



National Health Insurance

NHI/MOH Primary Care Provider

ADMINISTRATIVE MANUAL
2021

EDITED BY: Ruth Jaramillo, NHI Health Services Manager

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Purpose of Manual

This Administrative Procedure Manual is developed by the MOH in partnership with NHI to serve as a tool in the proper administration of NHI contracted MOH Primary Care Provider (PCP) clinics with the ultimate objective of delivering a high standard of quality in health care and service. The manual provides the PCP with the minimum administrative requirements set by the NHI as well as the policies defined by MOH. The PCP administration will follow these procedures but is free to set in place further systems that will assist or enhance its administration, ensuring that or as long as these systems are cost effective, efficient and not detrimental or inconvenient to the customer. NHI and MOH in consultation, reserves the right to modify these procedures and will inform all MOH/NHI providers of any such changes.

All NHI contracted MOH PCP providers should use this guide as an orientation tool for the Management team both at the regional and PCP level. The tool also should be shared with other key stakeholders within the Ministry of Health such as Planning and Policy Unit and the Licensing and Accreditation Unit to ensure alignment and avoidance of duplication of efforts. While the PCP administration will adhere to the stipulations of the contract and the guidelines in the NHI Administrative procedure manual, the PCPs should comply with the attached financial procedures established by MOH and endorsed by the CEO.

1. PCP Basic Considerations and Procedures:

1.1. *Legal Status of NHI Contracted MOH PCP:*

The PCP should be an established legal institution recognized by the Government of Belize (Ministry of Health) as an official health facility providing publicly funded services. A prerequisite for entering into any contractual agreement with the NHI will be the establishment of a Bank Account in a private institution. The procedure must include approval from the Ministry of Health who in turn must get approval from the Financial Secretary in writing. Such account will be under the name of the PCP facility. All personnel working with the PCP should be licensed and registered as per rules and procedures governing the professional body and should be submitted to NHI as part of the registration process (to be recognized as an official NHI registered provider). The application will be made through the PCP where the person is to provide service.

1.2. *MOH/NHI Certification*

The PCP group must have met the certification standards established jointly by the Licensure/Accreditation Unit of the MOH and NHI to qualify as an NHI approved provider. Prior to entering into a contractual agreement with NHI, an onsite assessment will be carried out by the NHI Unit and representatives of the MOH to determine if the interested party meets the requirements. Once the basic criteria have been met, the NHI will assign a code to the PCP practice to serve as an identifier for future reference. The NHI Approved facility should also display both the relevant NHI & MOH Provider signs according to the specified format.

In addition, all personnel must also comply with the licensing standards established by MOH and other professional entities. Physicians shall be duly licensed by the Medical Council to practice medicine in Belize and shall maintain good professional standing at all times. Evidence of such licensing shall be submitted to NHI/MOH upon request. It is the responsibility of the PCP Administrator to ensure that all licensing requirements are met and renewed as required. The PCP Director shall also give immediate notice to NHI of a physician or other member of the health team's suspension or revocation, or initiation of any proceeding that could result in suspension or revocation, of licensure, or the filing of a malpractice action against the PCP. Other health professionals shall abide by their corresponding licensing and accreditation standards guiding their respective professions as established by the MOH and should present evidence of compliance of such requisites. Copies of such licenses should be maintained in the personnel files (P-files).

NHI reserves the right to terminate contractual agreements with a MOH PCP due to failure to meet the license and accreditation standards set by the appropriate licensing and accrediting bodies.

2. PCP Physical Requirements

2.1. *Equipment*

The PCP will maintain all its facilities equipped in accordance with the equipment list provided by the Ministry of Health's Primary Care and Outpatient Standards (PCOS). All equipment will be maintained functional and will be operated by personnel trained to do so. The PCP provider should make provisions to ensure all Equipment required by NHI is functional and should implement a plan for the regular maintenance and eventual replacement of all obsolete equipment.

Where possible, every provider and key service areas must have the use of a personal stand-alone computer to access the RAWA application necessary for NHI operations.

