Insurance Management Information System

Part 1

(management of families, insurees, policies and contributions)

Training material-version 1.0

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Abbreviations

FSP	First Service Point
FTP	File Transfer Protocol
GB	Giga Byte
ICD	International Classification of Diseases
ID	Identification
IIS	Internet Information Server
IMIS	Insurance Management Information System
IP	Internet Protocol
IT	Information Technology
MoHP	Ministry of Health and Population
NRP	Nepali Rupee
PHC	Primary Health Centre
SD	Secure Digital
SDC	Swiss Agency of Development and Cooperation
SHSDC	Social Health Security Development Committee
SHSP	Social Health Security Programme

Table of Contents

1   Introduction

The purpose of the document is to provide instructions on using of the Insurance Management Information System (IMIS). The training material has two parts. This first part encompasses the functionality for administration of registers and for management of insurees and policies. It focuses on IMIS support of standard operating procedures for the Social Health Security Programme (SHSP) implemented by Social Health Security Development Committee (SHSDC) in Nepal. The training material is complemented by the IMIS User Manual[1]. It is intended as a background material for training of Social Health Security Programme staff.

The following typographic conventions are used:

Labels of fields for entering data or buttons in forms (screens) for clicking are in **bold.**

Headings of sections in the forms of names of applications are in *italics*.

2   How to connect to IMIS?

IMIS is a centralized web based application that can be accessed as follows:

a) from any computer connected to Internet with a standard browser (Internet Explorer 7 or higher, Firefox etc.). It is sufficient to use URL SHSP@exactsoftwaresolutions.nl or directly using IP address ………….

The browser shows as the first a login form:

Enter your **User Id** and **Password** that you get from an administrator of IMIS and click on **Login**. After you successfully log in a home page of IMIS is displayed. The home page shows roles you have and districts data of which are to you accessible:

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[1] The User Manual can be obtained by clicking on the question mark in the upper menu bar of IMIS.
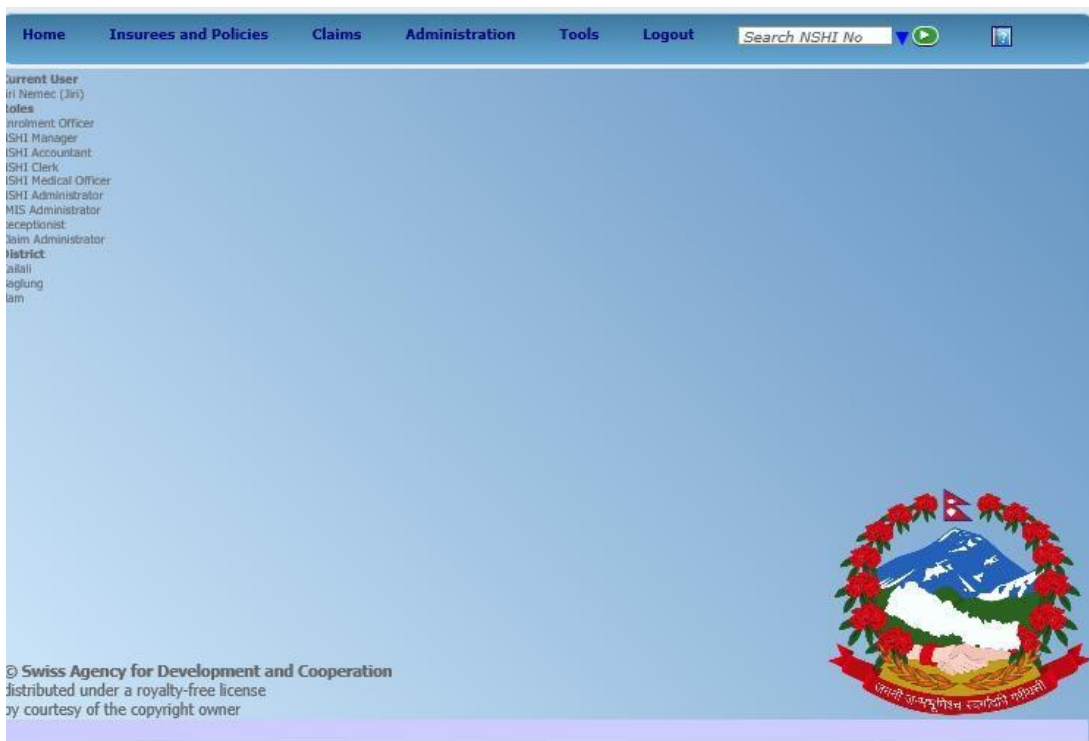
Limited functionality of IMIS can also be obtained via mobile phones provided that IMIS applications are installed on them. (See the Mobile Phone Application Manual)

You can detach from IMIS by selecting **Logout** on the home page or just by closing the browser. You are detached from IMIS also after elapsing sometime of your inactivity.

3   Administration and initialization of IMIS

IMIS requires set up of several registers for its operation. There are appropriate tools for initialization and maintenance of such registers. Registers of IMIS represent major advantage of IMIS as they enable adjusting of IMIS to new requirements-e. g. new insurance products, new covered services, new prices for medical services and medical items,, new health care providers and they enable also roll-out of SHSP to new districts.

The following registers are maintained by IMIS:

- the register of (IMIS) users
- the register of locations (districts, Village Development Committees/municipalities, wards)
- the register of enrolment assistants
- the register of (institutional) payers
- the register of insurance products
- the register of medical services
- the register of medical items
- the register of claim administrators
- the register of health facilities
- the register of pricelists

We will go through these registers and we will show how to enter new items into these registers. Modifications of items in the registers will be also briefly described. The register of health facilities, the register of pricelists and the register of claim administrators are needed exclusively for claim submission and processing. Therefore, they will be dealt in the second part of this training material.

3.1   How to enter a new user?

The first register is the register of users (of IMIS). Any person that is entitled to use IMIS by means of on-line and off-line clients has to have an entry in this register. Each client can have one or more roles that define functionality that is available to the user. Each user can be assigned to one or more districts that define data of which district are available to the user. Generally, officers in one district SHSP office will be assigned only to their district. For special purposes, e.g. for moving families between districts or for medical reviewing of claims, there will be defined one user that will be assigned to more districts and that can manage such operations. Assignment of users to specific districts allows for separation of operations of district SHSP offices.

