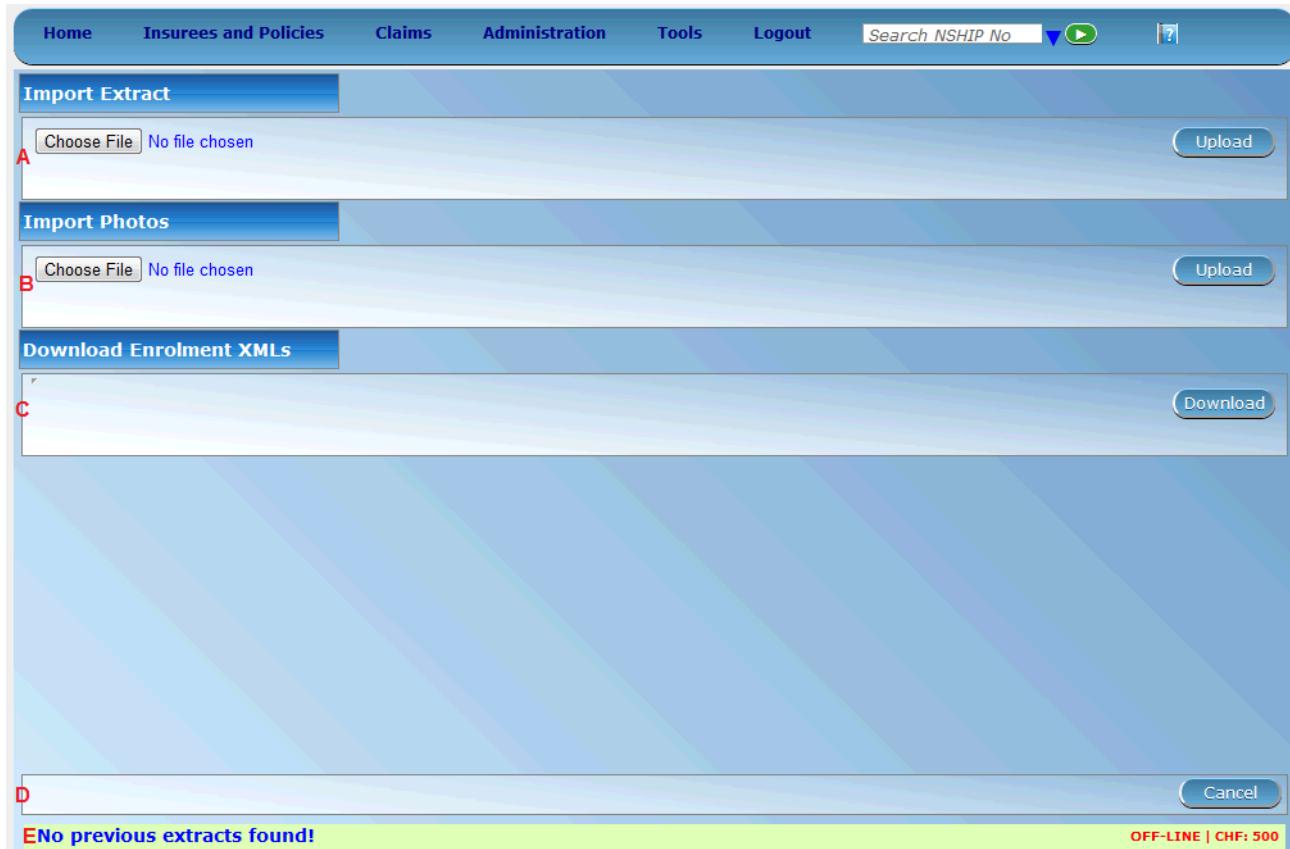


Image 8.6 (Extracts Control Page, Offline Scheme Administrator, IMIS offline)

- **SECTION A - IMPORT EXTRACT**

This section has a facility to enable synchronization of online IMIS data with that offline IMIS data. When online data in a zipped file is obtained (downloaded extraction) from online IMIS 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 ([Image 8.7](#)), user can navigate to the required file and select the file.

