



# USER'S MANUAL

(A quick guide for HMS users)

Version 2.0.0

## CLAIM-it

---

. Generate . Submit . Analyze

---

*The provider-end claims generation application*

## Contents

|       |  |    |
|-------|--|----|
| 1.0   | <b>GENERAL INFORMATION</b>                         | 5  |
| 1.1   | System Overview                                    | 5  |
| 1.2   | Organization of Manual                             | 5  |
| 2.0   | <b>GETTING STARTED</b>                             | 7  |
| 2.1   | System Requirements                                | 8  |
| 2.2   | Installation                                       | 8  |
| 2.3   | Starting Claim-IT                                  | 9  |
| 2.4   | Loading Credentialing File                         | 11 |
| 2.5   | Changing Username and Password                     | 12 |
| 3.0   | <b>ADDING USERS</b>                                | 14 |
| 3.1   | General Overview                                   | 15 |
| 3.2   | User Roles   | 15 |
| 3.3   | Creating Users                                     | 16 |
| 3.4   | Editing Users                                      | 19 |
| 3.5   | De-activating/Blocking Users                       | 20 |
| 1.3   | Deleting Users                                     | 21 |
| 4.0   | <b>USING THE SYSTEM</b>                            | 22 |
| 4.1   | General Overview                                   | 23 |
| 4.2   | General Outlook                                    | 23 |
| 4.2.1 | Home Screen and Navigation of views                | 23 |
| 4.3   | Claims Validation                                  | 27 |
| 4.3.1 | Attachment of Documents                            | 31 |
| 4.4   | Deleting Claims                                    | 32 |
| 4.5   | Searching for claims                               | 33 |
| 4.6   | Preparing Claims for Submission (Exporting Claims) | 34 |
| 5.0   | <b>UPDATING THE SYSTEM</b>                         | 38 |
| 5.1   | General Information                                | 39 |
| 5.2   | System Update                                      | 39 |
| 5.3   | Installing Updates                                 | 39 |
| 5.3.1 | Direct Update                                      | 39 |
| 5.3.2 | Offline Update                                     | 40 |
| 6.0   | <b>REPORTING</b>                                   | 42 |
| 6.1   | General Information                                | 43 |
| 6.2   | Types of Report                                    | 43 |
| 6.3   | Accessing reports                                  | 44 |

|     |                                      |    |
|-----|--------------------------------------|----|
| 6.4 | Submission Advice Report.....        | 46 |
| 7.0 | <b>DATA BACKUP</b> .....             | 48 |
| 7.1 | General Information .....            | 49 |
| 7.2 | Backup Feature .....                 | 49 |
| 8.0 | <b>TROUBLESHOOTING</b> .....         | 51 |
| 8.1 | General Information .....            | 52 |
| 8.2 | Troubleshooter Utilization .....     | 52 |
| 9.0 | <b>SOFTWARE UNINSTALLATION</b> ..... | 54 |
| 9.1 | General Information .....            | 55 |
| 9.2 | Uninstalling CLAIM-it .....          | 55 |

## TABLE OF TABLES AND FIGURES

|               |   |    |
|---------------|---|----|
| Table 2-1:    | Minimum system requirements .....   | 8  |
| Table 3-1:    | Illustration of user types and their roles .....                            | 15 |
| Figure 2-1:   | CLAIM-it shortcut icon .....  | 10 |
| Figure 2-2 :  | CLAIM-it Login screen .....   | 10 |
| Figure 2-3 :  | CLAIM-it Home screen .....  | 10 |
| Figure 2-4 :  | CLAIM-it change password screen.....  | 13 |
| Figure 3-1:   | Options menu .....  | 16 |
| Figure 3-2:   | User management option .....  | 17 |
| Figure 3-3:   | User addition form.....   | 17 |
| Figure 3-4:   | User role selection.....  | 18 |
| Figure 3-5:   | Activating a user .....   | 18 |
| Figure 3-6:   | List of users .....   | 19 |
| Figure 3-7:   | User edit form.....   | 19 |
| Figure 3-8:   | List of users with arrow showing the active/de-activate toggle button. .... | 20 |
| Figure 3-9:   | List of users with arrow showing a de-activated user.....                   | 20 |
| Figure 3-10:  | User management with arrow showing the delete button.....                   | 21 |
| Figure 3-11:  | Deletion confirmation.....  | 21 |
| Figure 4-1:   | Navigation flow through the various views of the application .....          | 23 |
| Figure 4-2:   | Home screen of the application with no claims data .....                    | 24 |
| Figure 4-3 :  | Drop down menu for changing year in view .....                              | 24 |
| Figure 4-4:   | Home screen of the application with claims data .....                       | 25 |
| Figure 4-5:   | List of claims for a month.....   | 25 |
| Figure 4-6:   | Claim Preview .....   | 26 |
| Figure 4-6:   | Claim Preview .....   | 26 |
| Figure 4-7:   | CLAIMit HMS Integration Toolkit.....  | 28 |
| Figure 4-8 :  | Claims Import Options .....   | 28 |
| Figure 4-10 : | Accessing Claims Validation Report.....                                     | 29 |
| Figure 4-11 : | Claims Validation Report .....  | 30 |
| Figure 4-12:  | Validation Status Toggling .....  | 30 |
| Figure 4-13   | Attachment section of entry form .....                                      | 31 |

|   |    |
|---|----|
| Figure 4-14: Attachment Details .....                           | 32 |
| Figure 4-15: View for an attached file.....                     | 32 |
| Figure 5-1: Home screen showing the Provider info section ..... | 40 |
| Figure 5-2: Provider info view showing updated details.....     | 41 |
| Figure 6-1: Dashboard.....                                      | 44 |
| Figure 8-1: Automatic trouble-shooter prompt .....              | 52 |
| Figure 8-2: Troubleshooter Utility.....                         | 52 |

## 1.0 GENERAL INFORMATION

This section explains in general, the system and its intended purpose.

### 1.1 System Overview

CLAIM-it is a software that serves as a platform which allows health providers credentialed by the National Health Insurance to generate and submit claims. It implements and enforces all the necessary claims generation rules and protocols of the NHIS. Hence all claims submitted for reimbursement have to be validated by the software therefore ensuring due diligence prior to claims submission. The application runs fully offline allowing users to interact with the internet only where necessary for the purposes of system updates and claims submission.

CLAIM-it can be installed and operated on a single user computer or implemented as a network application with as many user nodes as needed. It can also be integrated into any existing Hospital Health Management System (HMS). With respect to the latter, CLAIM-it will be responsible or used for claims validation and submission.

Claims are submitted electronically by downloading and saving claims on a flash drive for later submission to NHIA through any of its district offices and CPCs or submitted directly to NHIS over the internet.

This manual is tailored to users who are interacting with CLAIM-it using a Hospital Management System (HMS).

### 1.2 Organization of Manual

The user's manual consists of **nine (9)** major sections: General Information, Getting Started, Adding Users, Using the System, Updating the system, Reporting, Data Backup, Troubleshooting and Software Uninstallation.

The General Information section explains, in general, the purpose of the system as well as providing an overview of the system and its usefulness.

**The Getting Started section** explains the basic requirements of the software for successful installation and operations as well as where to find help when needed.

**The Adding Users section** touches on the how to add users to the applications as well as the various user roles and privileges or access levels within the application.

**The Using the System section** provide a detail description of all features of the application.

**The Updating system section** also provides a detailed walk through the update feature of the application.

**The Reporting section** presents to the user the various reports available for the data captured by the application.

**The Data backup section** touches on the data backup features of the application and how to prepare for unplanned system failures.

**The Troubleshooting section** bring into perspective the troubleshooting feature of the application, showing how to get the application back online should you encounter any technical difficulties.

**The Software Uninstallation section** takes users through the process of removing the application from the user's computer.

## **2.0 GETTING STARTED**

This section explains the basic requirements of the software for successful installation and operation.

## 2.1 System Requirements

The following are the minimum requirements for optimum performance of the application:

*Table 2-1: Minimum system requirements*

|                         |                    |
|-------------------------|--------------------|
| <b>Operating System</b> | Windows 7 or later |
| <b>Processor</b>        | Dual core, 2.0GHz  |
| <b>Memory</b>           | 2GB                |
| <b>Storage Space</b>    | 120 GB             |

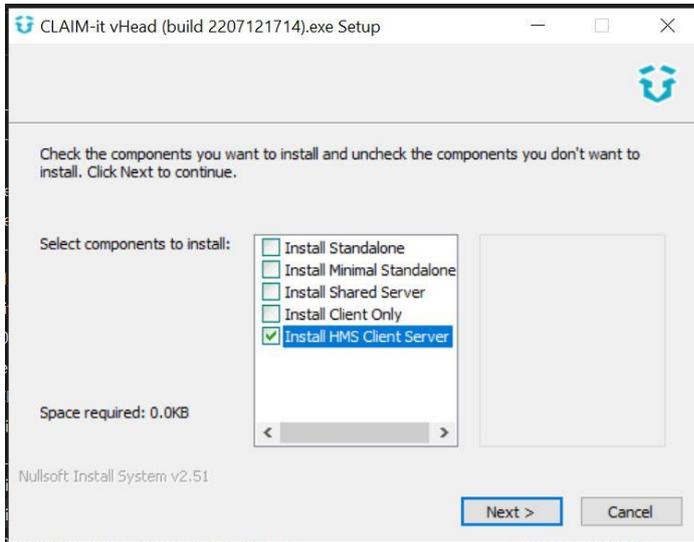
**Note:** System requirements are subject to the volume of claims being processed by the facility. Hence, higher memory allocation, for instance, is recommended for computers processing greater claims volumes.

It is however recommended for HMS users to install on computers that have higher specifications than the minimum required as this will speed up the process of claims validation.

## 2.2 Installation

This user manual assumes you already have a copy of the setup file for the software. However, you can always visit the **NHIS CLAIM-it website ([claimit.nhia.gov.gh](http://claimit.nhia.gov.gh))** to download a new copy of the setup file.

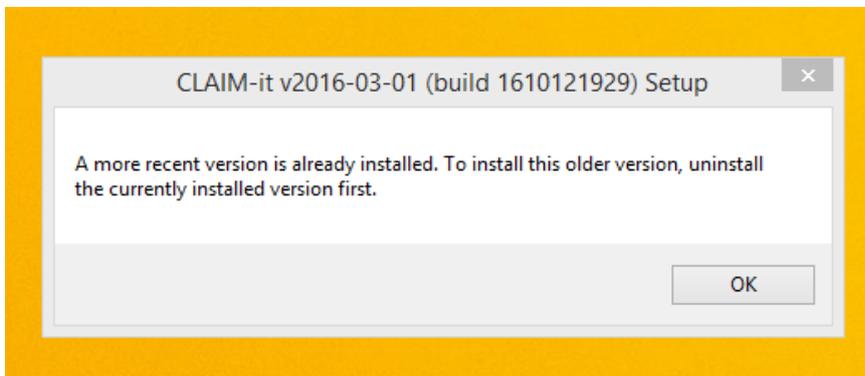
To install the software, double-click on the setup file and follow through the various prompts to complete your installation. In addition to the software (CLAIM-it), the setup file contains all the pre-requisite applications necessary for the smooth operations of the application. Hence, all pre-requisites will be installed before the software is configured on your computer. . The following illustrates the installation process.



### To install the HMS version of CLAIM-it;

1. Double click on the CLAIM-it setup file and select “**Install HMS Server**” option
2. You may be required to reboot your computer if the installation installs .Net Framework due to its absence. Else wait for the installation to complete.

If there is an already existing installation, the application determines if the installed version is higher than that being installed. If it is older, you will be prompted to uninstall the current version as shown in the figure below.



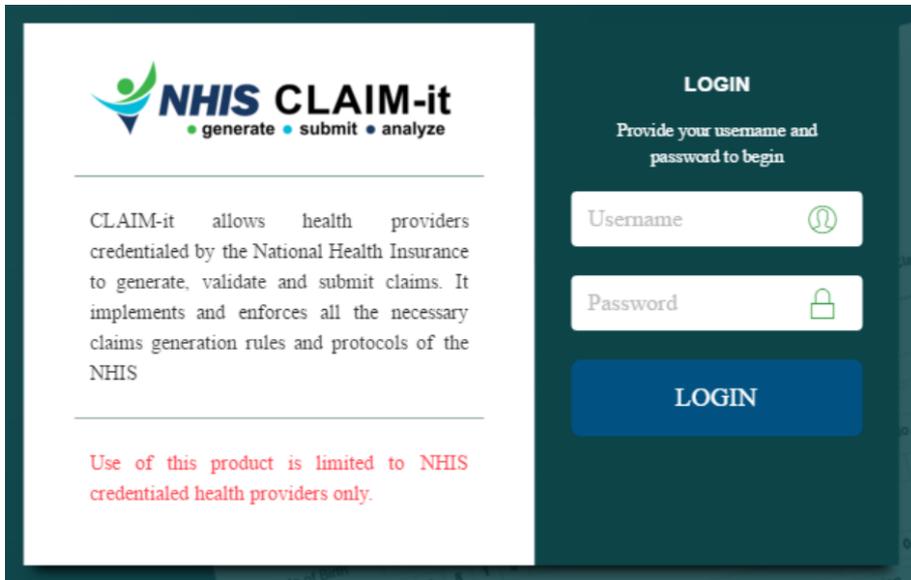
### 2.3 Starting Claim-IT

After installation double-click on the CLAIM-it shortcut icon located on the desktop of your computer (Figure 2-1). This will initialize the application and popup a login screen. The default username and password are **admin** and **admin** respectively. Illustrated in Figure 2-2.