Minimum hardware requirements are:

- 1.80 GHz Dual Core Processor
- 1GB RAM
- 20 GB free space of hard drive
- 1024 x 576 or higher resolution monitor

Minimum software requirements are:

- Windows 7 SP1 32-bit (any desktop Operating System works).
- Microsoft Office Suite 2007 (Word, Excel)
- Google Chrome (stable version)
- Adobe Acrobat Reader (stable version)

Other minimum requirements and considerations are:

- Broadband Internet connection with bandwidth speed necessary based on a formal assessment done by both the service provider and the MOH IT Department.
- Access to email services
- Active communication links.
- All NHI providers **are required** to have access to backup internet access via a wireless **Dongle** or mobile device.

In addition to the requirements described above, PCP providers need to ensure that the proper anti-virus protection software is available and up to date. Since NHI utilizes a web-based application, keeping any backups of any downloaded reports or medical records is optional.

2.2. *Infrastructure*

Clinics will be operated by PCP's in buildings approved by MOH and which meet the specifications provided in established Primary Care Outpatient (PCO) facility standards and the MOH/NHI Facility Assessment Tool. All building structures and premises will be physically maintained at a high standard by the PCP, to foster a pleasant and comfortable atmosphere, conducive to the provision and receipt of good services. A plan will be developed and implemented for the daily cleaning and sanitizing of the premises as well as the regular maintenance and repair of the buildings. The NHI reserves the right to inspect PCP premises to ensure compliance with the stated specifications. The PCP will be required to address any inefficiency noted within the agreed time frames set by the NHI and MOH.

NHI Approved Provider sign:

All NHI providers should display the authorized sign and Logo that clearly identifies the facility as an NHI approved provider. In the event that the provider is no longer contracted or certified as an NHI approved provider, the sign must be removed.

2.3. *Waste Management*

The PCP administration will put in place a Waste Management System for the safe disposal of medical waste. This system must meet the standards and norms set by the Environmental Department of the Ministry of Health (or the local City / Town Council / Village Council, etc.) and in accordance to Infection Control Guidelines. The PCP will be asked to present a certification that arrangements have been made for disposal of the aforementioned with registered and approved waste disposal companies.

2.4 Multi-Hazard Contingency Plan:

This document provides an overview of the key elements of the clinic's contingency plan. This guide is aimed at clearly defining the phases of disaster preparedness and response as well as outlining the roles and responsibilities of members of staff involved in all phases of disaster management.

The guide addresses Natural Disasters and Safety and Security measures.

The PCP is required to establish a disaster preparedness plan in the event of natural disasters and floods that may cause temporary closure of facilities. Such plans must include protection of valuable equipment and client's medical records and other information.

The Disaster preparedness plan shall address the following:

- Floods
- Hurricanes
- Earthquakes
- Tsunamis

These disaster preparedness plans must be aligned with NEMO requirements and recommendations.

The PCP is responsible for training staff and for following the established disaster guidelines. These guidelines should be revised annually and date of revision noted. It is also recommended that **at minimum, PCPS should purchase insurance for contents**. NHI will not be responsible for losses or damages.

2.4. *Security and Safety Programs:*

The PCP is also responsible for ensuring 24-hour security protection for the PCP personnel, members and facilities. Such systems should be appropriate to address the security concerns impacting the geographic area. Proper safety guidelines against fire and other dangers must also be established and all personnel must have undergone a certified course in the implementation of this program. The PCP must implement announced and unannounced drills **annually** to verify preparedness of staff.

Evidence of current certification is to be presented to the NHI/MOH annually.

3. Personnel:

Hiring of Personnel:

- **NHI is NOT** responsible for the hiring of any staff under the PCPs or defining the corresponding benefits package. These policies are strictly determined by the MOH as detailed below:

- The hiring of personnel contracted in accordance to the Per Member per Month (PMPM) PCP staff profile must be approved by the Chief Executive Officer of the Ministry of Health based on the recommendation of the PCP Administrator and Regional Manager
- Staff hired under these provisions are subject to conditions detailed in their contractual agreement.
- Other complimentary staff hired by the MOH must comply with the appropriate regulations.