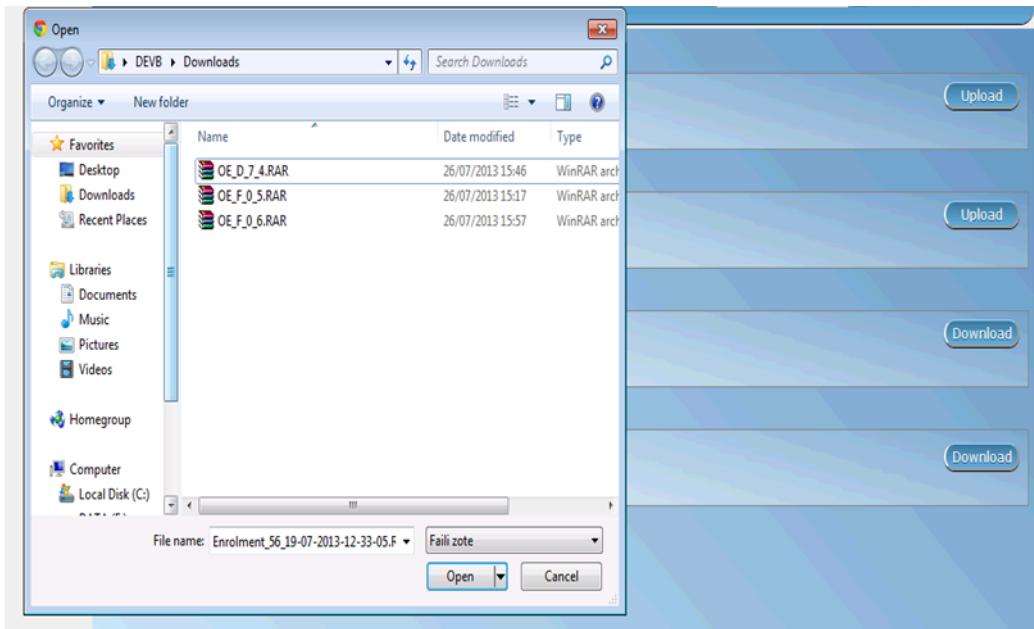
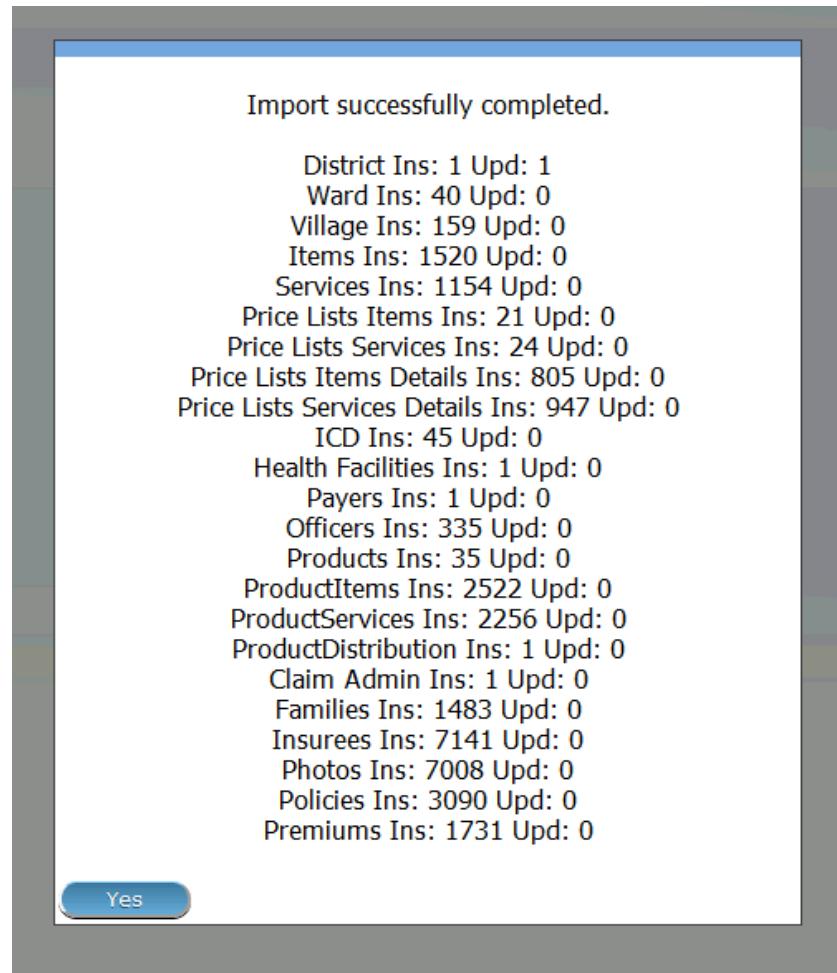


Image 8.7 (Select File Popup Window, Import Extracts, IMIS offline)

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 IMIS and confirmation will be given as popup messages ([Image 8.8](#), [Image 8.9](#)).

**Image 8.8 (Popup Window, Import Extracts, HF Administrator, IMIS offline)**

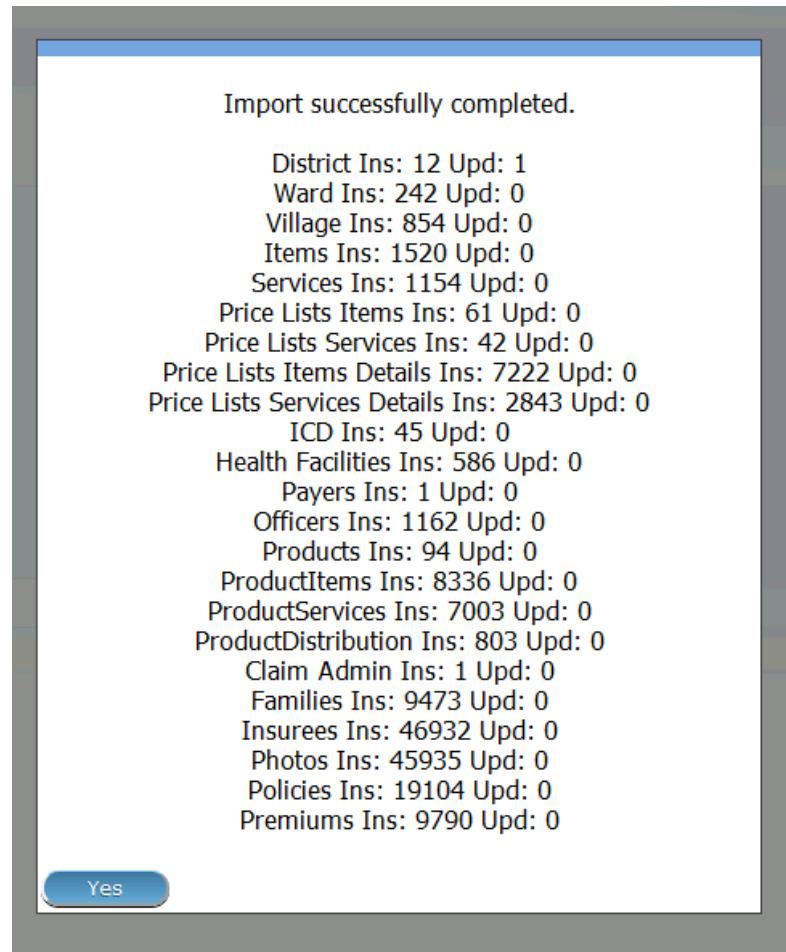


Image 8.9 (Popup Window, Import Extracts, Offline Scheme Administrator, IMIS offline)

User cannot import an extract whose sequence number is same as last one imported; if done so, a popup message ([Image 8.10](#)) will be shown.