Figure 2-1: CLAIM-it shortcut icon

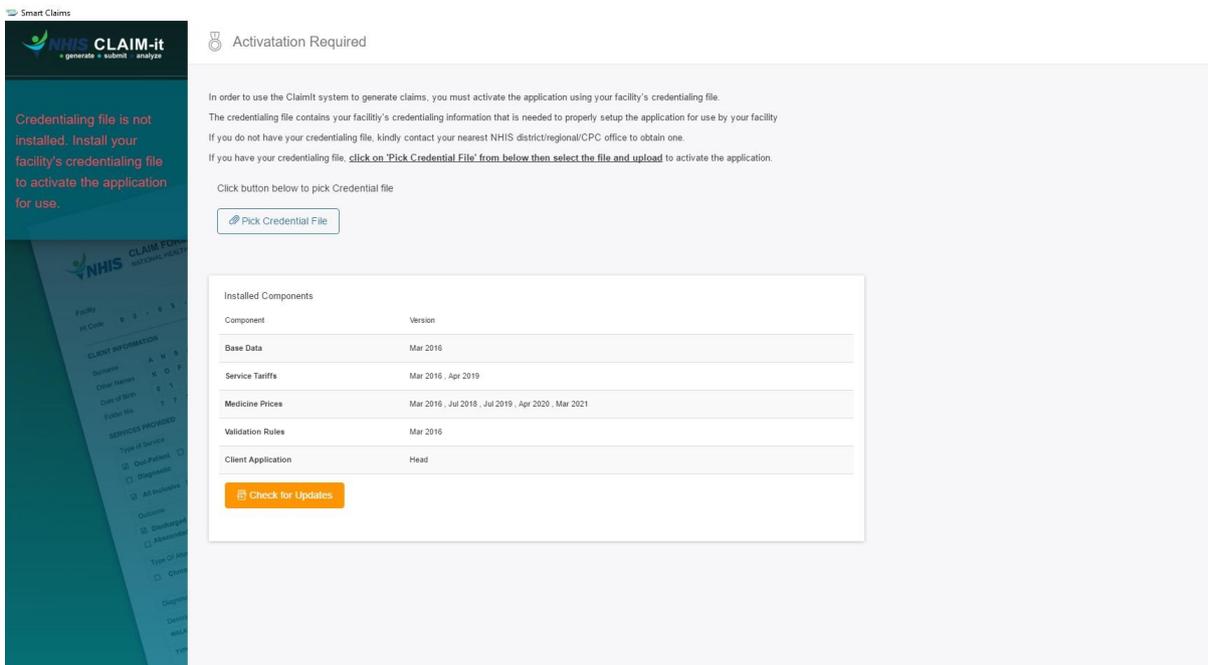


Figure 2-2 : CLAIM-it Login screen



A successful login will open the home screen for the application as shown in Figure 2-3.

Figure 2-3 : CLAIM-it Home screen



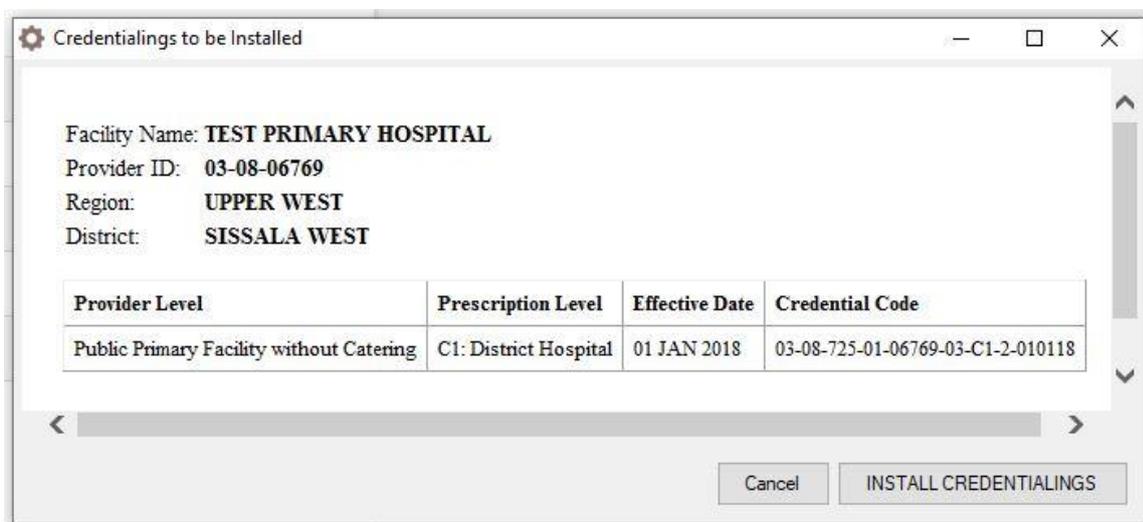
## 2.4 Loading Credentialing File

The “**Credentialing file is not installed. Install your facility’s credentialing file to activate the application**” message on the left top corner of the home screen simply means, no credentialing details were detected by the application. The accreditation file contains the credentialing details of a health facility. The credentialing file can be obtained from NHIA.

***The application will not function without a valid credential file***

To load the credentialing file, follow the following steps;

1. Double-click on the credentialing file to display the credentialing that will be installed.



2. Confirm that the credentialing details displayed are accurate. If you believe any information is inaccurate, click on “Cancel” and contact NHIA for clarifications and or corrections. In the case of a correction, a new Credentialing File will be sent to you.
3. However, if all the details are correct, click on “Install Credentialing” to install.
4. Finally, provide your CLAIM-it Login details when prompted, and click on “Login” to authorize the installation.

### **Alternatively,**

1. Login to the application

## Activation Required

In order to use the ClaimIt system to generate claims, you must activate the application using your facility's credentialing file. The credentialing file contains your facility's credentialing information that is needed to properly setup the application for use by your facility. If you do not have your credentialing file, kindly contact your nearest NHIS district/regional/CPC office to obtain one. If you have your credentialing file, click on 'Pick Credential File' from below then select the file and upload to activate the application.

Click button below to pick Credential file



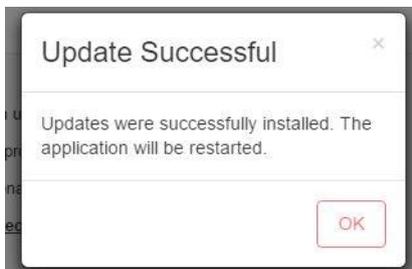
2. Go to “Options” and click on “Update Credentialing”.
3. Click on “Pick credentialing file” and browse to where the file is located.

In order to use the ClaimIt system to generate claims, you must activate the application using your facility's credentialing file. The credentialing file contains your facility's credentialing information that is needed to properly setup the application for use by your facility. If you do not have your credentialing file, kindly contact your nearest NHIS district/regional/CPC office to obtain one. If you have your credentialing file, click on 'Pick Credential File' from below then select the file and upload to activate the application.

TEST PRIMARY HOSPITAL [03-08-06769] [PUB-PRI-CE-RX-C1] (1).ccf



4. Click on “Accept” to start system configuration.



5. Click on “OK” to restart the application.

***Updates can only be run by authorized users. See section 3.6 of manual***

## 2.5 Changing Username and Password

The default password is only intended to be used for first time login. For security reasons, the application will require the first time user to change the default password to a more personal and secured one. Best practices for password setting are recommended during password setting.

To change the password, enter the current password followed by the new password.

Figure 2-4 : CLAIM-it change password screen

The image shows a web-based form for changing a password. The form is titled "CHANGE PASSWORD" and has a close button (X) in the top right corner. It contains three input fields, each with a label above it: "Current Password", "New Password", and "Confirm Password". At the bottom right of the form, there are two buttons: a "Cancel" button and a "CHANGE" button. The "CHANGE" button has a small icon of a person next to the text.

## **3.0 ADDING USERS**



By way of explanation,

1. **Supervisor role** is allowed to view claims, submit claims, view reports, run system updates and manage users. This role is not allowed to add or edit claims.
2. **The Admin role** is allowed to perform all activities within the application excluding claims submission. The Entry Admin role also has the same privileges.
3. **The Entry Clerk role** is allowed to view claims, add and edit claims. The entry clerk cannot delete claims, neither can it view reports, run updates or manage users.
4. **The Entry Admin** is allowed to play all roles with the exception of claims submission.
5. **Insurance Officer Role** is the highest role in the application. Hence every feature of the application can be assessed by the Insurance Officer user role.

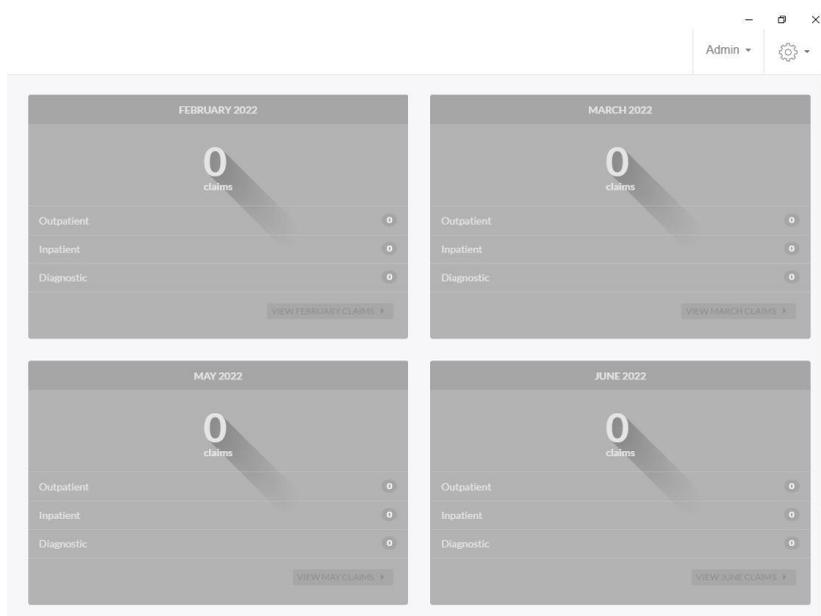
**Note: The Entry Clerk and Entry Admin roles are not applicable to HMS users as claims generation will be done outside the application.**

### 3.3 Creating Users

To create a user follow the steps below;

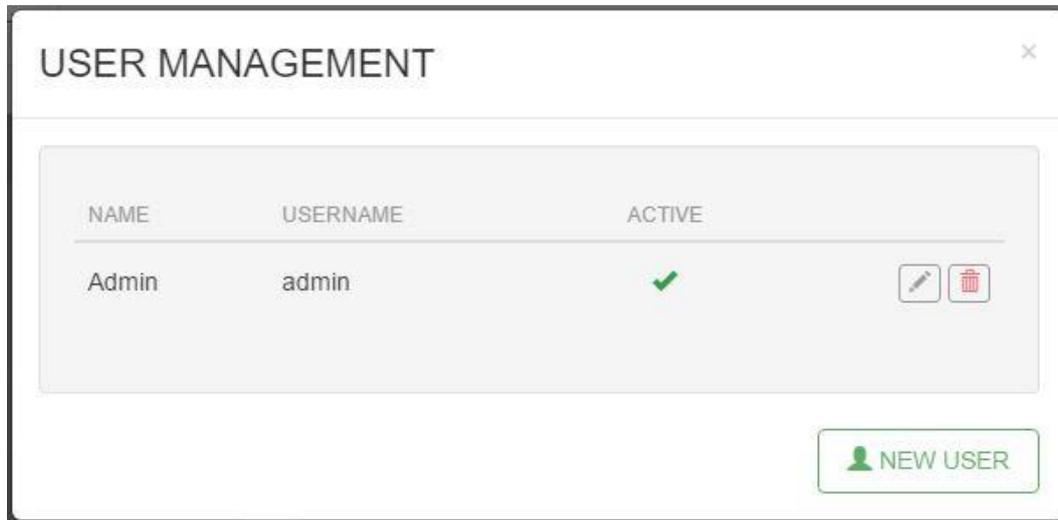
1. Log into the application with an admin account. i.e. the default admin account or an account that has the privileges of adding users. (refer to Table 3-1).
2. Click on the settings  menu located at the top right corner of the homepage.(Figure 3-1)

Figure 3-1: Options menu



3. Click on **“Manage Users”**. This will open a window that shows the list of existing users and a button to add a new user. Refer to Figure 3-2.