PCPs are required to develop their respective organizational chart that defines the Management Structure. The organogram must be endorsed by the MOH, current and shared with staff and displayed in a visible area accessible to persons seeking services at the clinic.

The NHI participating PCPs must comply with the following key posts:

3.1. PCP ADMINISTRATOR:

The PCP will identify a PCP Administrator, an individual of good professional standing from within the PCP personnel, who will carry out the administrative functions of the PCP to include but not limited to:

- Monitoring compliance with terms of the NHI contractual agreements
- Carrying out required MOH/NHI administrative, financial and accounting responsibilities
- Management and performance monitoring of the employed personnel
- Monitoring of customer service and grievances
- Administering the mechanisms for reporting and timely billing procedures required by NHI
- Acting as the representative of the PCP
- Maintaining a functional information system and records
- Collecting, compiling and reporting relevant data to measure compliance with Key Performance Indicators established.
- Implementing corrective measures to ensure compliance with established performance indicators.
- Implementing the Contingency and Conservation procedures respectively and coordinating required drills.
- Other duties that will promote high quality service delivery
- Responsible for the activities included in the contract and Administrative Manual
- Complying with the MOH Financial Guidelines and attached regulations.
- Should establish a core team comprised at minimum of the following representation:
 - ✓ *Medical coordinator*
 - ✓ *Head Nurse*
 - ✓ *Public Health Nurse/MCH (where applicable)*

- The Administrator is responsible for guiding the functions of the core team

3.2. *Role of the Core Team:*

The core team is responsible for supporting the PCP Administrator in carrying out the following key functions:

- Support the Operational Planning process and attend related meetings
- Develop and implement the Operational Plan and monitor progress
- Identify challenges and provide possible solutions to carry out the Operational Plan
- Monitor Key Performance Indicators and ensure compliance
- Support Administrator in all team building and staff orientation activities

3.3. *Medical Coordinator:*

The Medical Coordinator must be a licensed physician ideally with at least 5 years experience in clinical management and is responsible for the following:

- Ensuring that the facility meets all clinical requirements as it pertains to the proper function of each of the service delivery areas.
- Orient all clinical staff on the existing protocols and monitor compliance with the same
- Facilitate and coordinate Continuous Medical Education for all health personnel.
- Monitor patient flows and triage system to maintain the continuity of services.
- Conduct internal case reviews to ensure that the medical team is meeting all the required standards and medical record documentation.
- Ensure compliance with the Belize Health Information System, RAWA and Medical Record requirements to include orientation of new staff on the use of said systems; reporting of any concerns related to the functionality of these systems and notifying NHI and MOH of interruptions.
- Coordinate the Basic and Advanced life support training for all staff.
- Coordinate any outreach activities
- Attend all related NHI meetings aimed at improving the quality of health service provision.
- Alert health authorities of any health concerns as per the reporting and surveillance requirements.
- Compile monthly and annual reports to be submitted to the PCP Administrator as required.

Head Nurse:

- Supports the Medical Coordinator with the monitoring of the Medical Records documentation
- Supports the monitoring of relevant Key Performance Indicators and reports challenges noted
- Ensures the daily function and management of patient flows
- Develop coverage schedules of nurses and reports to the PCP Administrator any challenges

- Coordinates mobile and outreach activities
- Ensure crash-cart medication and equipment are available and fully functional
- Ensures that Nursing staff meets the licensing and certification requirements
- Compile monthly and annual reports to be submitted to the PCP Administrator as required.

MOH/NHI Database of Approved Providers:

The PCP Administrator is responsible for establishing a current database of all personnel authorized to offer services under MOH/NHI. PCPs will have access to a current list of physicians and other health professionals approved to participate under NHI. This database will be updated to reflect any changes. The PCP Administrator will also be responsible for informing MOH/NHI in writing of any changes in the employment status of any of their personnel listed.