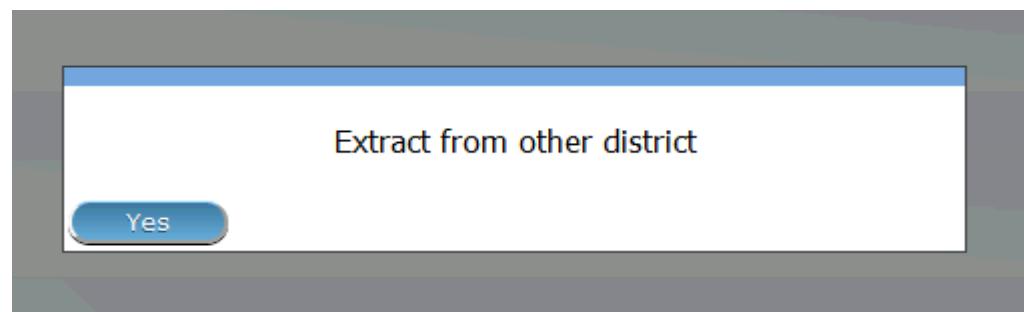


Image 8.10 (Popup Window, Wrong sequence of an extract file, IMIS offline)

- **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 IMIS 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 ([Image 8.11](#)) , user can navigate to the required file and select the file.

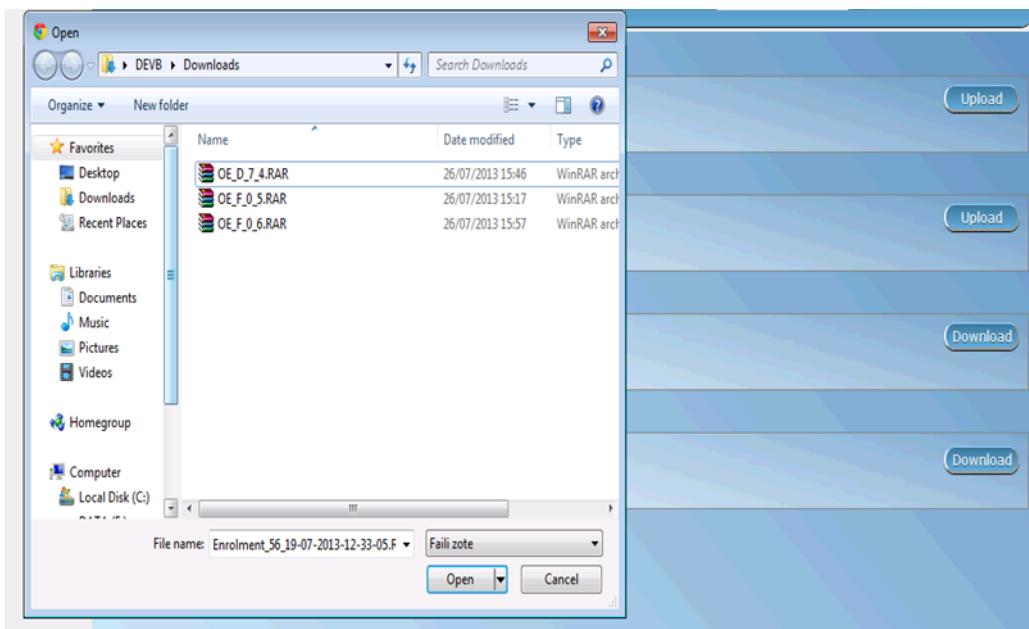


Image 8.11 (Select File Popup Window, Import Photos, IMIS offline)

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 IMIS and confirmation will be given as popup messages ([Image 8.12](#)).

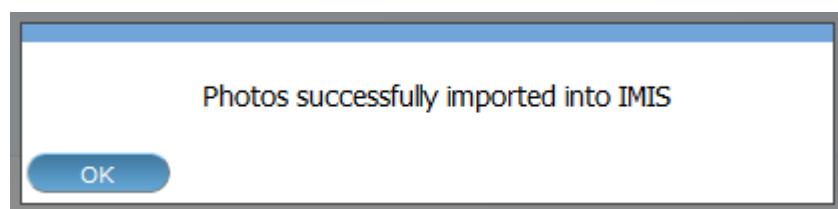


Image 8.12 (Popup Window, Import Photos, IMIS offline)

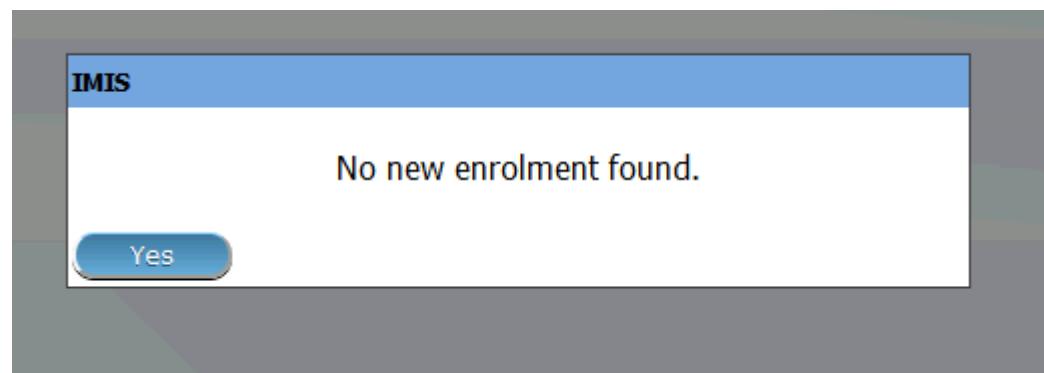
If importation of photo is not done due to some reason, the above popup message will not be shown, instead system will issue proper popup message to notify a user what went wrong and what is to be done.