Figure 3-2: User management option



4. Click on **“New User”**. This action opens a form similar to Figure 3-3

Figure 3-3: User addition form

The screenshot shows a window titled "NEW USER" with a close button (X) in the top right corner. The form contains five input fields: "Username", "Name", "User Role" (with a dropdown arrow), "Password", and "Confirm Password". At the bottom right of the form are two buttons: "Cancel" and "SAVE".

Fill the user addition form with the right details.

- a. The Username should be one word and can contain only numbers and alphabets.
- b. The Name field may contain the full name of the user or a suitable description for the user.
- c. The Role option provides for selection, all the user roles mentioned in section 3.1. (Figure 3-4)

Figure 3-4: User role selection

The screenshot shows a 'NEW USER' form with the following fields and options:

- Username: \_\_\_\_\_
- Name: \_\_\_\_\_
- User Role: **Supervisor** (selected), Insurance Officer, Entry Admin, Entry Clerk
- Confirm Password: \_\_\_\_\_
- Buttons: Cancel, SAVE

- d. Enter a password and repeat the same password.
5. Click on **“Save”** to save new user or **“Cancel”** to terminate the user addition process.
6. The final step is user activation. To do this click on the button indicated by the arrow in Figure 3-5. This will mark the user as active.

Figure 3-5: Activating a user

The screenshot shows a 'USER MANAGEMENT' interface with a table of users and a 'NEW USER' button.

| NAME                  | USERNAME | ACTIVE |  |
|-----------------------|----------|--------|--|
| Admin                 | admin    | ✓      |  |
| MyFirstname MySurname | andrew57 | —      |  |

NEW USER

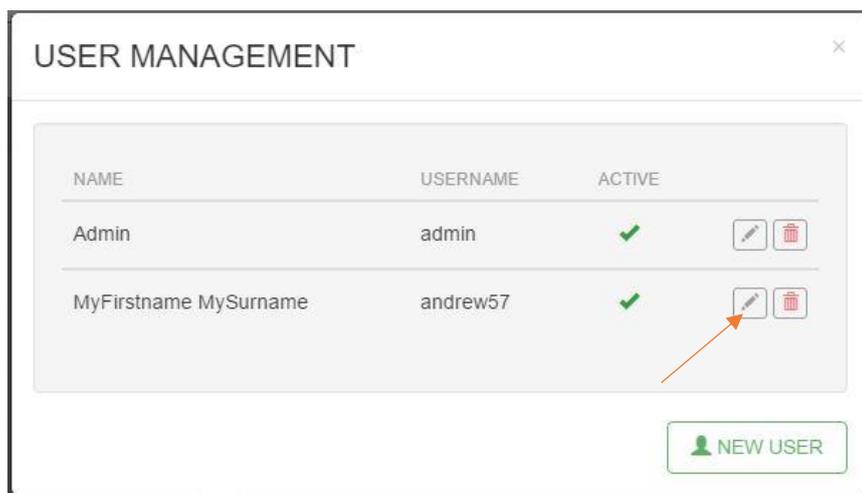
### 3.4 Editing Users

The steps for editing users are much similar to that for user creation. To do this activity;



1. Click on the settings menu and click on “**Manage Users**”.
2. Look through the list of users in the pop-up window to locate the user to be edited.
3. Click on the edit icon as shown by the arrow in Figure 3-6

Figure 3-6: List of users



4. Click on “**Edit**” in the new window as shown in Figure 3-7. This exposes the various fields for editing.

Figure 3-7: User edit form

A screenshot of a web application window titled "User andrew57". It displays a form for editing user details. The form has several input fields: "Username" with the value "andrew57", "Name" with the value "MyFirstname MySurname", "User Role" with a dropdown menu showing "Insurance Officer", "Password", and "Confirm Password". At the bottom right of the form are two buttons: "Cancel" and "EDIT".

5. Click on **“Save”** once the necessary changes have been effected.

### 3.5 De-activating/Blocking Users

To block a user, do the following;

1. Click on settings, then on **“Manage Users”** to show the list of users in the application.
2. Click on the activate icon indicated by the arrow in Figure 3-8 to de-activate the user. A change in the symbol from correct sign to the hyphen symbol signifies a de-activated user.(Figure 3-9)

Figure 3-8: List of users with arrow showing the active/de-activate toggle button.

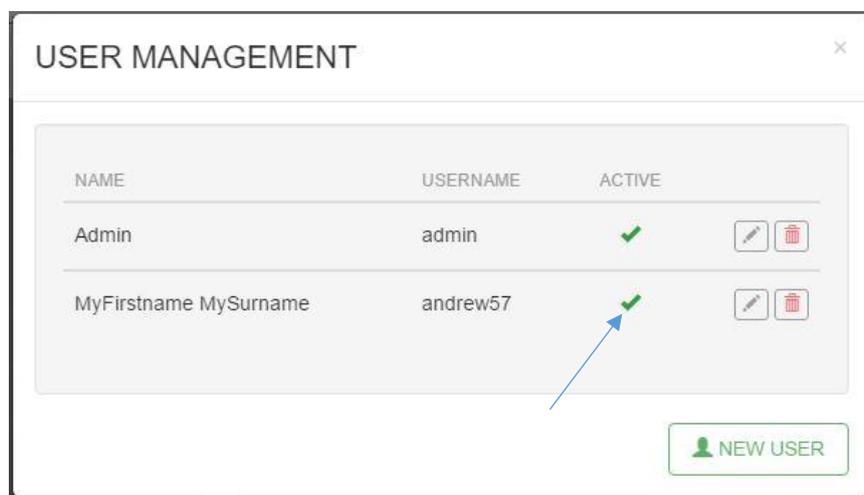
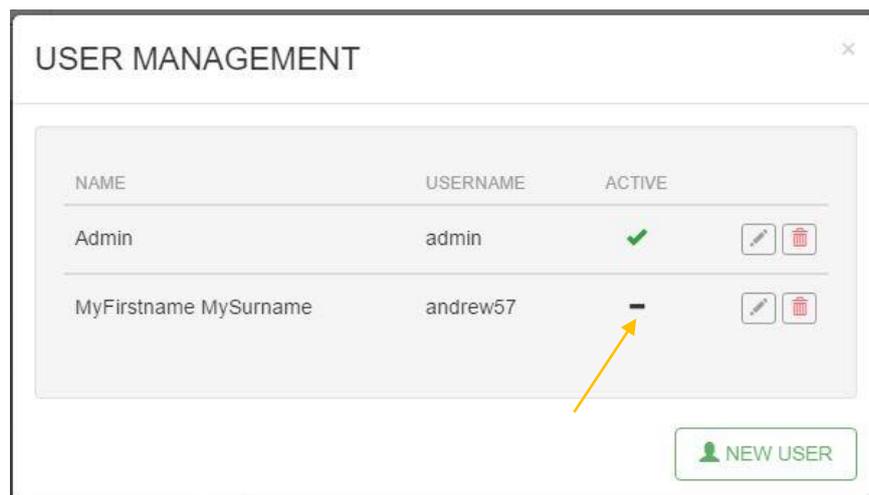


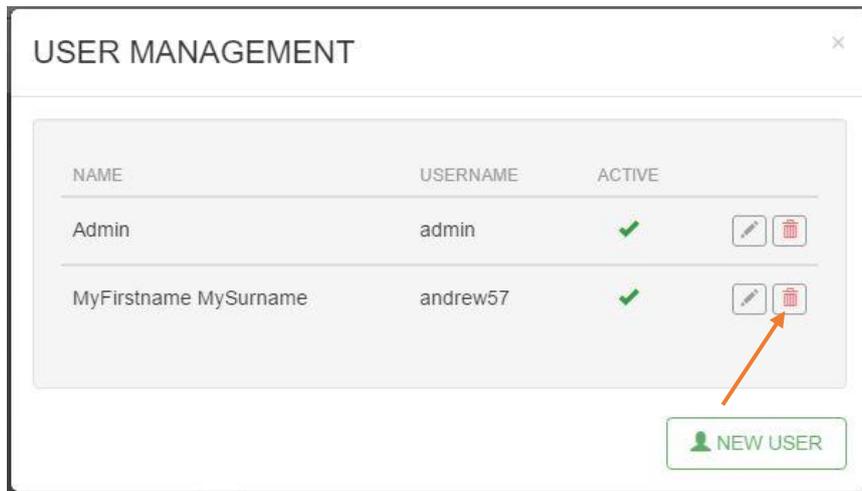
Figure 3-9: List of users with arrow showing a de-activated user.



### 1.3 Deleting Users

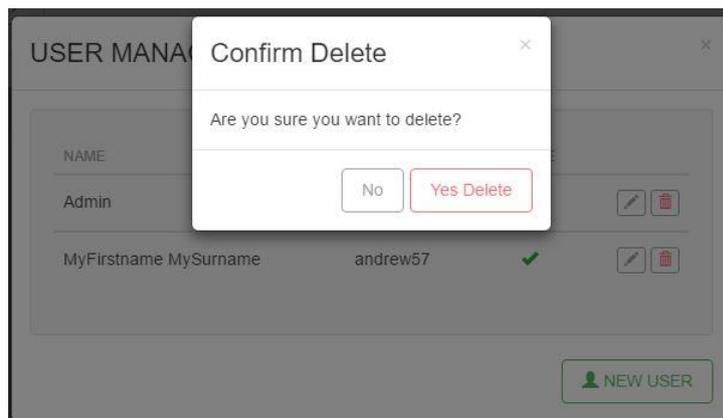
To delete users click on the delete icon next to the edit button / icon (Figure 3-10).

Figure 3-10: User management with arrow showing the delete button



This action will request for a confirmation of delete as shown in Figure 3-11.

Figure 3-11: Deletion confirmation



## **4.0 USING THE SYSTEM**

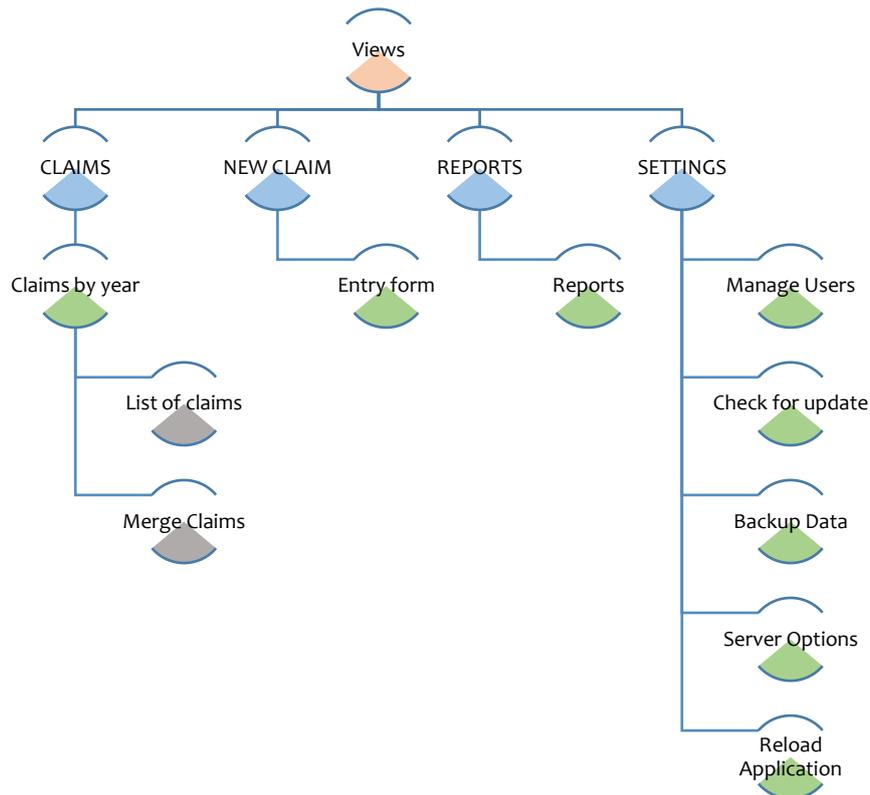
## 4.1 General Overview

This section provides a detailed description of all the features of the application.

## 4.2 General Outlook

The application has four (4) major views or menus namely **Claims, New Claim, Reports and Settings**. Figure 4-1 shows a navigation flow through the various views of the application.