The following roles can be assigned to users (only roles related to the administration of registers of IMIS and for management of insurees and policies are listed):

Role	Responsibilities	Available functionality
IMIS Administrator	Administers operations of the IMIS	Administration of the register of users
SHSP Administrator	Maintains IMIS registers (all except the register of users)	Administration of the IMIS registers (all but the register of users)
Enrolment Assistant	Enrols insurees and submits records to IMIS, submits enrolment forms to SHSP offices; collects feedback from insurees	Acquiring of photos of insurees (this functionality doesn't require an entry in the register of users)
SHSP Clerk	Enters and modifies data on families, insurees, policies and contributions.	Creation/Finding/Modification/deleting of a family, an insuree, a policy or a contributions. Renewal of a policy

This procedure can be performed only by a user with the role of *IMIS Administrator*.

1. Select **Administration->Users**. The following form appears:

2. Click on **Add** below. The following form appears:

3. Select **Language** of interface of the user (currently only user interfaces in English is available), enter his/her name, phone if available, **Login name** and **Password** and confirm Password. Health facility field is relevant only for the roles Claim Administrator and Claim Contributor. Mark role (roles) and district (districts) in the boxes on the right that should be associated with the new user. Click on **Save**.

4. The new user is entered and the form from the step 1 appears with the new user in the list of users. Any user in the list can be modified by selection of the user in the list and by clicking on **Edit** (for modification of the user) or on **Delete** (for deletion of the user).

3.2 How to enter new districts, village development committees/ municipalities and wards in the register of locations?

The register of locations serves as source for options offered in the fields related to locations throughout IMIS. Only locations entered into this register can be used in corresponding fields in IMIS forms. Initially, this register had been populated from an external source. However, additional maintenance of the register can be done by functionality provided by IMIS in case of some alternation in the administrative structure of Nepal.

This procedure can be performed only by a user with the role *SHSP Administrator*.

1. Select **Administration-> Locations**. The following form appears:

2. Depending on the level of locations (District, VDC/Municipality, Ward) where you want to make an addition, click on the corresponding vertical box and click on **Add**. It is

assumed that if you want to make additions on other level than the first one (districts), you select appropriate district or VDC/municipality to which you want to make additions. Write a name of the new locations into the field **Name** that appears on top of the form and click on the **Save** that appears beside the field **Name**.

3. The form from the step 1 appears again with the addition from the previous step. If the addition was not the last level (wards), continue with the step 2 for next level and add locations of next level.

4. A modification (change of the name of a location) can be done by selecting of the corresponding location and clicking on **Edit**. The same applies for deletion with only difference that **Delete** is clicked on.

3.3   How to enter a new enrolment assistant?

Enrolment assistants use only mobile phone clients of IMIS. Therefore, there is no need to enter them in the register of users. However, they have a special register. There is a code associated with each enrolment assistant. This code plays the role of an identification of an enrolment assistant to the IMIS. If an enrolment assistant uses wrong code while sending photos to IMIS, these photos cannot be associated with corresponding insurees. Similarly, enrolment forms with wrong code of enrolment assistant cannot be entered into IMIS. The code of enrolment assistants has to be unique within the whole SHSP. Therefore, it is recommended to construct these codes using a prefix reflecting a district.

This procedure can be performed only by a user with the role *SHSP Administrator*.

1. Select **Administration-> Enrolment Assistants**. The following form appears:

2. Click on **Add** below. The following form appears:

3. Enter the **Code** of an enrolment assistant enter his/her **Names**, **Date of Birth**, mobile **Phone Number** used forSHSP operations if available, select **District** for the enrolment assistant.

In SHSP enrollment assistant should also manage feedbacks on claims. So feedback collector enters personal data of the enrolment assistant also in the fields for the feedback collector. Click on **Save**.

4. The new enrolment assistant is entered and the form from the step 1 appears with the new enrolment assistant in the list of enrolment assistants. Any enrolment assistant in the list can be modified by selection of the corresponding enrolment assistant in the list and by clicking on **Edit** (for modification of the enrolment assistant) or on **Delete** (for deletion of the enrolment assistant).

   One important modification can be the following. The register of enrolment assistants enables so called substitutions. It can happen that an enrolment assistant ceases to work and his/her obligations are taken over by a new enrolment assistant or an existing one. When it happens, select in the field **Substitution** the substituting enrolment assistant and in the field **Works To** enter the last date of engagement of the current enrolment assistant. Click on **Save** after modifications are done.

3.4   How to enter a new payer?

Generally, families will pay insurance contributions by themselves. However, it may happen in some circumstances that somebody else will pay on behalf on some families. It can be in case of poor families that can get subsidies from public authorities that will either pay the contributions for poor families fully or partly.   This can also be the payent made by cooperatives or employers on behalf of insures. In order to cope with such situation IMIS uses the concept of institutional payers. There is a register of institutional payers that can participate on payment of contributions for individual families[2].

This procedure can be performed only by a user with the role *SHSP Administrator*.

1. Select **Administration-> Payers**. The following form appears:

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2. Click on **Add** below. The following form appears:

3. Select **Type** of payer, enter **Name** of payer, its **Address** and possibly select **District**. If available add **Phone number**, **Fax** and/or **E-mail.** .There is no necessity to select District for a payer. In that case, such payer can pay contributions for families in all districts. Click on **Save**.

4. The new payer is entered and the form from the step 1 appears with the new payer in the list of payers. Any payer in the list can be modified by selection of the payer in the list and by clicking on **Edit** (for modification of the payer) or on **Delete** (for deletion of the payer).

3.5   How to enter a new medical service?

The register of medical services contains all medical services that can be remunerated within SHSP. It is common for all districts. A medical service may be of different level-it may be preventive service, curative service or rehabilitative service. Medical services in the register of medical services are used for specification of benefit packages of insurance products. It is a reason why medical services are discussed before insurance products.

This procedure can be performed only by a user with the role *SHSP Administrator*.