- **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 box ([Image 8.13](#)) will appear, notifying the user. Otherwise enrollments will be downloaded in a zipped file and a confirmation popup message ([Image 8.14](#)) will appear

**Image 8.13 (Popup Window, Download Enrolments, IMIS offline)**

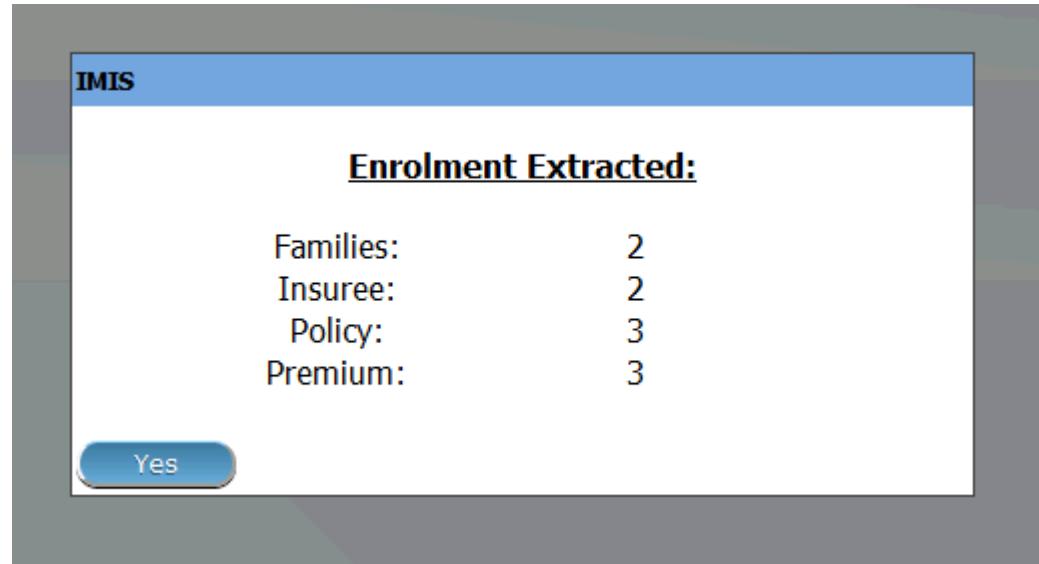


Image 8.14 (Popup Window, Download Enrolments, IMIS offline)

- **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

No previous extracts found!

OFF-LINE | CHF 1

Image 8.15 (IMIS Extracts, Information Bar, IMIS offline)

- b) Last Extract Sequence: < Sequence Number >

This message is seen, after a single / series of extract importation have been made to the offline IMIS 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.

Last extract sequence : 6

OFF-LINE HF 00947:Mirembe Referral

Image 8.16 (IMIS Extracts, Information Bar, IMIS offline)

- a) No claims Found

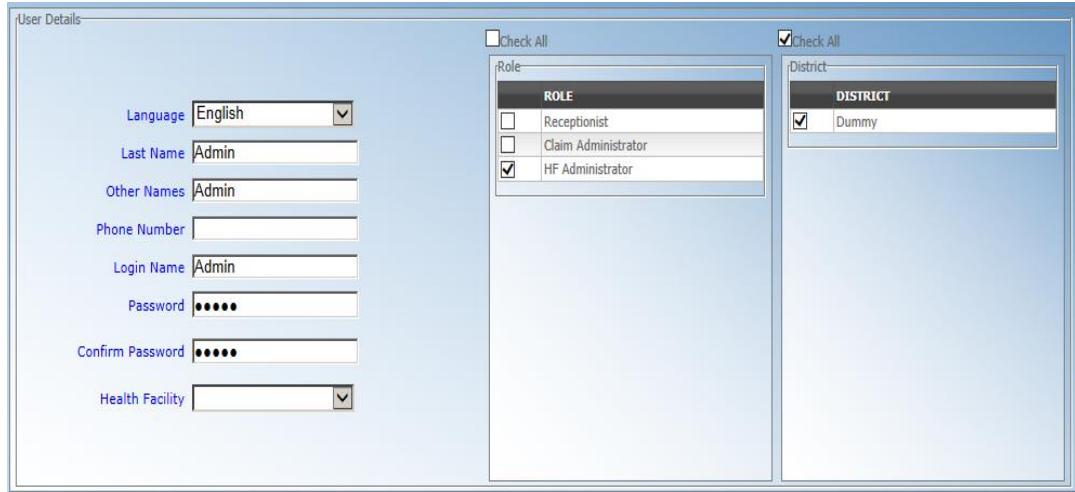
When HF offline IMIS user is downloading offline claims and no new offline claims is found, this message is displayed.

No claims found. OFF-LINE HF 00947:Mirembe Referral

Image 8.17 (IMIS Extracts, Information Bar, IMIS offline)

➤ **USERS**

Users with role HF Administrator, can create only users with roles: **Receptionist**, **Claim Administrator** and **HF Administrator** ([Image 8.18](#)). User with role 'offline NSHIP Administrator', can create only user with role: **Clerk** ([Image 8.19](#))



User Details

Language	English
Last Name	Admin
Other Names	Admin
Phone Number	
Login Name	Admin
Password	*****
Confirm Password	*****
Health Facility	

Role:

Check All

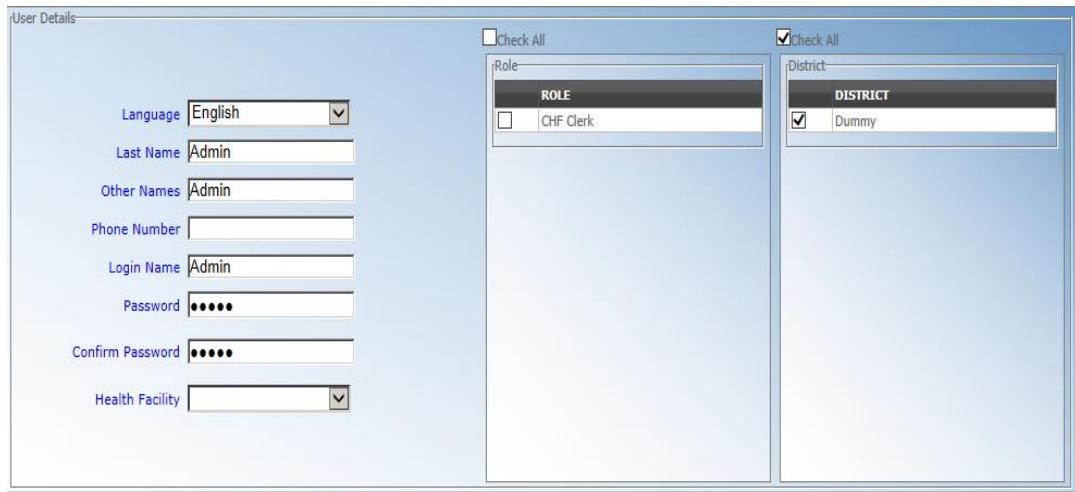
ROLE
<input type="checkbox"/> Receptionist
<input type="checkbox"/> Claim Administrator
<input checked="" type="checkbox"/> HF Administrator