Figure 4-1: Navigation flow through the various views of the application



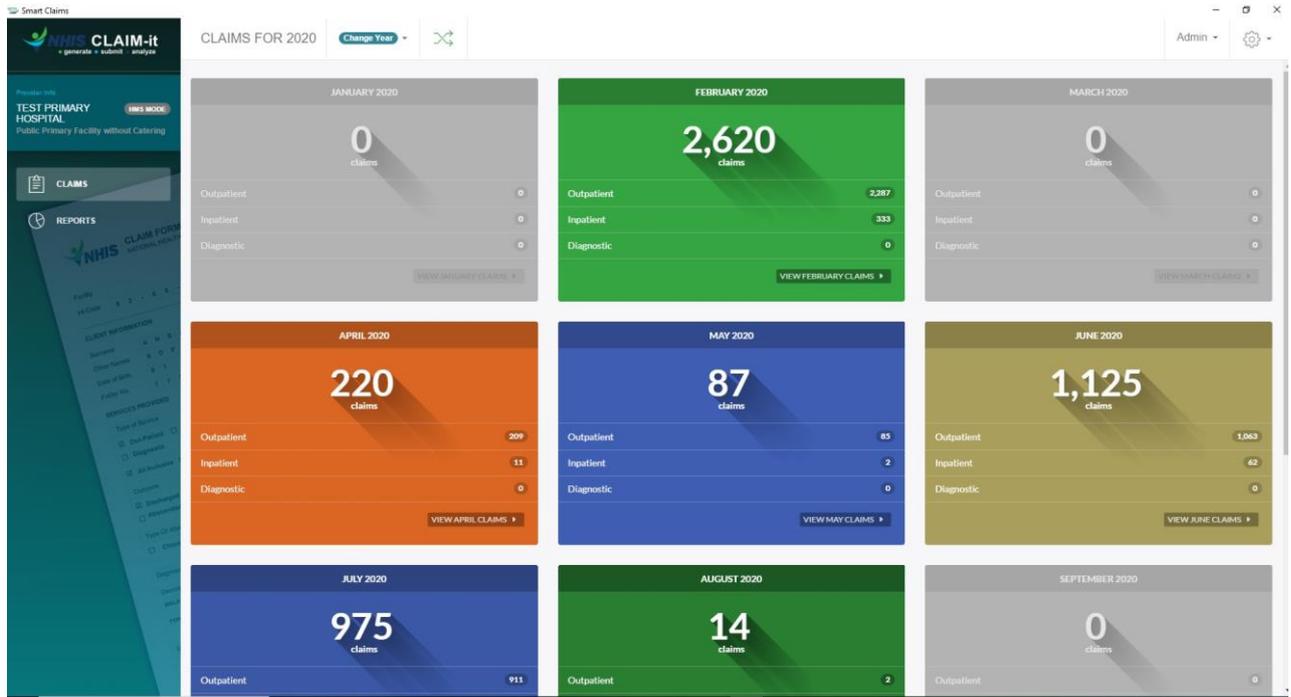
Additionally, the left panel of the home screen also provides information on the facility name, facility type, prescribing level of the facility, the login status of the user, entry and performance statistics.

### 4.2.1 Home Screen and Navigation of views

Figure 4-2 illustrates the home screen also representing the “**Claims**” menu of the application.

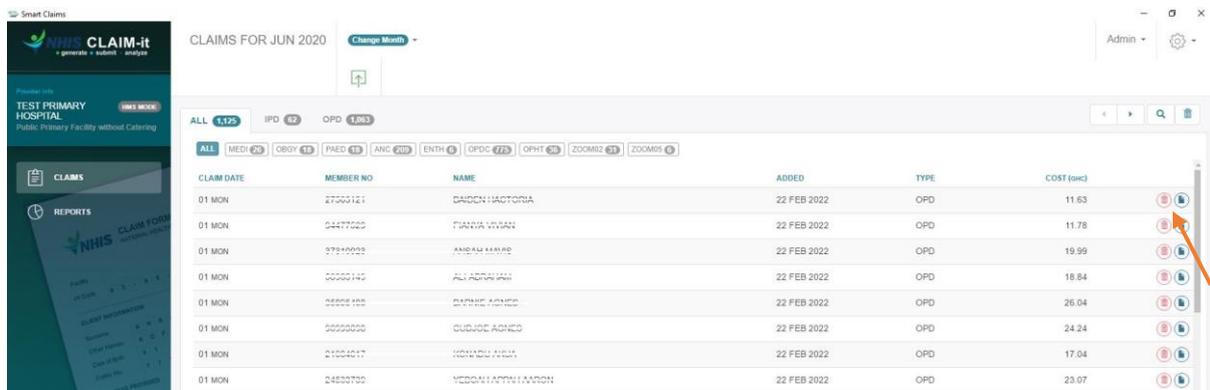


Figure 4-4: Home screen of the application with claims data



To view the list of claims for any month, click on the month of interest. Claims are grouped according to the various types of services. Figure 4-5 shows the list of claims for the month of June 2020.

Figure 4-5: List of claims for a month



As can be observed in Figure 4-5, each service type has a tab which in turn provides information on the total volume of claims for that service type. The “ALL” tab contains all claims that have been entered for that month.

Under each major tab is a further grouping of data based on the specialty attended.

Each data row represents an entered claim specifying the **date of the claim, member number, name of member, date claim was generated, type of service and the cost of the claim**. The **two (2) icons** (indicated with the arrow in figure 4-5) are used to either

edit or delete a claim. The icon on the left, the delete button, performs the action of deleting a claim while the icon on the right, the edit button, performs the action of opening a claim for editing. A detailed description of these two features can be found in the section 4.3.

To preview a claim, click on the preview button  next to the claim of interest. This will show the claim in its traditional view (Figure 4-6). Printing of claims can be done in this view, if necessary.

Figure 4-6: Claim Preview

CLAIM PREVIEW

ENTRY INFO EDIT CLAIM

**NHS CLAIM FORM**  
NATIONAL HEALTH INSURANCE SCHEME

Facility: MANHEAN HEALTH CENTRE  
HI Code: 0 3 - 0 5 - 0 1 3  
Scheme Code: G R O  
Month of Claim: 0 6 / 2 0 1 6

**CLIENT INFORMATION**

Surname: B B O W N  
Other Names: A G N E S  
Date of Birth: 0 7 / 0 1 / 1 9 8 0  
Age: 3 5  
Member No: 7 0 1 3 8 3 5 5  
Folder No: B 4 / 0 2 2 1 1 7  
Card Serial No: G R O K A 0 0 3 8 6 7 5 9  
Gender:  Male  Female

**SERVICES PROVIDED**

Type of Service:  
 Out-Patient  In-Patient  Pharmacy  
 Diagnostic  
 All Inclusive  Unbundled

Outcome:  
 Discharged  Died  Transferred Out

CCC: 4 7 0 2 5 3 0 3 5 7 4 5 1  
 Date(s) of Service Provision:  
 1st Visit: 0 8 / 0 6 / 2 0 1 6  
 2nd Visit: / / / / / /  
 3rd Visit: / / / / / /  
 4th Visit: / / / / / /  
 Duration of Spell (days): 1

Figure 4-7: Claim Preview

CLAIM PREVIEW

ENTRY INFO EDIT CLAIM

**NHS CLAIM FORM**  
NATIONAL HEALTH INSURANCE SCHEME

Facility: TEST PRIMARY HOSPITAL  
HI Code: 0 3 - 0 8 - 0 6 7 6 9  
Scheme Code: W R S  
Month of Claim: 0 6 / 2 0 2 0

**CLIENT INFORMATION**

Surname: B A I D E N  
Other Names: H A C T O R I A  
Date of Birth: 0 8 / 0 6 / 1 9 4 5  
Age: 7 4  
Member No: ^ ^ ^ ^ ^ ^ ^ ^  
Folder No: ^ ^ ^ ^ ^ ^ ^ ^  
Card Serial No: W R S K M 0 2 5 A 9 8 0 3  
Gender:  Male  Female

**SERVICES PROVIDED**

Type of Service:  
 Out-Patient  In-Patient  Pharmacy  
 Diagnostic  
 All Inclusive  Unbundled

Outcome:  
 Discharged  Died  Transferred Out  
 Absconded/Discharged against medical advice

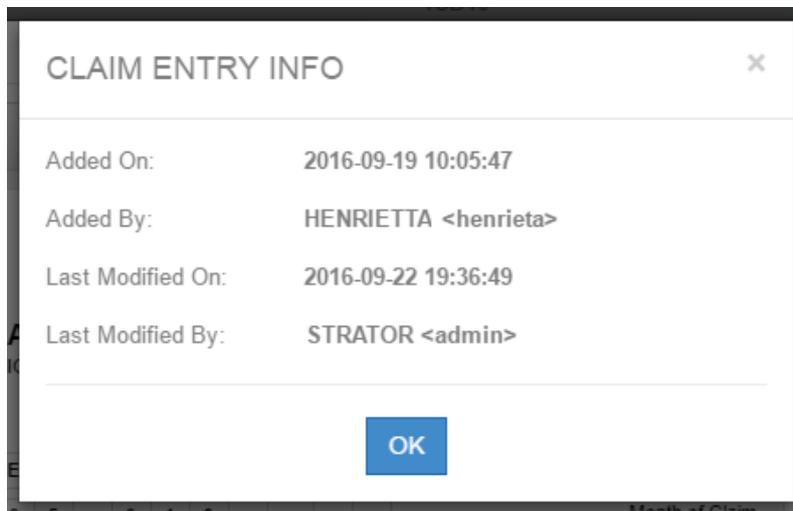
Type Of Attendance:  
 Chronic Follow-up  Emergency/Acute Episode  ANC  
 Speciality Code: O P H T

**CLIENT CLAIM SUMMARY**

| Type of Service | G-DRG / Code | Tariff Amount | Name |
|-----------------|--------------|---------------|------|
| <b>TOTAL</b>    |              | 1 1 . 6 3     |      |

Signature

Clicking on the three dots at the top right corner as shown in the arrow in Figure 4-6 shows two functionalities, the “Entry Info” and “Edit Claim” button. By clicking on Entry Info, details of all users who have interacted with the claim in view are shown as depicted in the figure below.



The Edit Claim button (Figure 4-5) also allows users to bring up the claim in the edit mode.

### 4.3 Claims Validation

One of the most important features of the application is to help with claims validation. Claims generation using the application isn't allowed for HMS users as this is the primary role of whichever HMS being used at the health facility.

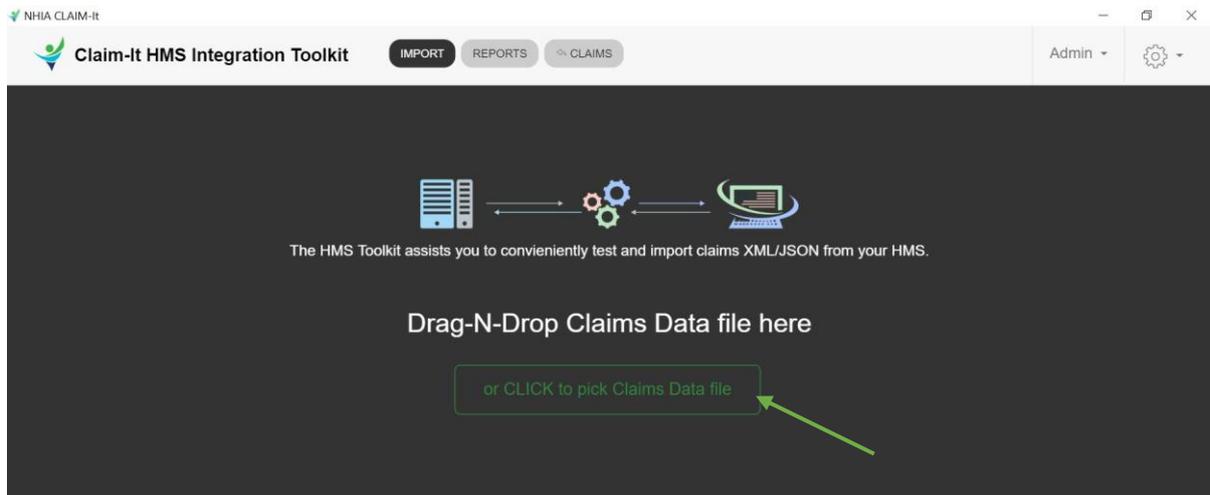
The two mode of communication or interaction between the CLAIM-it application and the HMS is either via XML or API. However, the only XML mode will be demonstrated in this manual. This is because the nature of the API interaction is HMS specific.

The HMS being used should be first compliant with the exchange protocol standard of the CLAIM-it application in order for it to generate a valid XML that will be accepted by CLAIM-it.