1. Select **Administration-> Medical Services**. The following form appears:

2. Click on **Add** below. The following form appears:

3. Enter a unique **Code** of a service, its **Name** (description), **Type** of the service whether preventive or curative, select appropriate **Level** of service, enter its standard **Price[3],** select appropriate **Care Type** whether only in-patient, only out-patient or both. Specify allowed frequency of provision of given service to one specific patient as a number of days that must elapse between two provisions. For example, in delivery case tie elapse must be more than at least nine months. If there is no frequency constraint, specify zero. Generally, the frequency constraint should have a medical justification. Frequency constraints from financial reasons can be specified with insurance products (see below) Specify the type of **Patient** for whom the service may be provided. If some of boxes is not clicked on, the medical service cannot be provided to corresponding patients (again from medical reasons). Click on **Save**.

4. The new service is entered and the form from the step 1 appears with the new service in the list of services. Any service in the list can be modified by selection of the service in the list and by clicking on **Edit** (for modification of the service) or on **Delete** (for deletion of the service).

3.6   How to enter a new medical item?

The register of medical items contains all medical items (drugs, prostheses) that can be remunerated within SHSP scheme. It is common for all districts as it is in case of medical services. s. Medical items in the register of medical items are used for specification of

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[3] The standard prices can be subsequently modified in pricelists for health facilities (see the second part of the training material)

coverage of insurance products. It is a reason why medical items are discussed before insurance products and why they are dealt within the first part of this training manual.

This procedure can be performed only by a user with the role *SHSP Administrator*.

1. Select **Administration-> Medical Items**. The following form appears:

2. Click on **Add** below. The following form appears:

3. Enter a unique **Code** of an item, its **Name** (description), **Type** of the item whether it is a drug or a prostheses, enter type of **Package**, enter its standard **Price[4],** select appropriate **Care Type** whether the item can be provided as only in-patient, only out-patient or both. Specify allowed frequency of provision of given item to one specific patient as a number of days that must elapse between two provisions. If there is no frequency constraint, specify zero. Specify type of **Patient** for whom the item may be provided. Regarding the frequency constraint and the type of patient, the same is valid as for the case of medical services. These constraints should be used based on a medical justification only. Click on **Save**.

4. The new item is entered and the form from the step 1 appears with the new item in the list of items. Any item in the list can be modified by selection of the item in the list and by clicking on **Edit** (for modification of the item) or on **Delete** (for deletion of the item).

3.7   How to enter a new insurance product?

An insurance product specifies for what benefits insurees acquire insurance and under what conditions. One or several insurance products may be sold concurrently. Their coverage may overlap or may be complementary. An insurance product may be bound to one specific district or may be generally valid for all districts[5].

For the initial implementation there is one uniform insurance product for all the districts.

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[4] The standard prices can be subsequently modified in pricelists for health facilities (see the second phase of IMIS]

[5] It is more an option for future as there will be only district specific product.

This procedure can be performed only by a user with the role SHSP *Administrator*.

1. Select **Administration-> Products**. The following form appears:

2. Click on **Add** below. The following form appears:

(upper part of the form)

(lower part of the form)

3. Enter a unique **Product Code** of an insurance product, its **Product Name**, and in **District** select *National* as SHSP will use only nationwide products. Enter **Date from** which the product may be sold and **Date to** which the product is supposed to be sold**.**

4. The field **Conversion** is used only in case of a replacement of the insurance product by another one. It will not be used during initial phase of SHSP. Enter **Lump Sum** of contributions for a family with the number of members up to **Threshold Members, No. of Members** for maximum number of members of a family/group**, Contributions Adult** for excessive adult members of family above the threshold of members**, Contributions Child** for excessive child members of family above the threshold of members**, Insurance Period** in months for duration of coverage by a policy of the insurance product. Enter **Administration Period** in months for administration of a new enrollment. The administration period determines the last day within each cycle of enrolment by which an enrolment can be done for given cycle. The administration period has no meaning for insurance products without fixed cycles of enrolment. Enter **Max Installments** for maximal number of installments for payment of contributions, **Grace Period Payment** in months for waiting for the last installment of contributions[6]. Enter **Grace Period Enrolment** in months for waiting for an enrolment after the start of a cycle and **Grace Period Renewal** for waiting for a renewal after the start of a cycle.

Another part of data relate to communication with accounting system with respect to given insurance product. Enter in **Account Code (Remuneration)** a code that will identify for the accounting system remuneration within given insurance product and in **Account Code (Contribution)** a code that will identify collected contribution within the insurance product.

Enter starting dates of fixed enrolment cycles into the fields **Start Cycle 1-4 if** the insurance product has fixed enrolment cycles. If no date is specified, the insurance product is considered to be with a free enrolment.

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[6] **Registration Lump Sum** and/or **Registration fee,** enter **Assembly Lump Sum** and/or **Assembly fee are not used in SHSP**

Enter **Renewal Disc %** as a percentage of the discount for contribution in case a renewal is done before **Renewal Disc Period** (in months) from the starting date of the corresponding renewal cycle. Enter **Enrolment Disc %** as a percentage of the discount for contribution in case an enrolment is done before **Enrolment Disc Period** (in months) from the starting date of the next enrolment cycle. These fields are relevant only for insurance products with fixed cycles for enrolment.

Mark in the boxes in the right upper corner medical services and medical items that are covered by given insurance product. It can be specified for each marked medical service or medical item that SHSP pays the service or item up to a limit (**Limit X** is F) or only a percentage of the price (**Limit X** is C). If **Limit X** is F the columns **Adult X** and **Child X** specify the amount up to which the medical service or the medical item is paid. If **Limit X** is C, the columns **Adult X** and **Child X** specify percentage of a price of the medical service or item that is paid from insurance. There are three sets of fields **Limit, Adult, Child**. **X** is either **O** for medical services/items claimed as the type of visit/stay *Other*, **E** for medical services/items claimed as the type of visit/stay *Emergency* and **R** for medical services/items claimed as the type of visit/stay *Referral.*

The column **Origin** specifies whether the price of the medical service or item is determined from a pricelists of health facilities (**Origin** is P) or whether it a price from medical claims is used (**Origin** is O) or whether the price of the service or item is calculated as so called relative price (**Origin** is R). **No Adult/No Child** determines maximal number of provisions of given service or medical item covered within the insurance product for an insuree. **WTN Adult/WTN Child** determines waiting period for given service or medical item since the start of coverage of an insuree.