District:

Check All

DISTRICT
<input checked="" type="checkbox"/> Dummy

Image 8.18 (Users Page - HF Administrator, IMIS offline)



User Details

Language	English
Last Name	Admin
Other Names	Admin
Phone Number	
Login Name	Admin
Password	*****
Confirm Password	*****
Health Facility	

Role:

Check All

ROLE
<input type="checkbox"/> CHF Clerk

District:

Check All

DISTRICT
<input checked="" type="checkbox"/> Dummy

Image 8.19 (Users Page - Offline Scheme Administrator, IMIS offline)

D. DATA ACCESS

➤ Search / Find

In all pages in [INSUREES](#) and [POLICIES](#) menus with search / find facility, there will be an extra search criteria ([Image 8.20](#)) to enable search for offline data only. This feature is available if a user is in Offline IMIS.

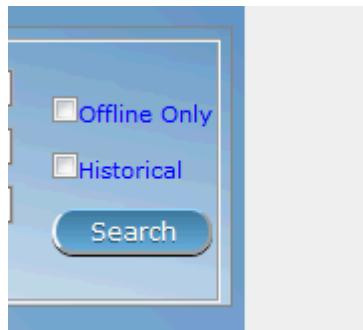


Image 8.20 (Search Criteria - offline only data, IMIS offline)

➤ 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.

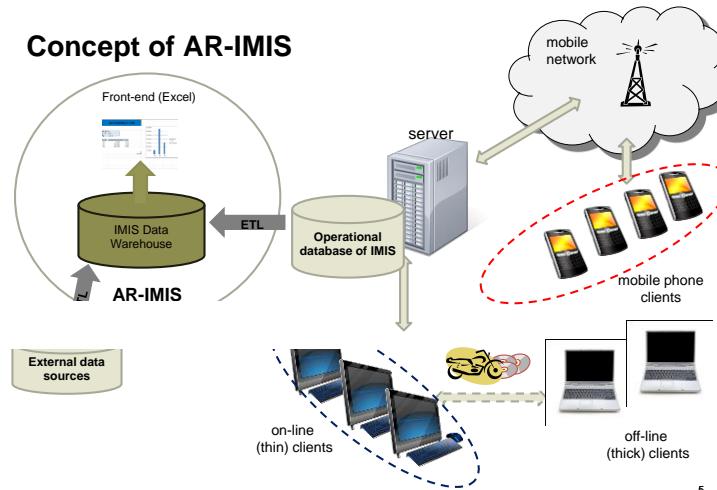
For an offline user with a right to open [INSUREES](#) and [POLICIES](#) menus, he/she can access all data but can manipulate only that data which was created offline. The rest of the data will be available in read-only mode

9 Analytic and reporting component (AR-IMIS)

The Analytic and Reporting component of the Insurance Management Information System (AR-IMIS) provides managerial data for management of health insurance schemes supported by IMIS, allows easy and speedy analysis of these data with the objective to reveal causes of different phenomena encountered in supported health insurance schemes. Provided data allow also monitoring of developments within supported health insurance schemes and identification of potential errors in operational data.

9.1 Concept of AR-IMIS

The concept of AR-IMIS is based on populating of the Data Warehouse with aggregate data from the operational database of IMIS. This populating is done automatically and regularly (usually once a week) from the operational database by Extract, Transformation and Loading process (ETL). Within this process data from the operational database are aggregated and stored in the Data Warehouse in conformance with multidimensional data model ([Image 9.1](#))



5

Image 9.1 Concept of AR-IMIS

This model is suitable for analysis of data. Questions like "What is the number of newly covered insurees by an insurance product at during a calendar period and who were of an age, a gender, lived in a location and were cared for by a enrolment officer? Data in the multidimensional Data Warehouse are presented by a suitable front-end tool. Currently AR-IMIS uses MS Excel as the front-end presentation tool. An Excel file is remotely connected to the Data Warehouse and data are stored in the Excel file in the form of so called pivot tables. The multidimensional model is based on the notion of facts and dimensions. The

facts (indicators) are what we are interested in. For example, a fact may number of insured persons, number of active policies, number of submitted claims etc. Facts can be looked at from different angles-for example from the point of view of age and gender of insured persons, from the point of view of time period etc. These angles (points of view) are captured by the notion of dimensions that are used for qualification of facts [Image 9.2](#)

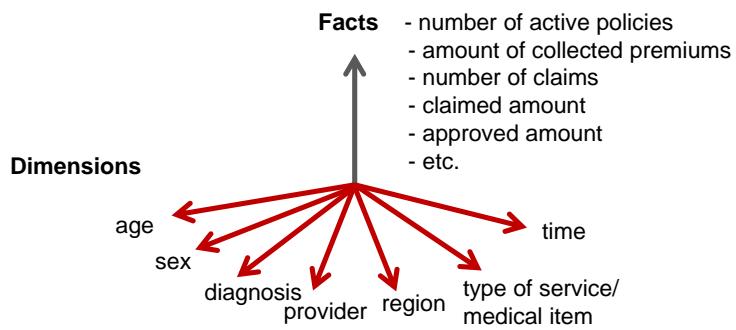


Image 9.2 Facts and dimensions

A dimension is composed from points that represent specific values in the dimension for which we want to look at facts-for example *November 2015* may be one point in the Time dimension. Points of a dimension may be organized in hierarchies. Higher levels of hierarchies represent more aggregate views. Going to the lower levels by so called *drill down* operation we can analyze facts in more detail-for example we may drill down from calendar years to quarters of corresponding calendar years and further to months. We can go in an opposite direction and look at facts from more aggregate points of view (*drill up*).For example from looking at the amount of collected contributions in calendar months we can look at the same indicator according to quarters of a year or according to calendar years.