To import or upload the generated XML for validation by CLAIM-it;

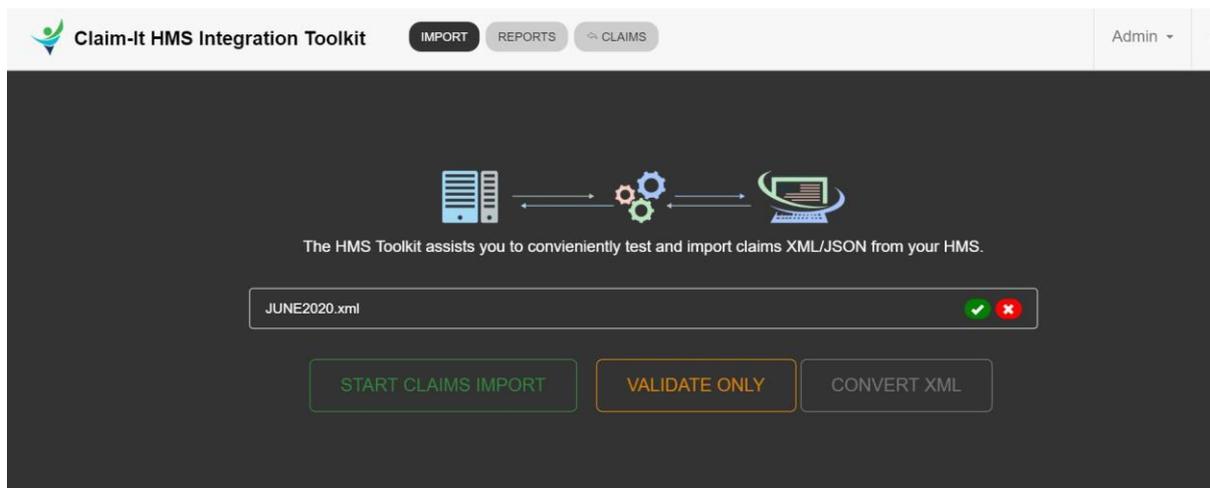
1. Click on the Merge Claims button  at the top of the home screen. This should open the “CLAIMit HMS Integration Toolkit”. This is illustrated in Figure 4-7 below.

Figure 4-8: CLAIMit HMS Integration Toolkit



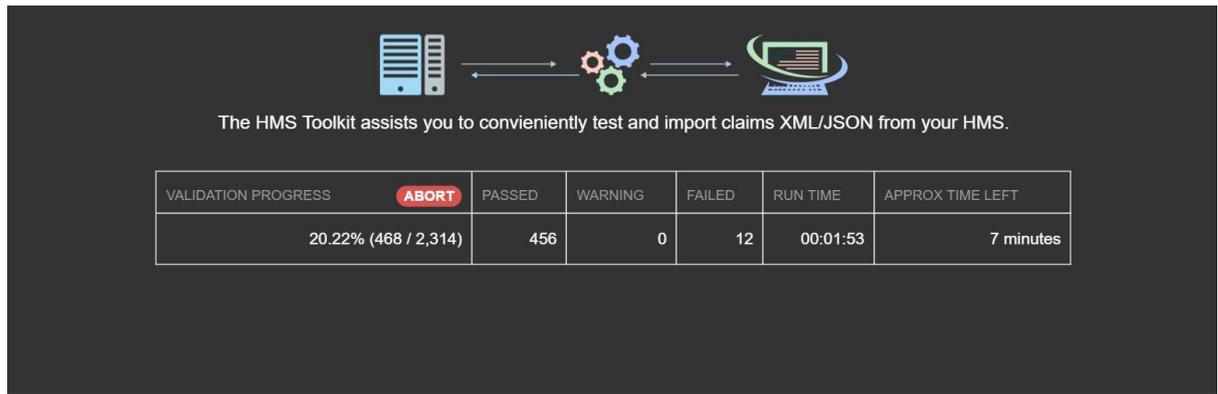
2. Drag and drop the XML file in the area specified or click on “or CLICK to pick Claims Data file” button and browse to the location of the XML file and select it. (Indicated by green arrow in Figure 4-7)

Figure 4-9 : Claims Import Options



3. Click on
  - a. “**START CLAIMS IMPORT**” if you wish to validate your claims and save all passed claims to the database.
  - b. “**VALIDATE ONLY**” if you are only interesting in validating the claims without saving claims that passed validation.
  - c. “**CONVERT XML**” is only meant for special which will only be communicated to applicable health providers.

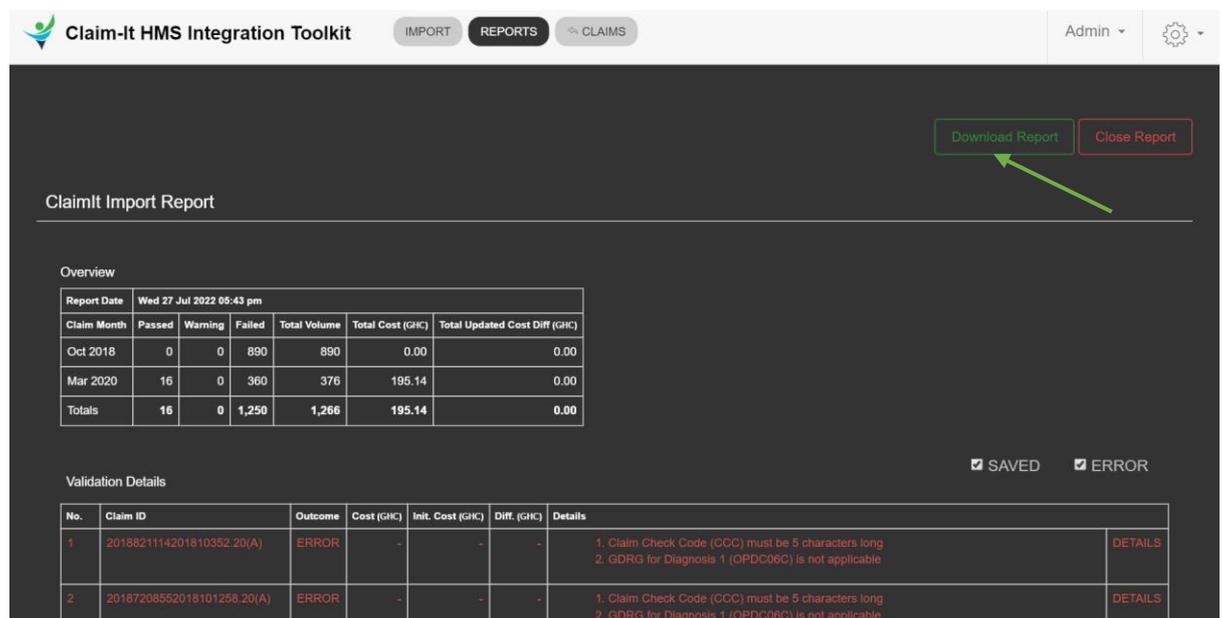
Figure 4-9 : Validation of imported claims



4. Regardless of the selected option, the XML file will be evaluated by the application after which claims validation will start giving the user a status of activity as illustrated in Figure 4-9. The status panel gives information, in real-time, the number of claims that have passed or failed so far. It also informs the user about the estimated time for completion of validation. To abort the validation process, click on “Abort”.

5. At the end of claims validation, the user is given a validation report which indicates clearly claims that passed or failed, with reasons to which the claim failed validation. To download and save the validation report, click the “**Download Report**” button and save the report to the desired location on your computer. Figure 4-10, illustrates this.

Figure 4-10 : Accessing Claims Validation Report



**Note:** The report comes as an HTML document and hence can be viewed in any known web browser application (E.g. Google Chrome, Mozilla Firefox, Microsoft Edge, etc).

- To validation report gives the status on all claims that were processed, indicating claims with issues and the reasons identified as the challenge. To view more details on any reported issue, click on “DETAILS” found to the extreme right of each claim row. This is illustrated in Figure 4-11.

Figure 4-11 : Claims Validation Report

Claim No: **2016512173420206142.86(A)**

Outcome: ERROR

1. Service Date for Medicine 3 (2020-06-15) must not be later than last day of service (2020-06-14)

|  |                              |                               |
|--|------------------------------|-------------------------------|
| Member No: <b>15636209</b>                   | Card Serial No: <b>GRTMM</b> | CCC:                          |
| Member Name: <b>MOHAMMED NASIBA WUNINTRA</b> | Gender: <b>F</b>             | Folder No: <b>NHI-5342-17</b> |
| DOB: <b>2016-05-12</b>                       | Age: <b>4y 01m</b>           |                               |
| Referring Facility:                          | Referral CCC:                |                               |
| ToS: <b>OPD (All-Inclusive)</b>              | Pharmacy: <b>Yes</b>         | ToA: <b>EAE</b>               |
| Specialties Attended: <b>OPDC</b>            | Outcome: <b>DISC</b>         | Dates of Service:             |
|  |                              | 1. <b>2020-06-14</b>          |
|  |                              | 2. <b>2020-06-14</b>          |

**Diagnoses**

| GDRG      | ICD10/Diagnosis                                   |
|-----------|---|
| 1 ZOOM02C | N39.0 Urinary tract infection, site not specified |

**Medicines**

- The user can also toggle to view only claims with errors or otherwise. This can be achieved by the use of the toggle buttons illustrated in Figure 4-12.

Figure 4-12: Validation Status Toggling

Overview

Report Date: Wed 27 Jul 2022 06:09 pm

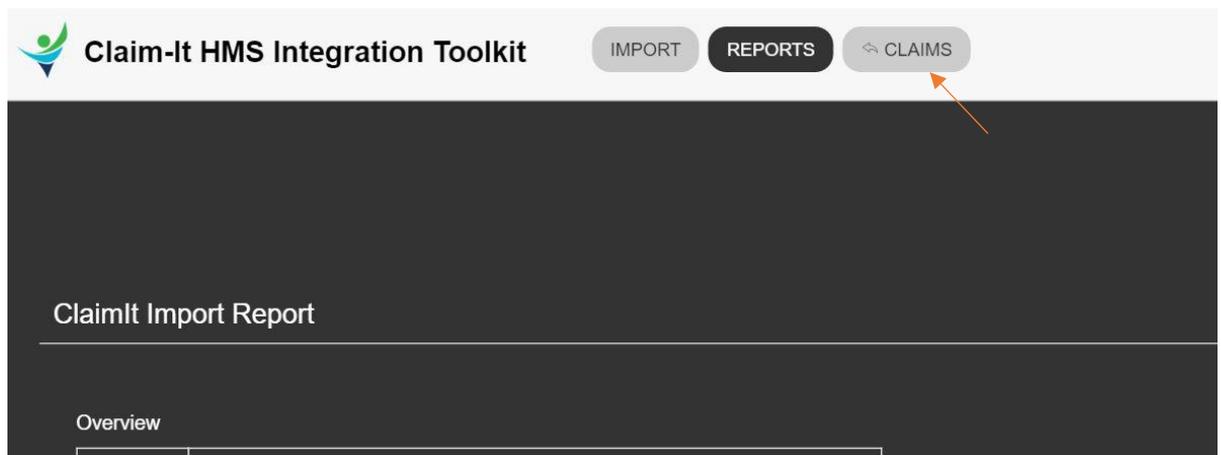
| Claim Month | Passed | Warning | Failed | Total Volume | Total Cost (GHC) | Total Updated Cost Diff (GHC) |
|-------------|--------|---------|--------|--------------|------------------|-------------------------------|
| Jun 2020    | 2,253  | 0       | 60     | 2,313        | 42,915.09        | 0.00                          |
| Jul 2020    | 0      | 0       | 1      | 1            | 0.00             | 0.00                          |
| Totals      | 2,253  | 0       | 61     | 2,314        | 42,915.09        | 0.00                          |

Validation Details

ERROR  SAVED

| No. | Claim ID                   | Outcome | Cost (GHC) | Init. Cost (GHC) | Diff. (GHC) | Details                 |
|-----|----------------------------|---------|------------|------------------|-------------|-------------------------|
| 1   | 1988972058202061110.86(A)  | SAVED   | 15.35      | -                | -           | <a href="#">DETAILS</a> |
| 2   | 19891012726202061711.86(A) | SAVED   | 17.20      | -                | -           | <a href="#">DETAILS</a> |

8. All issues reported by in the report can be resolved in the facility’s HMS and a new XML generated for re-validation.
9. Once claims are imported they can be accessed for viewing and further processing, at the “Claims” section of the application. Click on “Claims” to return to the Home Screen of the application to view all successfully imported claims. Here, claims are grouped under their various respective months depending on the date of service provision.



#### 4.3.1 Attachment of Documents

There are instances where it becomes necessary to attach supporting documents to a claim. Supporting documents includes but not limited to prescriptions, lab results and lab requests. For instance, the use of some medicines on the NHIS medicines list requires the attachment of lab results to support the claim.

To attach a supporting document follow the following steps;

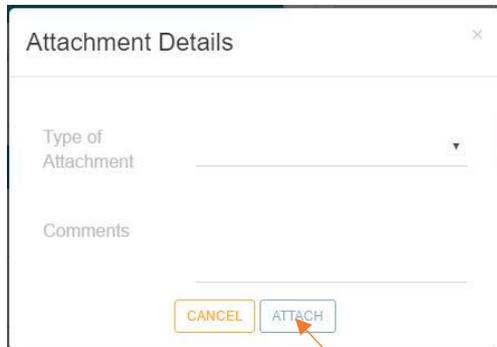
1. Go to the attachments section of the entry form and click on  icon as illustrated in Figure 4-26

Figure 4-13 Attachment section of entry form



2. This will open an explorer window, that allows users to select the appropriate file to attach.
3. After selecting the file to attach, the user will be required to select the type or category (prescription, lab request, scan etc) of attachment.