The PCP Administrator is also responsible for applying to MOH/NHI on behalf of potential new personnel for approval of such persons to participate under NHI, and specify the specific role or access required in RAWA and BHIS respectively. Such applications should be expressed in writing to NHI and the MOH IT department accompanied by a copy of the corresponding licensing and education certifications for consideration (this applies to both full-time or part-time physicians and nurses).

3.4. *Defining of the NHI Health Team: Urban and Rural Model*

3.4.1. Urban Model:

Respecting the proposed distribution of health personnel to clients registered with NHI, a ratio of 1 GP team per 4000 persons has been adopted. The PCP is thereby required to establish the health team composed of the following:

For a population of 12,000 registered members:

3 Full time General Practitioners: 1:4000

4 Full time Nurses: 1:3000 distributed as follows: Demographic Distribution.

- 2 Full time Registered Nurses
- 1 Full time Public health nurse*
- 1 Full time Rural Health Nurse
- 1 Full time Practical Nurse

*if there is a shortage of public health nurses, the clinic can include a rural health nurse.

Pharmacist:

- 1 Full time Registered Pharmacist (Mercy & MOH clinics)

Provision is made where there are not sufficient public health nurses to substitute a rural health nurse provided there is a plan to upgrade to the Public Health Nurse level within two years from the contracting date.

For the Maximum Population of 16,000 Registered Members:

4 Full time General Practitioners: 1: 4000

5 full time nurses:

3 Full time Registered Nurses

1 Public Health Nurse

1 Practical Nurse

The PCP has the flexibility to hire its personnel under the conditions necessary to ensure 7am to 8pm coverage for the range specified at all times.

The GP/Nurse teams will be supported by personnel in the area of pharmacy, laboratory, administration, maintenance and security. The profile of staff is determined in great part by what is defined in the Per Member Per Month calculation sheet and it is the responsibility of the Administrator to ensure that it is strictly adhered to in order to ensure sustainability of the funds. This applies to both the Urban and Rural Models.

* NHI in addition requires, PCPs to arrange for provision of specialist care for Maternal- Child Care (OBGYN) and pediatrician, Internist and Nutritionist). The hours and distribution required will be determined on a case by case basis based on the demographic distribution and health needs.

* PCPs in the Southern Region should have a full-time pharmacist on site and a part-time Social Worker and Nutritionist.

The staffing requirements area subject to change based on region.

3.4.2. Rural Model: (Satellite Clinics)

In underserved populations the health care providers will need to meet the minimum staffing requirement to include:

A full time GP

A full time Public Health Nurse where possible.

An interim arrangement can be:

A full time Public Health Nurse

A full time Rural Health Nurse

3.5. *Licensure*

The PCP Group will hire the required number of medical personnel to render services to the population under its responsibility. All medical personnel, such as doctors, nurses, pharmacists must comply with the licensing or approved equivalences requirements established by the appropriate licensing bodies and must present proof of this certification accompanied by certified copies of their educational degrees, other related certifications and a completed NHI application form prior to entering into any contractual agreements. NHI will process such applications within 15 days of receipt and will then indicate if the application has been accepted or denied. NHI will only contract with those personnel who have met all the criteria described, and upon acceptance of the successful applicants, NHI will issue an NHI number that will serve as a unique identifier for the purpose of NHI business. Each user will in turn be assigned a respective role in RAWA that will determine the authorities and level of access to the software. The provider and any user of RAWA are not authorized to share their unique identifier. Any unauthorized use of such identifier is considered fraud and can result in termination of contractual agreement.

The NHI will require that all personnel must maintain their active status by meeting the re-licensing and continual education criteria established by the relevant licensing bodies and the MOH. The NHI reserves the right to terminate the services of any NHI approved health care provider if the latter does not comply with the norms and standards of practice outlined in the contractual agreement.