Facts with related meaning and the identical set of qualifying dimension are represented in the multidimensional model of the Data Warehouse as so called cubes. We can do other operations on cubes as for example *slicing* when we select one or several points in one dimension and look at the rest of cube or *dicing* when we select one or several points in two or more dimensions. All such operations allow analysis of data in the Data Warehouse in an easy and comprehensive way.

9.2 Dimensions

Dimensions represent our point of view on facts. Each dimension has several values (points). The points

are used for qualification of our view on the facts. AR-IMIS provides values of facts corresponding to specified points across one or more dimensions. The points may be organized in hierarchies. Lower levels of a hierarchy allow looking at a fact according to more specific points. For example, the most important *Time* dimension has at the lowest level calendar months. The calendar months are grouped into quarters and quarters into calendar years. So, we can get a value of a fact corresponding to a specific month. Going one level up in the dimension *Time*, we can get a value of the fact corresponding to a specific quarter and going even up we can get a value of the fact corresponding to a specific calendar year. If we don't specify any point in a dimension, it means we are interested in a value of a fact for all points together in the given dimension.

AR-IMIS defines several dimensions. Their meaning is dependent on the context of a fact for which they are used. For example, for the fact *Number of submitted claims* the *Time* dimension means in AR-IMIS a period in which claimed health care was provided. It could have also other interpretations, for example, it may be a period in which claims were submitted. Exact interpretation of each dimension is indicated with description of each fact provided below.

The points of a dimension are either fixed, e. g. the points *Sex* are *Male/Female/Undefined* for the dimension, or are obtained from registers in the operational part of IMIS. For example, the points for the dimension *Services* are obtained from the current status of the register of services in IMIS.

The following table shows dimensions used across AR-IMIS. For each dimension its name, names of attributes used for referencing of their points, source for their points, and their meaning.

Name	Names of hierarchy/attributes	Source of data	Points
Time	Time Hierarchy Other fields: Month Name Quarter Name Year Time	generated by IMIS	Hierarchy: Years->Quarters->Months
Age	Age Range	generated by IMIS	below1,1-4,5-9...,80+,Unknown
Gender	Gender Name	generated by IMIS	Male, Female, Unknown
Regions	Region Hierarchy Other fields: Region District Ward Village	register of locations	Hierarchy: Regions->Districts->Wards->Villages

Products	Product Hierarchy Other fields: Region District Product Name Product Code	register of insurance products	Hierarchy: Regions->Districts->Products
Payers	Payer Name	register of payers	Families, Payers (the list of)
Officers	Officer Hierarchy Other fields: Region District Last Name Other Names Assistant Code	register of enrolment officers	Hierarchy: Regions->Districts->Enrolment Officers
Services	Service Hierarchy Other fields: Service Code Service Name Service Category	register of medical services	Hierarchy: (Curative, Preventive)->Services
Items	Item Hierarchy Other fields: Item Code Item Name Item Category	register of medical items	Hierarchy: (Drugs, Prostheses)->Items
Diseases	Disease Hierarchy Other fields: Disease Name Disease Code Disease Category	list of diagnoses	
Providers	Provider Hierarchy Other fields: Provider Name Disease Code Provider Category	register of health facilities	Hierarchy: Regions->Districts->(Dispensary, Health Centre, Hospital) ->Health facility
Care Category	Category Care	generated by IMIS	Emergency, Other, Referral, Unknown
Care Type	Care Type	generated by IMIS	In-patient, Out-patient, Unknown
Questions	Question	generated by IMIS	Care Rendered, Drug Prescribed, Drug Received, Payment Aske, Unknown

Table 9.1 Overview of dimensions

9.3 Facts

Facts provided by AR-IMIS can be structured into the areas according to [Image 9.3](#). Within each area several facts packed into one or several cubes are provided. Facts are packed into the same cube if they have an associated meaning and are provided with the same set of dimension. The following articles lists available cubes according to the areas, for each cube indicates available facts with description of their meaning and



Image 9.3 Areas of facts

underlying set of qualifying dimensions. If meaning of a dimension is not straightforward, its description is provided. It relates especially to the *Time* dimension where it is important which datum related with a fact is taken as the governing date for association with given point (period) in the *Time* dimension.

9.3.1 Facts on enrolment and policies

This group of facts relates to acquisition of insures and development of coverage by health insurance schemes. Facts available are listed in [Table 9.2](#)

Cube	Fact	Meaning	Dimension	Comment
Population	Population	Number of inhabitants	Gender	
			Region	
			Time	
Number of families/groups	Number of families/groups	Number of households according to a census	Region	
			Time	
Current and new insurees	Current insurees	Insurees covered by at least one policy active at the end of a time period	Age	Age at the end of a time period
			Gender	
			Enrolment Officers	An enrolment officer responsible for corresponding policy
	New acquired insurees	Insurees newly insured during a time period	Region	Place of living of a household
			Products	An insurance product covering an insuree
			Time	Period of enrolment of insurees for new insurees Period of effective day and later of their policies for current insurees
All types of policies	Current policies	Number of active policies at the end of a	Age	Age of the head of a household at the end of a time period

		time period		
	Expired policies	Number of policies that expired during a time period	Gender	Gender of the head of a household
	Renewed policies	Number of policies that were renewed during a time period	Enrolment Officers	An enrolment officer responsible for corresponding policy
	Sold policies	Number of policies that were sold during a time period	Region	Place of living of a household
			Products	An insurance product of a policy
			Time	Period of enrolment date for sold policies Period of expiry date for expired policies Period of renewal date(when renewing was done) for renewed policies Period of effective day and later for current policies
Share of insured population	Share of insured population	=Current insures / Population at the end of a time period	Gender	
			Region	Place of living of a household
			Products	An insurance product covering an insuree

			Time	
Share of insured families/groups	Number of insured families/groups	Number of households that are covered by at least one active policy at the end of a time period	Region	Place of living of a household
	Share of insured families/groups	=Number of insured households /Number of households at the end of a time period	Time	
			Region	Place of living of a household

Table 9.2 Facts on enrolment and policies

9.3.2 Facts on collected revenue

This group of facts relates to revenue of health insurance schemes. Facts available are listed in [Table 9.3](#).