Figure 4-14: Attachment Details



4. Click on “**Attach**” button to save attached file. This will look similar to Figure 4-28, showing the name of the attached file and a button to delete the attachment. However, a delete confirmation will be required before deletion. The user can click on the attached file to view the document as well. Optionally, the user can also add a comment to the attachment if necessary. Illustrated in Figure 4-14.

Figure 4-15: View for an attached file

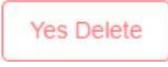


5. To attach another document, repeat the process.

#### 4.4 Deleting Claims

To delete a claim, follow the following steps;

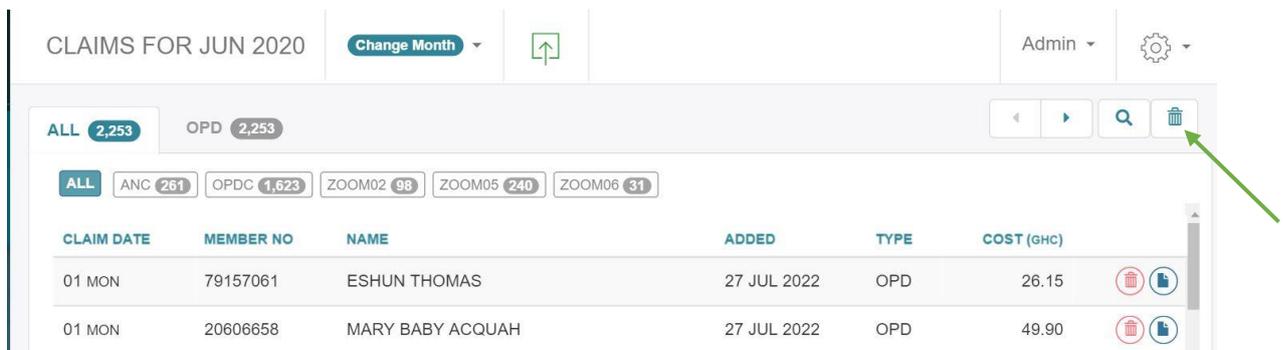
1. Click on the  menu and select your preferred year and month.
2. At the claim list view, use the type of service tabs (OPD, IPD, DIAG, etc.) to narrow your search.

- You may manually search for the claim or use the search feature to do so.
- Once you find the claim you want to delete, click on the  found at the right side of the row. This will pop-up a message asking you to confirm the delete. Click on  to delete the claim. **Please note that once a claim is deleted, it cannot be retrieved.**

An alternative approach is opening the claim in the edit mode and clicking on the “Delete” button at the bottom of the form.

HMS users have the option of deleting ALL imported claims by clicking on the Delete All button as illustrated in Figure 4-16 below.

Figure 4-16: View for an attached file



| CLAIM DATE | MEMBER NO | NAME             | ADDED       | TYPE | COST (GHC) |
|------------|-----------|------------------|-------------|------|------------|
| 01 MON     | 79157061  | ESHUN THOMAS     | 27 JUL 2022 | OPD  | 26.15      |
| 01 MON     | 20606658  | MARY BABY ACQUAH | 27 JUL 2022 | OPD  | 49.90      |

#### 4.5 Searching for claims

Claims can be searched for by either visually perusing a list of claims or using the advanced search option. The steps for doing the latter are specified below;

- Click on the  menu and select your preferred year and month.
- Click on the  icon, found at the right top section of the page. This will open a search form.
- The user is allowed to search for a claim or claims using one or a combination of the parameters available on the search form. The parameters are;
  - Member no.
  - Member name
  - Claims Check Code (CCC)

d. Date range (Start date and end date)

4. Once the needed parameters are entered, click on the  button to start the search.
5. Search results are aggregated under a “**Search tab**” with an indication of the total number of claims found.

#### 4.6 Preparing Claims for Submission (Exporting Claims)

Once all claims have been entered for a month, the next major step is to prepare the claims for submission to NHIS. Claims can only be exported for submission by a user with such privileges (**refer to section 3.2**). The application offers two (2) options for claims submission. The user has the option to;

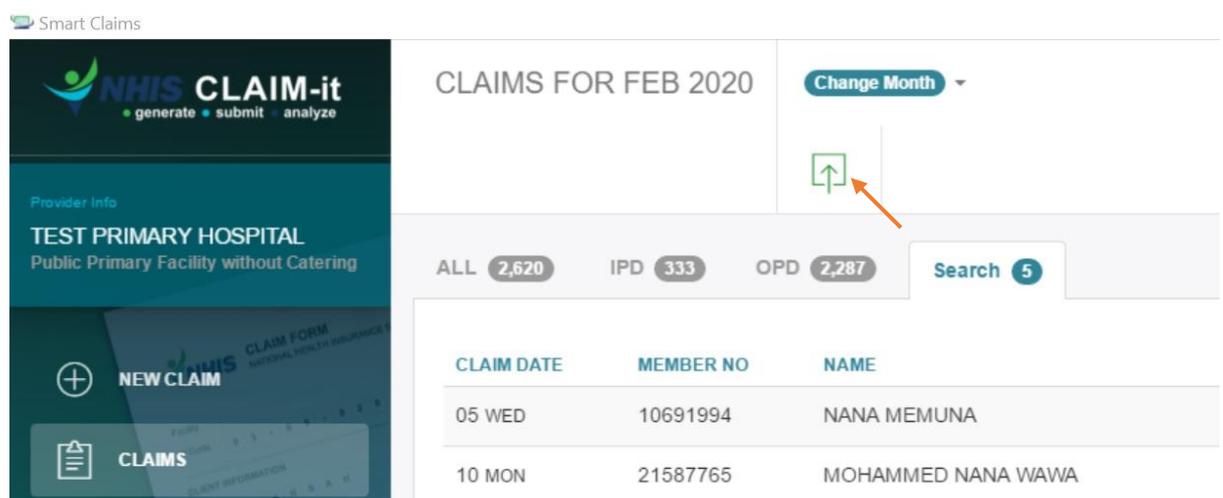
1. Uploading claims directly to the NHIS server via the internet, or
2. Downloading an encrypted claims file and physically sending it to NHIS using a flash drive,

**To prepare claims for submission, the following are the steps;**

1. Open the month of interest (*refer to section 4.1*) and click on the submit claims

button =>  button found at the centre left section of the view (indicated by arrow in Figure 4-17). This should open a page that provides more detailed information on the action(s) to be performed (illustrated in Figure 4-18).

Figure 4-17: Claims list page showing the Export button



Smart Claims

**NHIS CLAIM-it**  
generate • submit • analyze

Provider Info  
**TEST PRIMARY HOSPITAL**  
Public Primary Facility without Catering

NEW CLAIM

CLAIMS

CLAIMS FOR FEB 2020 Change Month

ALL **2,620** IPD **333** OPD **2,287** Search **5**

| CLAIM DATE | MEMBER NO | NAME               |
|------------|-----------|--------------------|
| 05 WED     | 10691994  | NANA MEMUNA        |
| 10 MON     | 21587765  | MOHAMMED NANA WAWA |

Figure 4-18: Claims Submission / Export page

SUBMIT BATCH FOR FEB 2020

Admin

Total Volume **2,620** claims

Total Cost **119,715.14** GHC

|            | VOLUME | COST      |
|------------|--------|-----------|
| Outpatient | 2,287  | 54,701.59 |
| Inpatient  | 333    | 65,013.55 |

Service Cost: 72.78% (GHC 87,124.41)

Medicine Cost: 27.22% (GHC 32,590.73)

Disclaimer: You are about to export claims for Feb 2020. Claims generated from this system are still subject to adjudication by NHIA. Claims for Feb 2020 will be LOCKED. It is recommended that you run the Submission Advice Report for Feb 2020 to review pending issues.

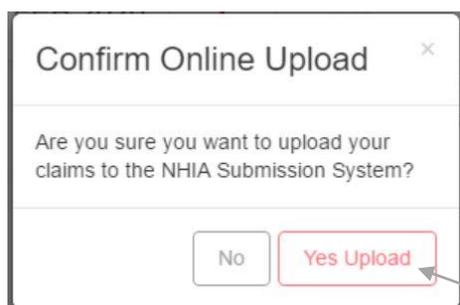
Submit Offline | **Submit Online**

The submission / export page displays among others the total volume and cost of claims segregated by type of service and the percentage distribution for service and medicine cost. This is illustrated in Figure 4-18 above.

Additionally, the user also gets to see information on all recent claims submissions and uploads. It is also recommended that a **submission advice report** be generated before claims are submitted. To do this, refer to the **Reports section** of this document.

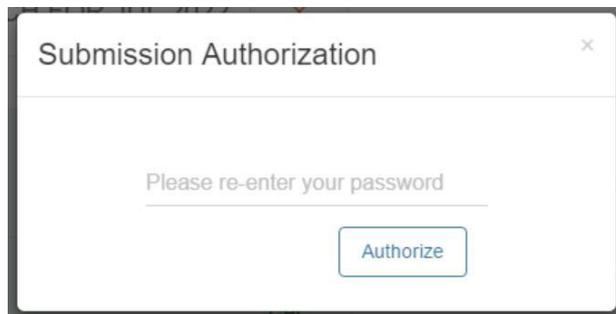
2. Click on Submit Online button  to start the online process of claims submission which will go through the following processes;
  - 2.0.1 The system will request for a confirmation from the user to start the online claims submission process, as illustrated in Figure 4-19 below.

Figure 4-19: Confirmation for online submission



Click on Yes Upload to confirm (requires internet)

- 2.0.2 The process will initiate once the user authorizes the submission by re-entering the password. Please note that only the **Insurance Officer** role has the user privilege of submitting claims online.



The status or progress of the ongoing submission will be displayed to the user as shown in Figure 4-20 and 4-21 below. The upload process may happen within a minute or more depending on the current queue.

Figure 4-20: Submission progress monitor

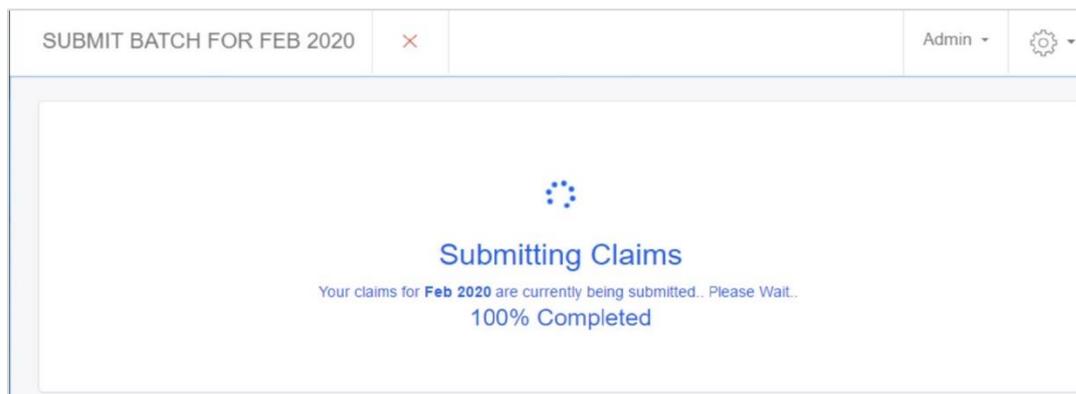
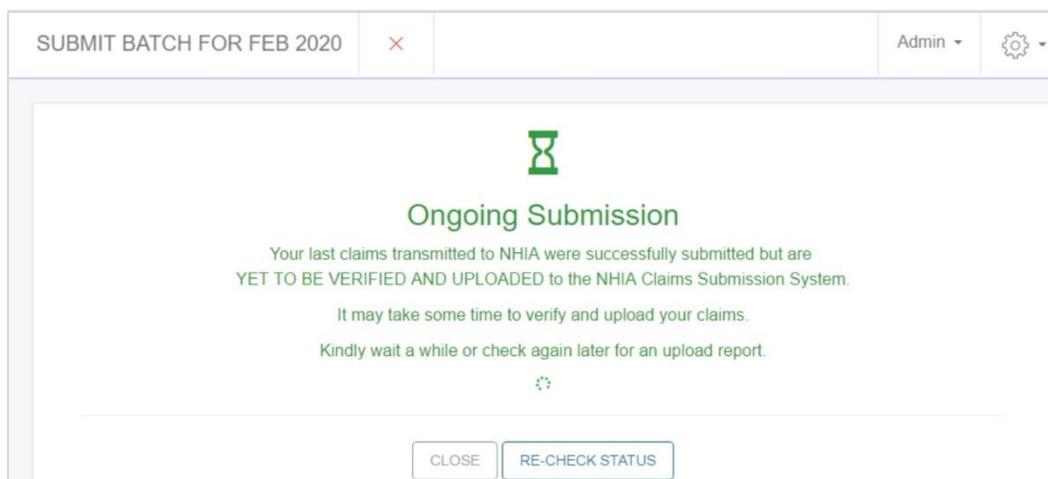
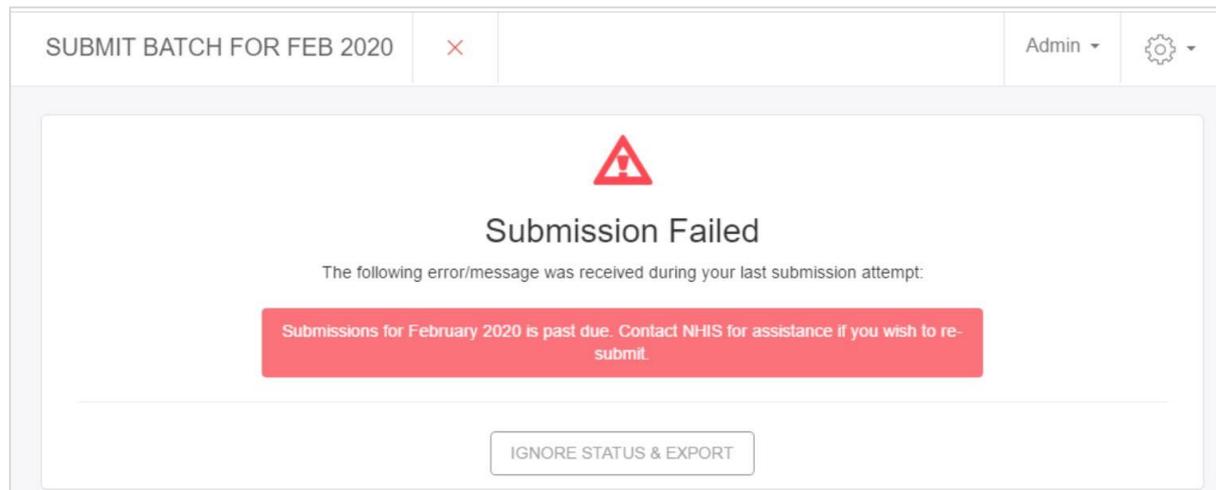