The PCP director has the responsibility to inform the NHI of any changes on any of their personnel in terms of failure to meet these criteria, violation of the aforementioned conditions or termination of services in writing within 3 days of such findings. The NHI will then render this provider as “inactive” and notify relevant entities of this change of status where necessary.

Any temporary or part-time staff hired by a PCP must also meet the requirements above and be assigned a code and respective role. The PCP Director is required to update NHI of the status of employment of these temporary staff. Based on these update reports, NHI Unit will determine the active or inactive status of the temporary staff was determined.

3.6. *Training:*

The PCP Group will evaluate the training needs of its employees, and plan and conduct annual programs of continuous training of personnel. Relevant staff will be trained in new medical techniques and equipment, PCP administrative procedures, and quality management including personnel, finance and information systems management. Personnel will be encouraged to participate in enough hours of continuous education to facilitate re-certification. (The minimum

standard for CME is at least 10 sessions per full time employed doctors and nursing staff for the year. The PCP is required to keep a log of these sessions with a list of participants who attended.)

In addition, NHI and or MOH will identify priority areas and minimal training modules to be implemented by all PCP providers. Such training will enhance and strengthen the delivery of primary care, health prevention and promotion programs that complement the goals and objectives of the Primary Care Model adopted by NHI. The PCP will be responsible for organizing and implementing such training modules in the specified time frames and must show evidence of completion. Where applicable, the MOH and NHI will facilitate and coordinate specific training sessions as deemed necessary to promote quality of service delivery at the PCP level. The PCP will need to provide documents certified with signatures of participants, as evidence of the training/education sessions conducted. NHI and MOH will conduct surveys to measure the impact of such training.

All medical personnel must have completed orientation training in the protocols adopted for Primary Health Care by the MOH and NHI within 3 months of becoming an NHI provider. The PCP medical personnel is thereafter responsible for implementing the guidelines established in the protocols and update the NHI and MOH in the form of progress reports, which can also note any observations and suggestions for modification. These should be submitted in writing to the DHS and copied to the NHI GM Manager for consideration.

The NHI/MOH will conduct periodic audits in accordance to the Monitoring and Evaluation Guidelines established in this manual to monitor compliance and adaptation of such protocols and generate the necessary reports to the PCP for consideration and feedback.

The PCP personnel must display a working knowledge of these protocols and have copies of these readily available on site and the corresponding flow charts mounted on the walls of each examination room for quick reference.

All health care personnel must be qualified to provide all services to be covered on the basic benefit package described in the manual. Where deficiencies are identified, the PCP Director must make necessary provisions to train and orient those members of the health team that require such support.

All health personnel must be trained in the Basic Life Support Course and certified in the same every two years. All physicians and RNs should also be trained and certified in the Advanced Cardiac Life Support Course (ACLS) which should be renewed every 2 years as well. Evidence of this certification should be visible in the personal files of the health team.

4. Service Provision/Exclusions

4.1. *Area and Population covered:*

As a Public Provider, the PCP is responsible for the provision of health care to anyone seeking services at that location. However, given the need to define efficiency and quality parameters and influence health seeking behavior through rationalization of services, the PCP will seek to register the population in the assigned geographic zone and in accordance to the contract terms.

The MOH will define the geographic area of coverage and the population size and distribution to be served within those boundaries initially utilizing the population census data and reserves the right to make adjustments to the boundaries. The PCP will have the responsibility to actively enroll all individuals in the zone with their corresponding practice in order to facilitate access to NHI services at the time of need. While NHI Funds are geared to cover the basic package of services included in the contract, it is the responsibility of the PCP to ensure that these services are provided as per guidelines established and with the resources required. Government, through the MOH, provides additional subsidy that will ensure that people not registered as members of NHI are also covered. The PCP, with approval from the MOH, can implement measures for cost-recovery for services rendered as required.

The PCP is responsible for maintaining and having a working knowledge of their population's health needs, major causes of morbidities and mortalities as well as conducting the necessary community outreach and health promotion programs.