Cube	Fact	Meaning	Dimension	Comment
Contribution collection	Contribution collected	Contributions collected in given time period	Enrolment Officers	Collection of contributions from policies of an enrolment officer
			Payers	Collection of contributions from an institutional payer or from families itself
			Products	Collection of contributions within an insurance product
			Time	Period of payment date of contributions
Contribution allocation	Contribution allocated	Amount of collected contributions allocated proportionally for using in a time period	Products	Allocation of contributions within an insurance product
			Time	Period of allocation of contributions

Table 9.3 Facts on contributions

9.3.3 Facts on claims

This group of facts relates to claims forwarded by health care providers to administrators of health insurance schemes. Facts available are listed in [Table 9.4](#).

Cube	Fact	Meaning	Dimension	Comment
Claim details	Amount claimed	Total amount in nominal prices that was submitted by health care providers for health care provided in given period	Providers	Providers that entered and or submitted claims
	Amount rejected	Total amount that was on totally rejected claims	Time	Time period of provision of health care that was invoiced in claims
	Entered claims	Number of claims entered		
	Submitted claims	Number of claims submitted		
	Rejected claims	Number of claims totally rejected		
	Average amount claimed	=Amount claimed/ Submitted claims		
	Average amount rejected	=Amount rejected/ Rejected claims		

Claim details products	Amount adjusted	Amount adjusted after processing in nominal prices	Providers	Providers that submitted claims
	Amount paid	Amount actually to be paid to health facilities taking into account indexes of relative pricing	Products	Products by which health care claimed was covered
	Processed claims	Number of claims sent for valuation	Time	Time period of provision of health care that was invoiced in claims
	Paid claims	Number of claims actually valued		
	Average amount adjusted	=Amount adjusted/Processed claims		
	Average amount paid	=Amount paid/Valuated claims		

Table 9.4 Facts on claims

9.3.4 Facts on utilization of health care

This group of facts relates to utilization of health care by insures according to submitted and not rejected claims. Facts available are listed in [Table 9.5](#)

Cube	Fact	Meaning	Dimension	Comment
Admissions and visits and hospital days	Number of hospital admissions	Number of hospital admissions	Age	Age at the time of provision health care
			Gender	
			Disease	.
	Number of hospital days		Care category	
	Average length of stay	= Number of hospital days/ Number of hospital admissions	Products	In case two or more insurance products covered a hospital admission/visit, it is accounted to each of them
	Number of out-patient visits		Providers	Providers which claimed health care
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care

Utilization of services	Services utilized	Number of utilized services according to submitted claims. If a service was provided during one visit/hospital stay, the service is counted according to the number of its provision	Age	Age at the time of provision health care
			Gender	
			Disease	.
			Care category	
			Care type	
			Products	
			Providers	Providers which claimed health care
			Services	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
Utilization of medical items	Items utilized	Number of utilized medical items according to submitted claims If a medical item was provided during one visit/hospital stay, the medical item is counted according to the number of its	Age	Age at the time of provision health care
			Gender	
			Disease	.
			Care category	
			Care type	
			Products	
			Providers	Providers which claimed health care

		provision	Items	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
Average utilization of services per insuree	Average utilization of services per insuree	= Services utilized / Current insurees	Age	Age at the time of provision health care
			Gender	
			Disease	
			Products	
			Services	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
Average utilization of medical items per insuree	Average utilization of medical items per insuree	= Items utilized / Current insurees	Age	
			Gender	
			Disease	
			Products	
			Items	
			Time	

Table 9.5 Facts on utilization health care

9.3.5 Facts on expenditures for health care

This group of facts relates to expenditures for health care actually paid to health care providers. Facts available are listed in [Table 9.6](#)

Cube	Fact	Meaning	Dimension	Comment
Expenditures for services	Service expenditures	Expenditures for services actually remunerated to health facilities	Age	Age at the time of provision health care
			Gender	
			Disease	.
			Care category	
			Care type	
			Products	
			Providers	Providers which claimed health care
			Services	
Expenditures for medical items	Item expenditures	Expenditures for medical items actually remunerated to health facilities	Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
			Age	Age at the time of provision health care
			Gender	
			Disease	.

			Care category	
			Care type	
			Products	
			Providers	Providers which claimed health care
			Items	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
Average expenditures for services per insuree	Average expenditures for services per insuree	= Service expenditures/ Current insurees	Age	Age at the time of provision health care
			Gender	
			Disease	.
			Products	
			Services	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
Average expenditures for medical items per	Average expenditures for medical items	= Item expenditures/ Number of	Age	Age at the time of provision health care
			Gender	

insuree	per insuree	inhabitants	Disease	.
			Products	
			Items	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care
Average expenditures for health care per insuree	Average expenditures per insuree	$= \text{Average expenditures of services per insuree} + \text{Average expenditures for medical items per insuree}$	Age	Age at the time of provision health care
			Gender	
			Disease	
			Products	
			Time	Hospital admissions are associated with time periods according to dates of discharge. Time period of provision of health care

Table 9.6 Facts on expenditures for health care

9.3.6 Facts on feedbacks

This group of facts relates to evaluation of request for feedbacks on provided health care that are issued by medical officers during processing of claims. Facts available are listed in [Table 9.7](#)