The columns **Ceiling Adult** and **Ceiling Child** specify whether the medical service/item is considered for ceilings. The possible values are **H** if the medical service/item is considered for in–patient (hospital) ceilings, **N** if the medical service/item is considered for out–patient (hospital) ceilings and **B,** if the medical service/item is considered for both for out-patient and in –patient (hospital) ceilings.

Enter eventual **Ceilings** and **Deductibles** used within the insurance product depending whether they are applied at the level of **Treatment, Insuree** or **Policy**. Distinguish whether ceilings and deductibles are applied for the whole health care or only for health care provided in-patient and out-patient. Specify **Extra Member Ceiling** for each additional member of a family above the threshold number and **Maximum Ceiling** for a family[7]. Click on **Save**.

5. The new insurance product is entered and the form from the step 1 appears with the new insurance product in the list of insurance products. Any insurance product in the list can be modified by selection of the insurance product in the list and by clicking on **Edit** (for modification of the insurance product) or on **Delete** (for deletion of the insurance product). It is also possible to duplicate an insurance product by clicking on **Duplicate.** This function allows for deriving of new insurance products from the old ones

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[7] Limits on utilization per an insuree and ceilings of specific categories of services (**Consultations, Surgeries, Deliveries**) or of specific types of treatment (**Hospitalizations, Visits**) will be used in SHSP

4 Managing of insurees, policies and contributions by IMIS

One of principal functionalities of IMIS is managing of insurees, policies and contributions within the new SHSP. IMIS allows entering, modification and retrieval of data on insured families, their members, policies that they acquired and contributions that paid. This functionality is available through on-line IMIS clients that communicate with the central server via Internet or through off-line IMIS client. For on-line client, a computer (desktop PC, notebook, netbook etc.) has to have connectivity to Internet in order to allow working with IMIS. For off-line client, on-line connectivity is not necessary; however time from time files have to be moved between a central server with IMIS and off-line clients that requires Internet connectivity. A restricted range of functionality is available with off-line clients.

The following questions are most relevant to using of IMIS on-line client within the SHSP:

- How to enter data on a new insured family, its acquired policy and paid contributions?
- How to add a new member to a family?
- How to remove a member from a family?
- How to modify data on an insuree?
- How to move an insuree from one family to another one?
- How to arrange for moving of a family from one place to another?
- How to get information on current coverage of an insuree?
- How to renew a policy?

4.1 How to enter a new family, its acquired policy and paid contributions?

It is supposed that a complete set of enrolment forms for a family is at disposal to the user. This procedure can be performed only by a user with the role *SHSP Clerk*.

1. Select **Insurees and Policies-> Add Family/Group**. The following form appears:

(upper part of the form)

(lower part of the form)

2. Enter the data on the family as a whole in the section *Family Details*. Select **District** taken from the enrolment form of the head of family, after the district is selected and select subsequently **VDC/Municipality** and **Ward.** Wait a bit after selection of **District** and **VDC/Municipality** as IMIS has to fetch corresponding VDCs/municipalities and wards from the central server. Fill in the box **Permanent Address** with further details of the

address of the family (especially for cities**). Select **Confirmation Type** if the family possesses a confirmation of its social status that has an impact on the selection of insurance products for a policy of the family. If such confirmation exists, enter its number (or other identification) into the field **Confirmation No**. All these data are got from the enrolment form of the head of family.

Enter the data on the head of family into the section *Policy holder*. Enter his/her **SHSP Number, First Name, Last name, Birth Date** and **Gender.** Select whether SHSP **Card** was handed over to the insuree. Enter current address of the head of the family, if it differs from the permanent address of the family. The procedure is the same as in the case of the permanent address. Select subsequently **District, VDC/Municipality and Ward** and enter details of the current address in the box **Current Address**. If available enter mobile **Phone Number** and **Email** of the head of family. Enter also citizen's identification of the head of the family. Select the type of citizen's identification in **Identity Type** and the corresponding number of the document enter into the field **Identification no.**

The last part of the form specifies a first service point (FSP) for the head of family at which the head of family registered for primary health care. Select **District** of such health facility (it can be different to the district of the permanent address of the family and/or current address of the head of family, select **Category of FSP** and select a health facility conforming to the selection made in the preceding two fields.

If a photo of an insuree had been sent to the central server it appears on the right of the form automatically after entering **SHSP Number** and leaving this field. Generally, the last photo of the insuree is displayed and usually only one photo should be available. You can click on **Browse** to see how many photos are available and to choose another one if appropriate.

Click on **Save** to enter data on the insuree and on association with the photo.