Figure 4-21: Submission status indicator



2.0.3 The final step of the online submission process is for the user to wait for a feedback, to indicate if the submission was successful or otherwise. (as illustrated in Figure 4-22). A submission confirmation email is sent to the email address of the user or health facility once claims are successfully submitted. Should there be a failure in anyway, the user will be informed via the application as illustrated below.

Figure 4-22: Submission status indicator



**To submit claims offline go through the following steps;**

1. Click on the Submit Offline button  as shown in Figure 4-34.
2. This will generate an encrypted claims file which can be saved on a flash drive (popularly called, Pen drive).
3. Submit this file on the flash drive to the closest NHIA district office or Claims Processing Centre.
4. A confirmation receipt will be printed and given to the submitter while an email is equally sent the email address assigned to the providers account.

## **5.0 UPDATING THE SYSTEM**

## 5.1 General Information

This section describes the update feature of the application that enables users to keep the application up to date.

The claim-it application, from time to time will require a system update. The update feature of the application enable users to keep the application up to date.

## 5.2 System Update

There are two (2) major types of system updates.

1. **Policy and tariff updates:** This has to do with update to claims generation protocols, GDRGs and tariffs.
2. **Application updates:** This refers to update to the structure and (other component) feel of the application.

However, all these types of updates are installed in the same manner. *Once system updates are available, emails and text messages are sent to all users of the application to notify them.*

## 5.3 Installing Updates

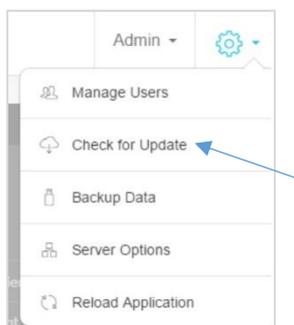
Updates can either be installed directly via the internet or downloaded and installed offline.

### 5.3.1 Direct Update

To update the application directly via the internet, do the following;

1. Click on the Settings  button and click on “**Check for Update**”.

*Figure 5-01: Settings menu indicating check update button*



2. The application then checks for any recent updates and informs the user through a prompt.

3. Click on “**Install Update**” to start the installation i.e. if any updates are found.

The application periodically **checks for updates automatically** once it detects an internet connection. However, the user is always informed of any available updates prior to installation. Anytime new updates are available, user will be prompted by a red button indicating “**Update Available**” on the left side of the home screen of the application. By clicking on this button, the download process is initialized.

### 5.3.2 Offline Update

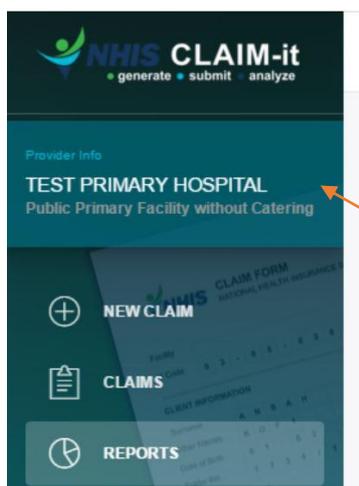
This option requires the user to download and manually install the update file. To do this;

1. Open a web browser and enter **claimit.nhia.gov.gh**. Go to the **Updates** section of the webpage to download the required update. Your update file will then be saved to the default download directory of your browser.
2. Double-click on the update file to install. You will be notified once the installation is complete.

**Update files can also be accessed at any NHIS district office or CPC.**

Details of updates that have been run on the system with regards to Base Data, Service tariffs, Medicine prices, Validation rules and Credentialing information can be found at the Setup Detail section of the application. To open this section, click on the Provider Info area at the left section of the application after login, as shown in Figure 5-1 below;

Figure 5-1: Home screen showing the Provider info section



The section as shown in Figure 5-2 shows information on credentialing and system updates. For instance a description of “version 2016-03-01” under Service tariffs simply

means the most current tariff version in the application are tariffs with an effective date of March 2016 so on and so forth. Figure 5-2 is a further illustration of this section.

Figure 5-2: Provider info view showing updated details

 Setup Details 

---

### Provider Information

Provider Name  
**TEST PRIMARY HOSPITAL**

Provider ID: **03-08-06769**      Facility Type: **Public Primary Facility without Catering**

Prescribing Level  
**C1**

---

### Installed Credentials

| Unique Code                       | Facility Type                            | Effective Date |
|-----------------------------------|--|----------------|
| 03-08-725-01-06769-03-C1-2-010118 | Public Primary Facility without Catering | 01 Jan 2018    |

 **Update Credentialing**

### Installed Components

| Component          | Version  |
|--------------------|--|
| Base Data          | Mar 2016   |
| Service Tariffs    | Mar 2016 , Apr 2019                                  |
| Medicine Prices    | Mar 2016 , Jul 2018 , Jul 2019 , Apr 2020 , Mar 2021 |
| Validation Rules   | Mar 2016   |
| Client Application | Head   |

 **Check for Updates**

## **6.0 REPORTING**

## 6.1 General Information

This section describes the various reports and visualizations in the application.

## 6.2 Types of Report

The application comes with **seven (7)** report types. The reports are categorized under seven (7) themes, i.e. Dashboard, Overview, Attendance, Medicines, Services, Submission Advice and Excel Summary.

1. Dashboard:
  - a. Summary attendance.
  - b. Claims submission volume and cost.
  - c. Top 10 Diagnosis.
  - d. Top 10 Prescribed Medicines.
2. Overview:
  - a. Claims volume and cost by type of service for the current month.
  - b. Claims volume and cost, month on month for the current year.
3. Attendance:
  - a. Attendance by gender and age grouped by specialty. For both OPD and IPD cases.
4. Medicines:
  - a. Top ten (10) most prescribed medicines.
  - b. Top ten (10) most utilized medicines by cost.
  - c. Most utilized therapeutic classes by volume
5. Services:
  - a. Top ten (10) most utilized GDRGs by volume.
  - b. Top ten (10) most utilized GDRGs by cost.
  - c. Top five (5) Major Diagnosis Categories (MDCs) by volume.
6. Submission Advice:
  - a. List of claims that require further attention, categorized into;
    - i. Potential duplicates
    - ii. Multiple ANC claims
    - iii. Attachment required claims
7. Excel Summary:

- a. Excel Workbook containing sheets on various volume and cost summaries on claims

### 6.3 Accessing reports

To access the desired report(s), the user simply clicks on the  menu and selects the desired report by clicking on the select  button. All reports are defaulted to report on the current year. However, the period of reporting can be changed by clicking on the filter  button to specify the range of choice. Figures 6.1 to 6.4 illustrates some of the reports generated by the application.