4.2. *Free Choice of PCP within a Specified Geographic Location:*

Members where applicable, shall be given the opportunity to choose a PCP from among those designated to serve the specific geographic location once the membership quota for that provider has not been met. Members can transfer to another PCP provider once a year from the date of registration according to the transfer guidelines described within this manual. The member shall submit to NHI an official request for transfer citing a justifiable reason (dissatisfaction with services, change of address etc.). In case where request is accepted, NHI shall proceed to expedite the transfer process in RAWA and provide access to the Transfer reports for reference.

4.3. *Coverage Requirements:*

The PCP will make the necessary arrangements to ensure the availability of physician and nursing services to its members during the established working hours including arrangements to ensure coverage of members when their corresponding general practitioners are absent due to vacation leave, sick leave and otherwise. The PCP Administrator will need to ensure that personnel hired on a part-time basis, meet the licensing criteria specified and that the person has been approved

by NHI to act as a provider. Any long term or permanent changes in staff should be reported to NHI in writing to update the NHI database of approved providers.

4.4. Working Hours:

The MOH/NHI PCPs working hours are from 7am to 8pm Monday to Friday* and 7am to 12 pm on Weekends and Public and Bank Holidays.

However, the Official Opening hours to be posted for the public information are **7 am to 7 pm**. This will allow the PCP time to finish processing those clients already on site and avoid further walk-ins after 7 pm. Once the maximum quota that can be seen for that timeframe has been met, the PCP should post a notice on the door that states that consultation sessions are full and only emergency cases will be screened. A Triage system should be in place to conduct a quick assessment of late comers to determine if these require urgent attention or if these could be attended the following day. No urgent case should be turned away.

In case of Public PCP's, the final decision on closure for public and bank holidays rests with the Ministry of Health. The schedule will vary according to locality (urban and rural setting) and will be individually determined between MOH and NHI.

4.5. Services Covered under NHI:

NHI Providers must offer to its members, the Primary Health Care Package of Services as stipulated in the contract according to protocols and procedures authorized by the MOH and NHI. The PCP will inform the members of the covered package by distributing the necessary information in the form of booklets, posters, flyers provided by NHI. The list of covered and excluded services under the Primary Care Package is included in this manual for reference. The NHI under the advice of the MOH, reserves the right to extend or limit the scope of services with prior consultation and negotiation with the PCP.

4.6. Emergency:

Means those medically necessary services provided in connection with an "Emergency" defined as any sudden or unexpected onset of a condition perceived by the patient as requiring immediate medical or minor surgical evaluation or treatment and in the absence of such care the Member could reasonably be expected to suffer serious physical impairment or death. Heart attacks, severe chest pain, cardiovascular accidents, hemorrhaging, poisonings, burns, loss of consciousness, serious breathing difficulties, spinal injuries, shock and other acute conditions shall be considered an emergency

In such cases, the PCP will provide services necessary to stabilize the patient and arrange for the referral of the member to the appropriate emergency unit.

4.6.1. Urgent Care during Working Hours:

The PCP is required to render urgent care during working hours to all members regardless of geographic assignment. Urgent care *is understood as the delivery of ambulatory medical services needed to immediately relieve pain or distress for medical problems such as injuries, nausea, and fever, and services needed to treat infectious diseases and other similar conditions outside of a hospital emergency department on a walk-in basis without scheduled appointment.*

The PCP utilizing RAWA should verify the member's eligibility and registration status with a provider. Once registration status of the member is verified, the PCP will indicate in RAWA that this is an urgent consultation and create a new visit and generate the support services required for that visit. The PCP can then proceed to provide services. Clients should be attended only for that visit and be referred back to their original PCP.

Cross-border visits:

Cross-border visits are authorized only in the pre-specified regions (currently Southern Region and Northern region only). In such cases the patient can visit another PCP provider within that region in the **case of an emergency**. The PCP will follow the same process of checking the member's eligibility and registration status but will indicate in RAWA that this is a cross-border visit. NHI will establish a set \$20 fee to be paid to the attending provider for a cross-border visit. The set fee is then deducted from the PCP that the member is registered with.