3. An overview form for family appears after successful entry of the head of family.
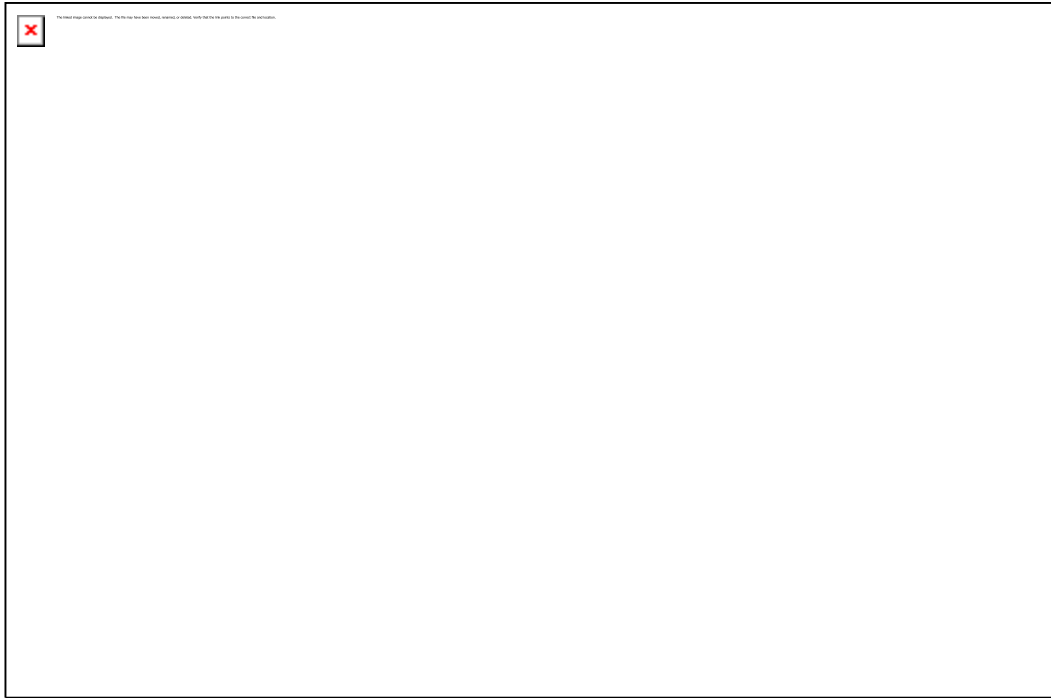
If there are some dependents in the family click on + mark in the section *Insurees*.

4. A similar form as in step 2 appears with the difference that the section *Family/Group Details* holds data on the family of dependent (and his/her head of family) that are just for reading now. The other difference is that the field **Relation** is added that specifies the relationship of the dependent to the head of his/her family.
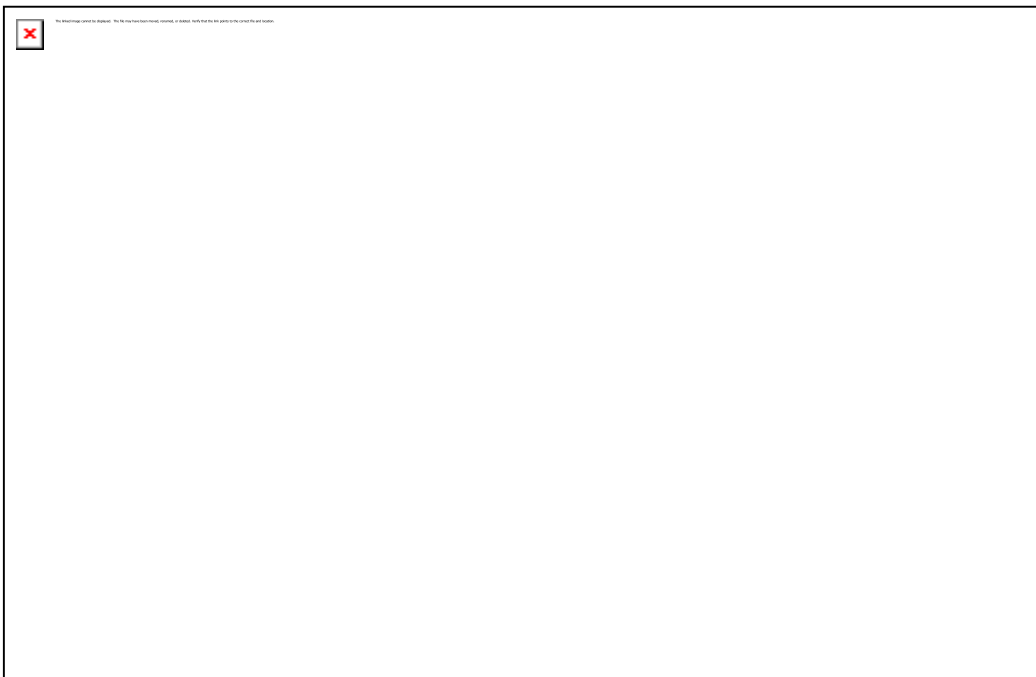
(upper part of the form)

(lower part of the form)

Select the relationship to the head of the family in the field **Relation**. Be aware that the option *Other* means a modification of calculation of contributions for the family. Enter the data on the dependent in the section *Insuree* in the same way as in the step 2 for the head of family. Click on **Save**.

5. Again the overview form for family appears after successful entry of the dependent. If there are some other dependents in the family click again on + mark in the section *Insurees* and continue with the step 4.

6. If all members of the family had been entered a policy has to be assigned to the family. Just click on the mark + in the section *Policies* in order to assign a policy to the family.

The linked image cannot be displayed. The file may have been moved, renamed, or deleted. Verify that the link points to the correct file and location.

7. A form for policy appears. Data on the corresponding family are in the section *Family Details*. The data on a policy are entered in the section *Policy Details*. Based on enrolment form enter **Enrolment Date. Start Date** is determined automatically[8] as a start date for a corresponding cycle and also **Expiry date** is determined automatically as the start date plus the insurance period determined by the insurance product for the policy. **Expiry date** can be modified in order to adjust for the Nepali calendar[9].Select **Insurance product** from available insurance products. Select Enrolment Assistant that sold the policy to the family/group (it can be obtained from the enrolment form).The field **Effective date** is prohibited for an entry as it is determined automatically. IMIS calculates the total amount of contributions for the policy to be paid and it displays it in the bottom part of the form. Click on **Save**.

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[8] If the insurance product of a policy assumes fixed cycles for enrolment. If the insurance product is based on free enrolment, the start date is determined by a user.