Figure 6-1: Dashboard

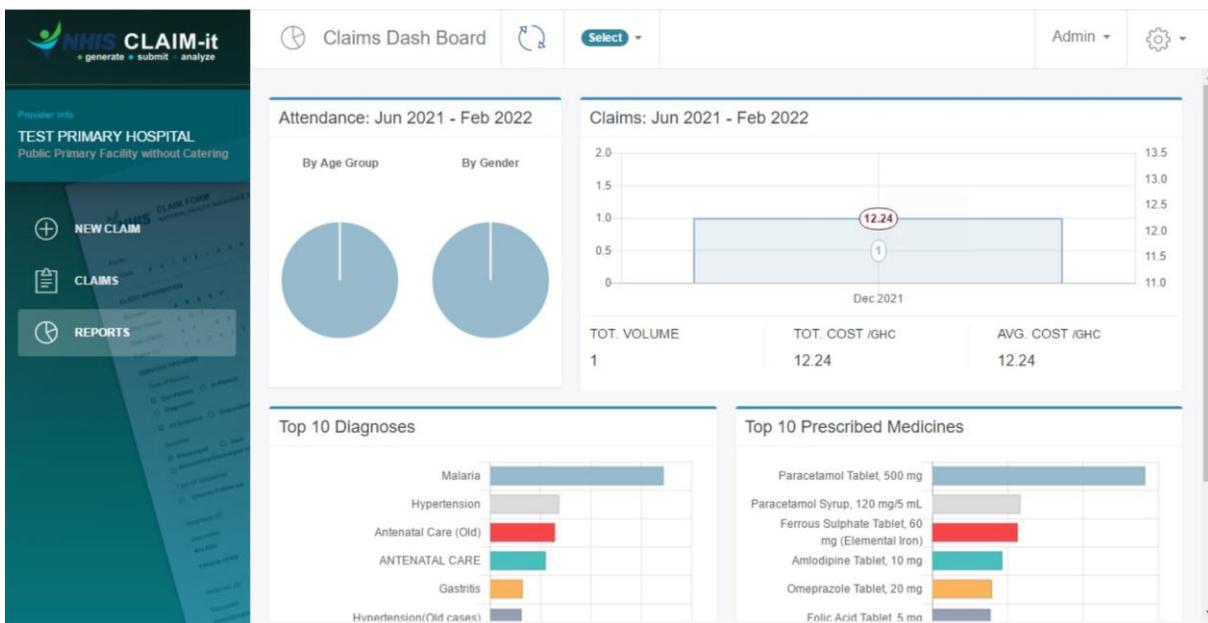


Figure 6-2: Overview of claims report

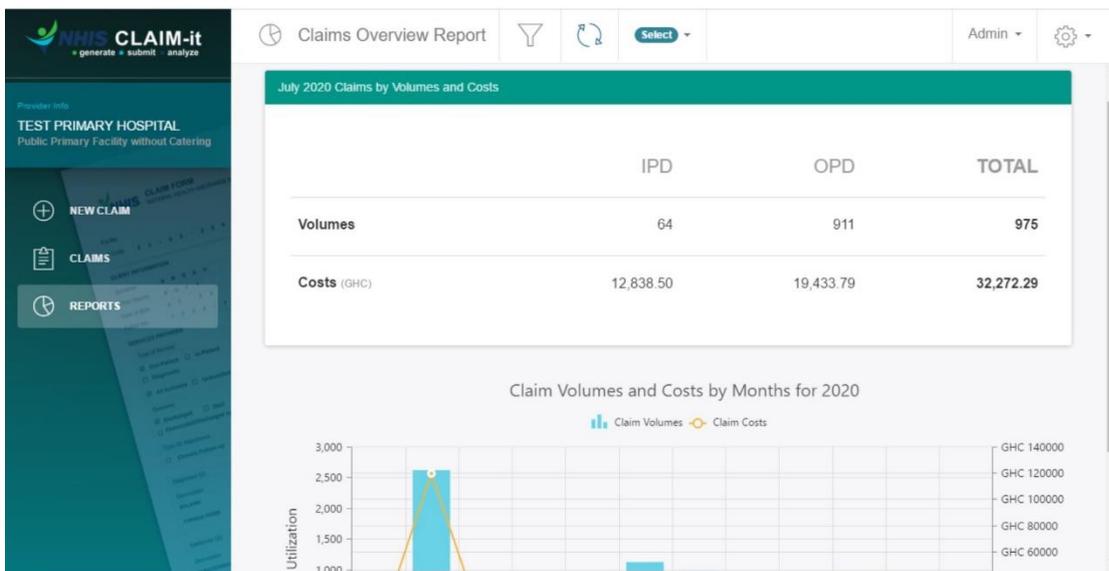


Figure 6-3: Attendance report

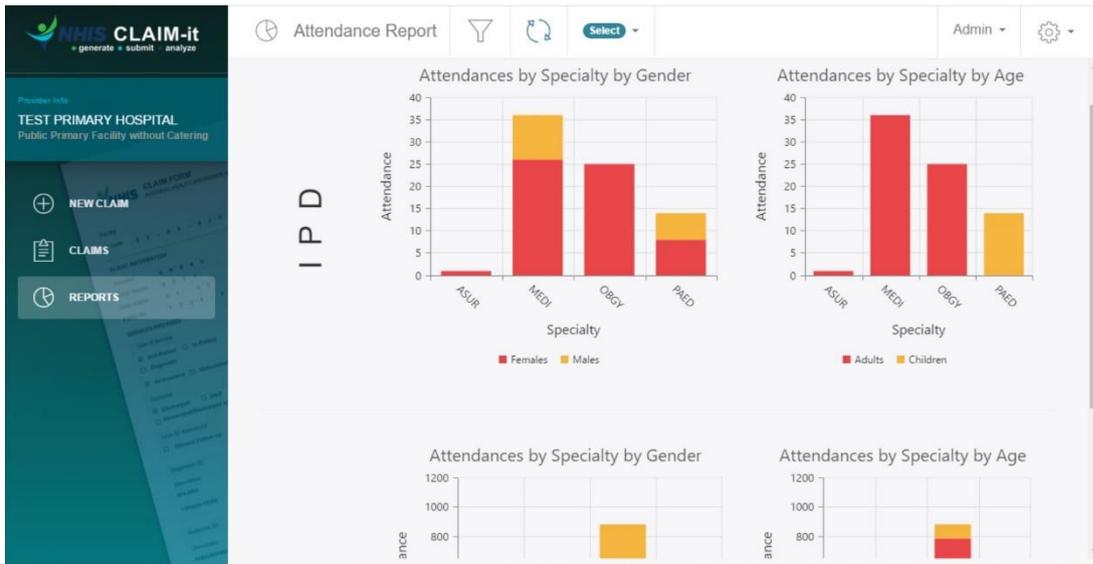
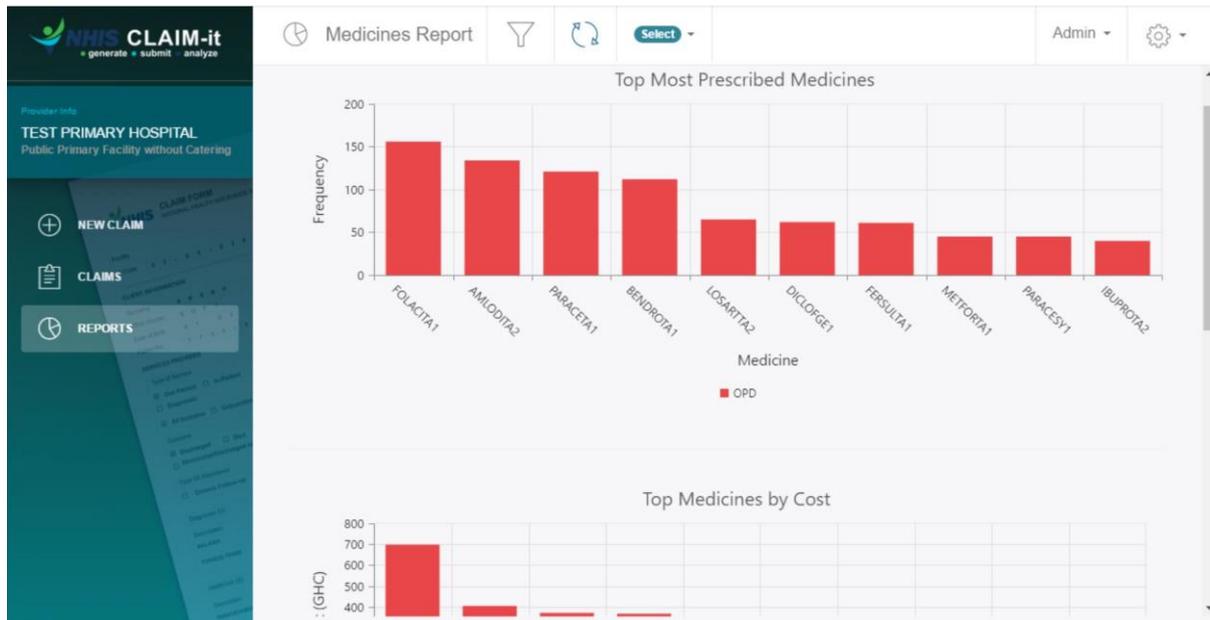


Figure 6-4: Report on service utilization



Figure 6-5: Report on medicine utilization



#### 6.4 Submission Advice Report

This report forms part of the reports available at the reports section of the application. The submission advice report gives the health facility's insurance officer a report on claims that may require some extra attention prior to submission. For instance, based on the types of medicines dispensed, the lab results that prompted the prescription of such medicines are required by NHIA during vetting to serve as proof. Hence, such a document will have to be scanned and attached to the affected claims in all such instances. Therefore, it is advised that a submission advice report be generated prior to claims submission.

**To generate a submission advice report do the following;**

- Click on the Reports  menu
- Click on  and select the Submission Advice.
- Click on  and select the month of interest
- Click on  to show the reports. Depending on the issues detected the number of reports can span from one to several. This is illustrated in Figure 6-5.

Figure 6-5: Report on medicine utilization

The screenshot displays a web interface titled "Submission Advice Report". In the top right corner, there are two buttons: "Filter" and a refresh icon. Below the title, the text "Filters: Claim Month: Apr 2017" is visible. The main content area contains two yellow-highlighted boxes. The first box is titled "Diagnostic Claim Attachment Required" and contains the text "1 Diagnostic Claim(s) require attachment of their Diagnostic Request Forms." followed by a "Download" link. The second box is titled "Supporting Documents Required" and contains the text "17 Claim(s) require attachment of their supporting documentation." followed by a "Download" link.

- e. Click on the “**download**” button below each report and save it at a desired location.

## **7.0 DATA BACKUP**

## 7.1 General Information

The data backup features of the application elaborates further on how it could be utilized to prepare users to recover from unknown system failures.

## 7.2 Backup Feature

The application is equipped with an automatic backup feature, allowing a copy of generated claims data to be created based on the preferred period of the user.

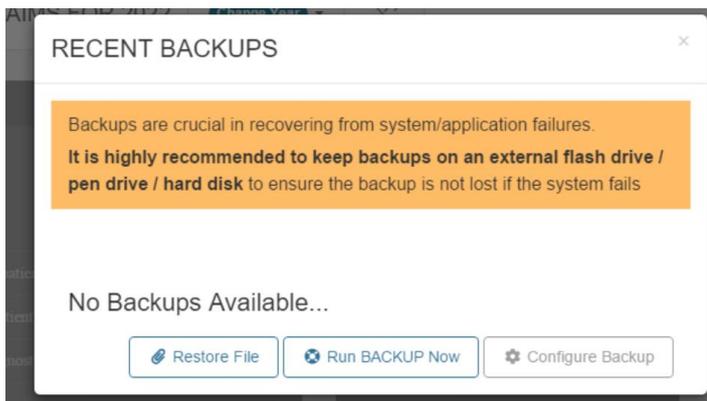
Automatic backups can be configured to create daily, weekly or monthly backup.

However, by default automatic backups are scheduled to run every day. Backups are created for each month, **over a three (3) months period**. Users are therefore **advised to download and save such data** on an external storage device.

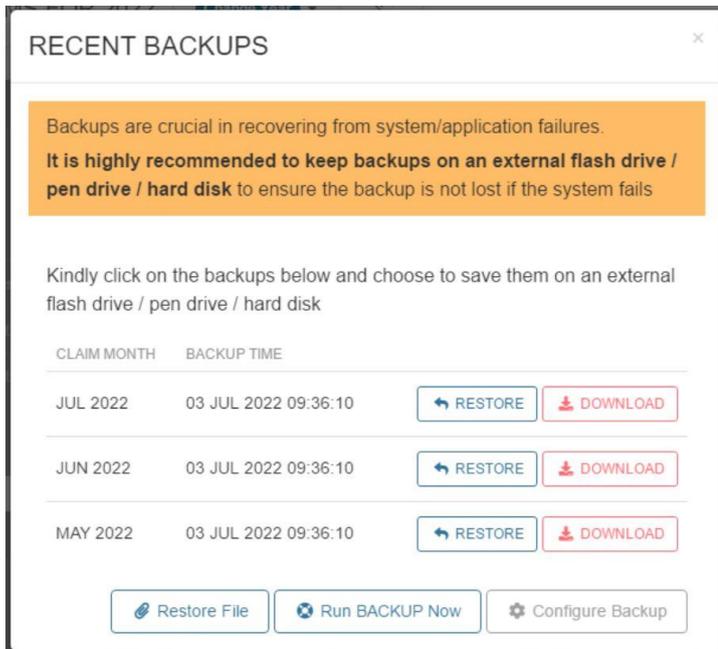
Once a backup is created, a notification icon will appear on the settings icon to indicate the availability of a backup for download.

However, to generate or restore a backup, please go through the following steps;

1. Click on the settings icon and select Backup/Restore Data



2. Click on “Configure Backup” if there is a need to change the default Backup settings. Else,
3. Click on “Run BACKUP Now” to create a recent backup of your claims as illustrated by the diagram below.



By clicking on this button, the user is presented with a list of available backups and the options to either download and/or Restore any of the applicable backups.

## **8.0 TROUBLESHOOTING**

## 8.1 General Information

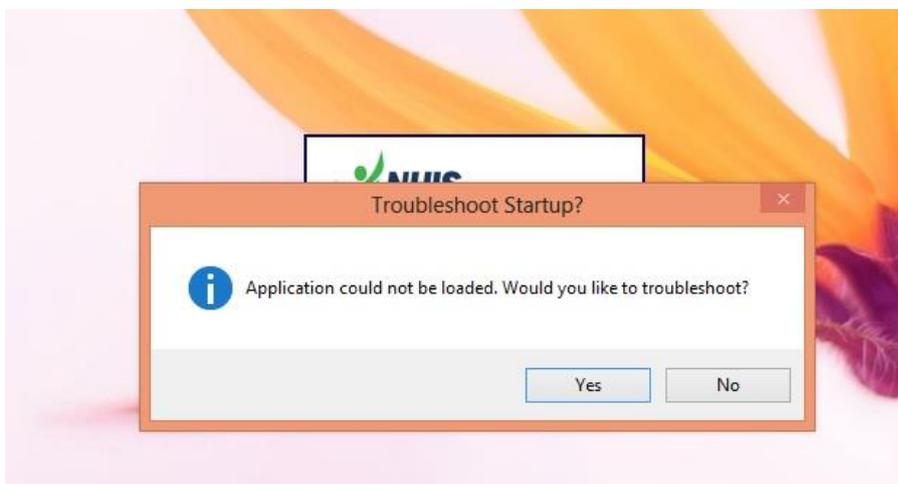
This section explains the processes that users should go through in order to solve some basic technical glitches which may cause the application not to start.

## 8.2 Troubleshooter Utilization

Anytime the application is started, it checks to see if everything is fine for its efficient operation. If it encounters any error, application loading is truncated and the user prompted with the option to run the trouble-shooter utility.

This is illustrated in Figure 8-1.

Figure 8-1: Automatic trouble-shooter prompt



By clicking on “Yes”, this utility will diagnose the problem and automatically try to fix all identified issues. Illustrated in Figure 8-2.

Figure 8-2: Troubleshooter Utility



The results of the troubleshooting will be displayed to the user. If there is any reason to re-run trouble-shooting, click on **“RUN”**.

In very extreme circumstances where the troubleshooter is not successful at fixing the identified issues, NHIA may require the user to click on **“Download Troubleshoot File”** to download and email that file to NHIA for further inspection to determine what might be wrong.

The user, by clicking on **“Backup Data”**, can also backup all data in the database and save to a flash drive. This helps to keep essential data safe, preventing data loss in worse case scenarios.

# **9.0 SOFTWARE UNINSTALLATION**

## 9.1 General Information

This section shows the user how to safely remove the application and all its components from the user's computer.

## 9.2 Uninstalling CLAIM-it

The uninstallation of CLAIM-it is no different from the processes entailed in uninstalling any software from a Windows Operating System. To uninstall follow the following steps;

- a. Open "**Control Panel**" and click on "**Programs and Features**"
- b. Identify and click on "**CLAIM-it vHead**"
- c. Click on uninstall to start the uninstallation process.
- d. The user will be prompted to either uninstall or keep the database. The latter will complete the installation but keep the database intact. The option is mostly ideal when the intention is to use the same database for a future installation.

**Note:** *The folder containing backups are automatically placed on the Desktop of the user during the uninstallation process. This is to ensure that inadvertent uninstallations don't result in the permanent loss of data.*