Cube	Fact	Meaning	Dimension	Comment
Feedback details	Feedbacks sent	Number of requests for feedbacks sent in a time period	Products	Insurance products that covered claims initiating requests for feedbacks
	Feedbacks responded	Number of feedbacks received in a time period	Providers	Providers that submitted claims initiating requests for feedbacks
	Overall assessment	Sum of all assessment overall assessment marks in responded feedbacks	Time	Period of sending/receiving feedbacks
	Feedback return share	= Feedbacks responded/Feedbacks sent		
	Average overall assessment	= Overall assessment/Feedbacks responded		
Feedback answers	Answers Yes	Count of all Yes answers	Products	Insurance products that covered claims initiating requests for feedbacks
	Share of	= Answers Yes/Feedbacks	Providers	Providers that submitted claims initiating requests

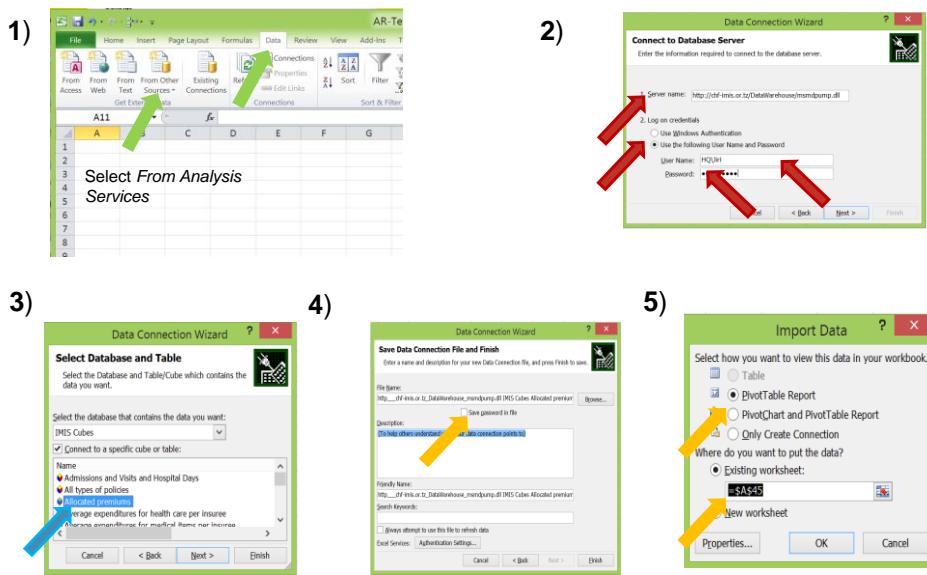
	Answers Yes	responded		for feedbacks
			Questions	
			Time	Period of sending/receiving feedbacks

Table 9.7 Facts on feedbacks

9.4 How access data from the Data Warehouse

Data from the Data Warehouse can be accessed by means of an Excel file. As access to the Data Warehouse is protected, a user has to get from an administrator of AR-MIS URL of the Data Warehouse for remote access, a userid and a password. A userid may allow access to all data in the Data Warehouse or only to a subset of data corresponding to a specific region, to selected regions, to a specific district or to selected districts.

The procedure of accessing of data is as follows ([Image 9.8](#))


Image 9.8 Accessing the Data Warehouse

1. Open an Excel file
2. Click on the menu item **Data**
3. Click on the sub-menu **From Other Sources**
4. Click on the sub-menu **From Analysis Services**
5. A dialog box appears for specification of logon data:
 - a. Enter URL of the Data Warehouse into the field **Server Name**
 - b. Select the option **Use the following user name and password**
 - c. Enter your userid into the field **User Name**
 - d. Enter your password into the field **Password**
 - e. Click on **Finish**
6. A box appears (**Select Database and Tables**) with the list of available cubes. Select one and click on **Finish**
7. A box appears (**Save Data Connection File and Finish**). Check the box **Save passport in file** and click on **Finish**.
8. A box appears (**Import Data**). Select whether cube should be accessed by a pivot table and/or chart and specify a placement of the pivot table. Click on **OK**.
9. An area for the pivot table appears in the sheet with the **Pivot Table Field** area on the right ([Image 9.9](#)). Click on facts to be displayed and click or drag dimensions to appropriate sectors of the pivot table in the **Pivot Table Field** area.

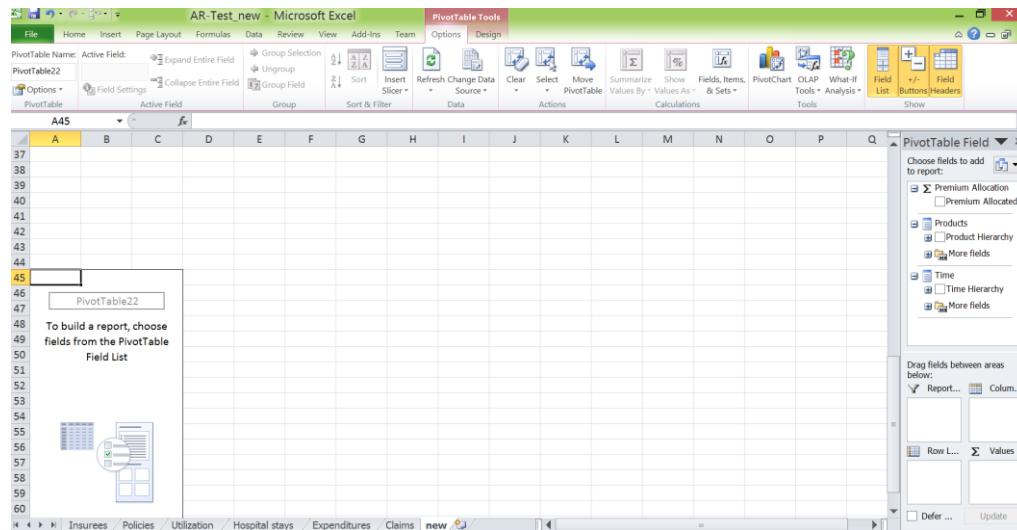


Image 9.9 Pivot Table in Excel