[9] Internal time calculations are done according to the Georgian calendar. It is a reason why expiry dates have to be adjusted manually.
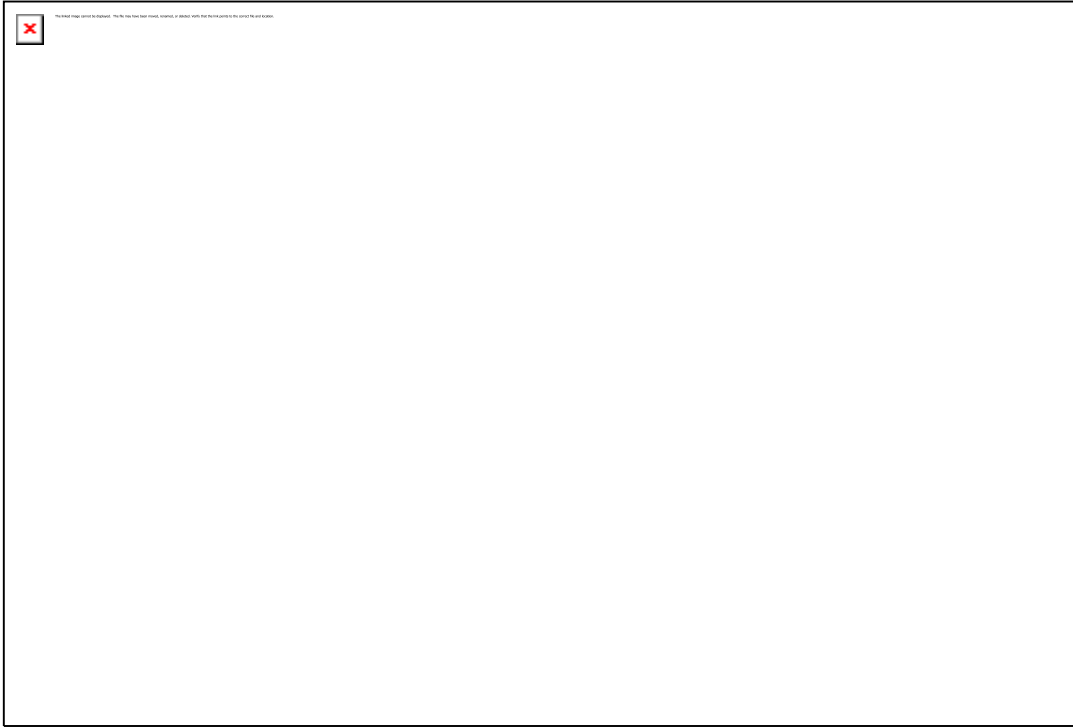
8. Again the family overview form appears with the new policy assigned to the family. **Policy status** is *Idle* as no contributions had been assigned to the policy yet. To enter contributions paid for policy, click on the mark + in the section *Contributions*.
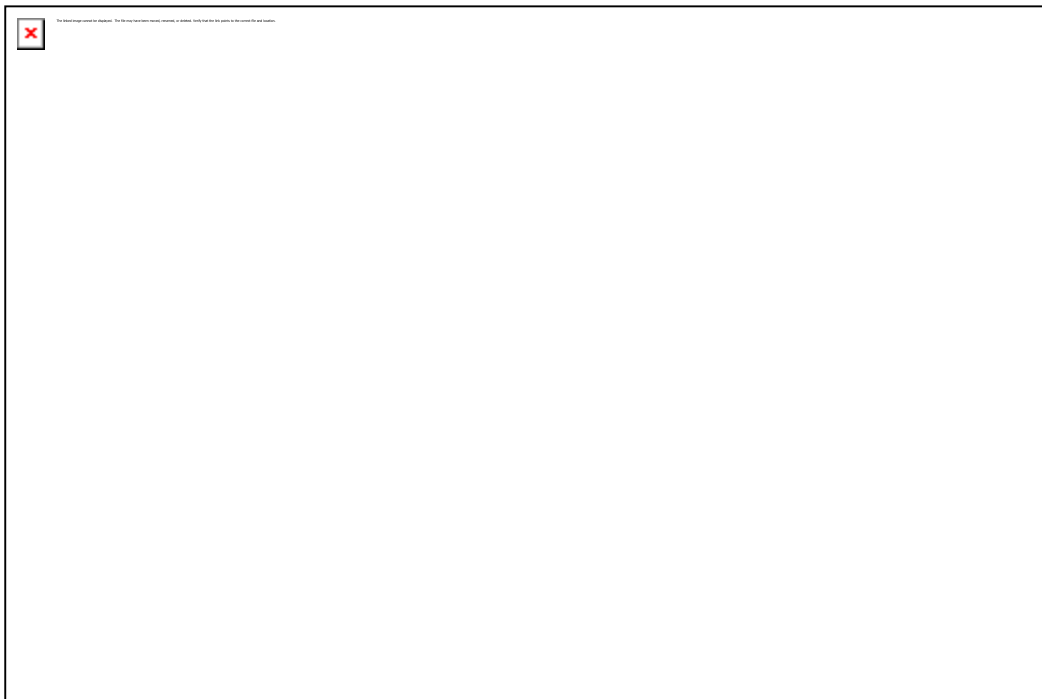
9. A form for contributions appears.

The section *Family/Group Details* contains data on the family. The data on contributions are entered in the section *Contributions*. Each payment of contributions should be entered separately. Select an institutional **Payer** if applicable for current payment of contributions, otherwise leave it blank. Enter **Contributions Paid, Receipt Number** for the payment, **Date of Payment** and select **Type of Payment**. The box on the right shows how much should be paid for the policy of the family, how much had been paid before current payment, what is the balance and what is the status of policy. Click on **Save**. An alert appears showing whether already paid contributions is lower than the value of the policy, equals or even exceeds the value of the policy and asks for reaction of the user. Click on **OK.** The following alternatives may emerge:

- Paid contributions equal to the balance of the policy. The policy is activated. The effective day of the family is set to be the higher date of the **Start Date** and the **Date of Payment**. The expiry date is set to be the effective day plus the number months of insurance period for the corresponding insurance product.
- Paid contributions exceed the balance of the policy. The policy is activated. The same happens as described above.
- Paid contributions less than the balance of the policy. A prompt is displayed asking whether the policy should be activated despite it. If you answer **Yes** the policy is activated. However, if no grace period is specified the policy will be suspended the next date unless additional contributions is entered in the meantime. If you answer **No** the policy remains in the state Idle. It can be activated after entering data on a new payment.

10. Again the family overview form appears with the new contributions assigned to the policy. **Policy Status** becomes *Active* now provided that the paid contributions was enough or that you decided on activation of the policy.

4.2   How to add a new member to a family?

It may happen that after a policy becomes effective a new member comes to a family (e.g. a newborn or a person who was not holder of any SHSP insurance).