4.8 Referrals:

When support or other specialized services are contracted separately by NHI, the corresponding PCPs agree to make referrals of its Members only to a list of NHI approved providers. Upon emitting referrals, the PCP agrees to document all such referrals in the RAWA. NHI will furnish the PCPs with a current listing of NHI participating Support and Specialized Service Providers and will establish a capped budget or quotas for each of the services to be monitored by the PCP during the contractual period. Excessive utilization of support services will be penalized as defined in the monthly performance evaluation structure described in the contract.

All referrals will be processed through RAWA in electronic format. The client is then issued a referral slip that indicates what services are being referred and the referral type reference code.

As indicated, RAWA is a web-based application. In the event that RAWA application is down, the PCP should revert to the original paper referral forms or Offline Process.

*NHI PCPs should not accept referrals coming from specialists other than those offered within the contractual agreement. Counter referrals from specialist clinics at the private or regional MOH hospitals are not covered by NHI.

As it relates to other services not covered by NHI, the public PCPs reserve the right to refer patients to these services as needed but MOH or NHI will not absorb the costs of these.

RAWA Offline process:

In the event that there is a temporary loss of connectivity to RAWA, providers are to refer to the offline process as detailed below: *(See annex 4 for the offline process flow diagram)*

Loss of Internet Connection at the PCP Level:

Whenever there is a loss of internet connection at the PCP and if the facility has access to sufficient dongle devices to restore connectivity with RAWA at all levels, then the PCP should proceed to utilize these devices until the regular internet service is restored.

If only a limited number of dongle devices are available in order to avoid interruption of services, the PCPs should revert to using the original NHI Forms and notify NHI if the interruption of internet services is expected to last more than 2 hours. All encounters should be recorded using the Encounter forms. Referrals that are generated should be recorded using the pertinent referral form.

To facilitate the checking of member status, it is recommended that the receptionist has access to an internet **dongle**. This is a device that will provide the receptionist with internet access whenever the DSL connection is interrupted. Using this mechanism will enable the PCP to check membership status, as well as carry out registration or inform the insured of their options.

Along with the receptionist, it is also recommended that the PCP assigns a responsible individual a “**Data Entry**” role. This person will be responsible for entering in RAWA all the processed “offline” activities. This individual will have temporary access to all roles to facilitate the required data entry. To accomplish this, this person would also need a **dongle** for internet access. Upon receipt of message that the provider will be offline, NHI will activate the Data Entry role for the provider.

Implementing these mechanisms allow for minimal down time and continuity of service.

Once internet services are restored, the PCP should inform NHI and the Data Entry Role will be deactivated by NHI.

Loss of Electricity:

Whenever there is a loss of electricity, the process reverts to the current paper-based process flow. The data entry role will also be activated during this time so as to allow entry of offline activities whenever electricity is restored. The provider will need to notify NHI as above.

Catastrophe:

In event of loss of connections due to catastrophic events, NHI recommends that providers revert to the Offline process till service is restored.

Once RAWA is up, ALL REFERRALS need to be entered in the system in advance to allow the corresponding support service provider to complete the referral process prior to the next payment period. Should for any reason the PCP is unable to do so, the Administrator is to notify the NHI Unit. Failure to comply will result in unnecessary delays in the payment process.

PCP Administrators should conduct regular monitoring of the RAWA draft activities and referrals and ensure these are activated and processed daily to avoid unnecessary delays.

As it pertains to the BHIS, if the system cannot be accessed, the MOH policy requires that all encounters are documented in the appropriate forms. When the BHIS is restored, all such entries must be entered in the BHIS.

4.9 NHI Encounter and Referral Forms:**4.9.1 Encounter Form:**

For the purpose of accountability and monitoring, PCPs will be required to generate in RAWA a process that involves the documentation and registering of **all** activities conducted on behalf of the NHI client at every visit. If the visit results in a referral, RAWA will generate a sequential referral number per support service type which **should be clearly transcribed on the revised Encounter Form (see attached)**.