This procedure can be performed only by a user with the role *SHSP Clerk*.

1. Select **Insurees and Policies-> Families/Groups**. The following form appears.

You may enter or select in the section *Family* any given search criteria. Generally, it is enough to enter just prefix in the textual fields and all families matching given prefix are to be displayed. For date fields, all families matching this date or a newer one in given fields are displayed. Click on **Search**.

2. A list of families satisfying the search criteria from the step appear in the lower part of the form.

Click in the first column (an underlined text) of the appropriate family.

3. The already known overview form for the family appears. Click on the mark + in the section *Insurees.* and proceed according to the step 4 of the scenario on *How to enter a new family*.

4. The form for the insuree appears. Fill in data fields (see the step 4 of the scenario on *How to enter a new family)*. Click on **Save**.

5. IMIS recalculates contributions for policies of the family as the new member of the family may require additional contributions. If it is the case it is announced in an alert box. The alert box asks whether the additional dependent should be covered by the current policy without paying the additional contributions (e.g. for a new born) or whether the additional contribution should be paid and entered into IMIS otherwise the new member would not be covered.

6. The already known overview form for the family appears again. The new family dependent is now included in the list of insurees for the family.

NSHI NO	LAST NAME	FIRST NAME	GENDER	BIRTH DATE	BENEFICIARY CARD
000000044	Gautam	Saurav	M	01/02/2000	☑
013335700	Karki	Dipak Kumar	M	11/06/1980	☑
015845933	Adhikari	Khagaraj	M	07/06/2000	☑

ENROL DATE	EFFECTIVE DATE	START DATE	EXPIRY DATE	PRODUCT	ENROLMENT ASSISTANT	POLICY STATUS	POLICY VALUE	VALID FROM	VALID TO
01/05/2014	01/08/2014	01/08/2014	31/07/2015	NI2	Karki Ram	Active	2,500.00	08/10/2014	

DATE OF PAYMENT	PAID BY	AMOUNT	PAY METHOD	RECEIPT	PAY CATEGORY
02/05/2014		2,500.00	Cash	r1919	Contribution

Insuree:NSHI Number 000000044 added successfully

4.3 How to change the head of family?

It can happen that a head of family releases his/her family (death, divorce etc.). In such cases it is necessary to change the head of family and subsequently either delete the previous head from IMIS (e. g. in case of death) or move the previous head to a new family (see the next scenario).

This procedure can be performed only by a user with the role *SHSP Clerk*.

1. Doing the steps 1 and 2 from the scenario *How to enter a new insuree* you get the overview form for the family in question. Click on the mark „*pencil*" in the section *Family/Group*.

2. A form for making changes at the level of family appears. Enter in the section *Change Head* the **SHSP Number** of the new head of family. Click on **Check**.

3. IMIS checks whether the entered SHSP number corresponds to a member of the family. If yes, IMIS shows the name of the member otherwise issues an error message. If the SHSP number is a correct one, click on **Change**.

4. The overview form for the family with the changed head of family appears.

4.4   How to move an insuree from one family to another one?

It can happen that an insuree moves from one family to another one (a marriage, an adoption etc.). In order not to require a change of SHSP card, taking of a new photo etc., IMIS allows to move insurees from one family to another one.

This procedure can be performed only by a user with the role *SHSP Clerk*.

1. Doing the steps 1 and 2 from the scenario *How to enter a new insuree* you get the overview form for the desired family. Click on the mark *„pencil"* in the section *Family/Group*.

2. A form for doing changes at the level of family appears. Enter in the section *Move Insuree* the **SHSP Number** of the insuree that has to be moved into the family. Click on **Check**.

3. IMIS checks whether the entered SHSP number corresponds to an existing insuree. If yes, IMIS shows the name of the insuree otherwise issues an error message. If the SHSP number is a correct one, click on **Change**.

4. IMIS recalculates contributions for policies of the family as the newly moved member in the family may require additional contribution. If it is the case it is announced in an alert box. The alert box asks whether the moved member in the family should be covered by the current policy without paying the additional contribution or whether the additional contribution should be paid and entered into IMIS otherwise the moved member would not be covered.

5. The overview form for the family with newly added member of the family appears:

4.5   How to move a family from one place to another one?

It can happen that the whole family moves to a new permanent address. It should be taken into account that moving of the family may lead to a change for enrolment assistant for subsequent renewal of the policy.

This procedure can be performed only by a user with the role *SHSP Clerk*. If moving is done across boundary of a district then a user associated with both districts is necessary for accomplishing this operation. This procedure can be only used for a change of the permanent address of a family. Changing of the current address has to be done individually for each member of the family.

1. Doing the steps 1 and 2 from the scenario *How to enter a new insuree* you get the overview form for the desired family. Click on the mark „*pencil*" in the section *Family*.

2. A form for doing changes at the level of a family appears:

3. Enter in the section *Change Family* a new location of dwelling of the family. Click on **Save**.

4. The overview form for the family with the new permanent address appears:

4.6 How to add, change or delete families, insurees, policies or contributions?

Beside scenarios described above there might be a need for other actions-e.g. adding of new policies to a family, adding of a new payment for a policy, changing of the number and the type of confirmation for a subsidy, changing of the current address of an insuree or his/her first service point, changing of the phone number of an insuree or even a need to delete families, insurees or policies and/or contributions in case they were entered erroneously. So, there may be plenty of other scenarios for such actions. However, IMIS has quite clear concept for all such actions. The focal point is the overview form for family. This form may be accessed from search forms for families, insurees, policies, contributions. The procedure can be accomplished with a user with the role SHSP Clerk.

1. Select **Insurees and Policies-> Families**. or **Insurees and Policies-> Insurees** or **Insurees and Policies-> Policies** or **Insurees and Policies-> Contributions** depending on our knowledge what should be changed. For example we may want to change attributes of contributions that were paid in some period of time. In this case we start by searching of contributions. The following form appears (the example is for searching through families):

2. You may enter or select in the first section (*Family, Insuree, Policy, Contributions)* any given search criteria. Generally, it is enough to enter just prefix in the textual fields and all objects (families, insurees, policies, contributions) matching given prefix are to be displayed. For date fields, all object with date attributes matching this date or a newer one in given field is displayed. Click on **Search**.

3. A list of objects satisfying the search criteria from the step above appear in the lower part of the form. Click in the first column (an underlined text) of the appropriate object.

4. The already known overview form for the family appears that relates to the selected object:

5. Select the object for editing or deleting by clicking on any column but the first (underlined). Click on the mark "*penci*l" or the mark "*cross*" in any appropriate section (*Family, Insurees, Policies, Contributions*) in order to modify or to delete an object of corresponding type. If you want just to add a new object, click on the mark + in the appropriate section. If you want to modify an object, you can alternatively click on the first column.

6. An empty form for the corresponding type of the object appears for entry of a new objects, in case the mark + was clicked on. A form with the data of the selected object appears ready for modification, in case an existing object was clicked on the first column or selected and the mark "*penci*l" was clicked on. In case on clicking on the mark "*cross*", an alert box appears with request for confirmation of deleting of the selected object.

4.7   How to get information on current coverage of an insuree?

Information on current coverage   of an insuree can be obtained firstly by a means of a dedicated IMIS application installed on a mobile phone or by filling in of the field in the menu bar of the IMIS that it is available from any form.(on the right) and clicking on the arrow   on   the   green   background:
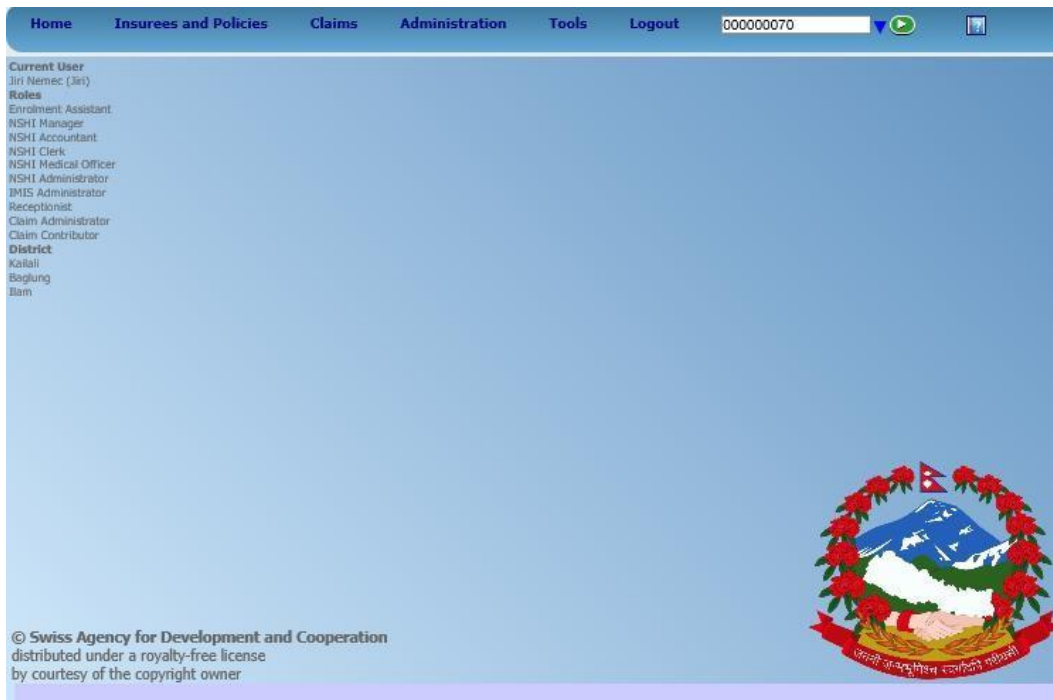
If an insuree is found the following info on his/her coverage is displayed:

Basic data and photo of the insuree are displayed and a list policies that cover him/her. For each policy a code and a name of corresponding product is displayed, the expire date of each policy, a status (A-means Active, I-means Idle) and information what amounts are left to ceilings, in case ceilings are defined within the insurance product.

4.8   How to renew a policy?

Functionality for renewing of policies has two components. The first one is for prompting of enrolment assistants that renewal of a policy for a family should take place. This is done via SMS messages sent to mobile phones of enrolment assistants at specified number of days (60) before expiring of a policy or by sending a report on policies to be expired to enrolment

assistants. If you want to check what prompts has been sent or to produce a report of enrolment assistants use the following procedure.

1. Select **Tools-> Policy Renewals**. The following form appears:

2. You can select a **District**, a **VDC/Municipality**, a **Ward** or an **Enrolment Assistant** for which you want to show report on prompts to renewals. You have to specify the period for which you want to produce the report in the fields **Data From** and **Data To.** You can get a report for future in this case click on **Preview** button or just a report on actual prompts that had been done and in this case click on **Journal** button. Clicking on **Update** means doing an explicit prompting for the given selection that is otherwise done by IMIS automatically.

    Actual renewing is either performed by the mobile phone application *Renewal* that is described below (see 5.7) or can be done by the following procedure:

3. Find an overview form for a household/ group a policy of which should be renewed (see 4.6 for example).

4. Select an appropriate policy for renewal. Click on the small mark "**R**" in the section *Policies.* You are asked again whether you want to renew really the selected policy. The form for renewal of a policy appears:

5. Just enter **Enrolment Date** (the date of the renewal) if it is different from the current date, modify **Expiry Date** (due to differences of the Nepali and Gregorian calendars) and select an **Enrolment Assistant** and click on **Save**. A renewed policy appears in the list of policies of given household/group:

Policy: enroll date 11/10/2014 added successfully

6. The renewed policy is in the *Idle s*tatus now. Changing of the status of the renewed policy requires entering of contributions for the renew policy. You can proceed according to the step 8 and further in the chapter 4.1.

Policy: enroll date 21/09/2013 added successfully

It is necessary to note that if a renewal sent from the *Renewal* mobile phone application doesn't specify a full contribution for a renewed policy, the policy enters the state *Idle*. The second instalment has to be entered via the on-line client (see 4.1) to activate the policy.