The client should be issued the referral slip which they are to present to the NHI support provider of their choice where applicable.

Only authorized health professionals are to issue such referrals. All providers should ensure that all activities and referrals are activated in RAWA so that the support service provider can process such referrals on their end.

As it pertains to the BHIS, if the system is down; manual referrals will be issued till this service is restored.

Recall:

Any authorized health professional emitting a referral using RAWA can recall the activity as long as that referral has not been filled by a support service provider. The recall function allows the health professional to edit the referral as needed. The referral will again need to be activated once edited.

Change requests:

From time to time, a PCP will receive from a support service provider (primarily pharmacy) a notification in RAWA indicating a change request to amend the original referral. RAWA now has a functionality that alerts not only the emitting physician of this change request but also the PCP

administrator. In the event that the original provider who emitted the referral is not available to respond, any other physician on shift will be able to respond to such a request. PCP Administrators should ensure that these requests are processed as soon as possible.

As it pertains to the functionalities of the BHIS and requirements PCPs should coordinate such training with the IT Department.

5 Registering of Pregnancies, Screenings and NCDs:

All PCPs should register in RAWA and BHIS all pregnancies with the estimated date of delivery and indicate if the pregnancy is normal or high risk (*See Annex 5: Managing pregnancy records*). In the case of NCDs, the PCP is to register in RAWA the NCD condition and whether it is a newly diagnosed or established condition, evidence of potential target organ damage and the proposed annual outcome indicators (*See Annex 7: Registering of NCDs*).

In addition, PCPs are also required to register screening test and indicate whether it is a baseline study or follow up (*See Annex 6: Managing screening records*). The current screenings to be monitored are as follows:

- Cardiovascular Risk Assessment (ASCVD)
- Body Mass Index (BMI)
- Chronic Kidney Failure
- Metabolic Syndrome
- Cancer screenings (Breast, Cervical and Prostate)

The information provided will serve to monitor achievement of the Key Performance Indicators and exemption criteria for pregnant mothers.

6 Qualifying Conditions for Member Participation in NHI.

Persons and corresponding family members including children can only register with a Primary Care Provider and have access to the NHI package of services offered if each person possesses a valid Social Security Card (see provision for Newborns below).

Persons who do not qualify or eligible for NHI services will be processed **only** in the BHIS as a non-registered member.

5.1 Protection of Social Security Cards:

The member is responsible for protecting and safeguarding his/her and his/her minor's social security cards and prevent their loss and damage.

5.2 Lost or Stolen Social Security Cards:

The member should be advised by either the PCP administrative personnel or SSB customer service whichever the member reports to first of the procedure of replacing a lost or stolen card as follows:

- Advise the client to go to the nearest police station, request a police report stating that the card/s were lost. The police will issue a receipt for the request of a Police Report. Along with this receipt, the original documents used to apply for the SSB card and \$25 dollars for the each card lost, the client can then come into the SSB office to apply for a replacement card/s. If they come with receipt then they to fill out a declaration form stating how they lost their card.

Original Documents are as Follows;

For Belizean Nationals:

Passport

Birth Certificate with another ID

Voter's ID with another ID

Minors:

Passport or birth certificate with the parents ID

Or if child is 14 and older a school ID can be presented.

Naturalized Belizean:

Naturalization paper and Belize passport or an ID from the country of origin.

Non- Belizean:

Passport/ and Immigration Status (work permit, dependent permit, school permit, permanent residence).

5.3 Damaged or expired SSB Cards:

The person must report to the nearest Social Security Branch Office with the required support documentation used to apply for the original card and the damaged (faded or defaced) or expired card. If the damaged card is found to be due to printing quality, the replacement card should be available free of cost within one to two weeks. If however the card is damaged by the IP, the replacement fee is \$25.00.

5.4 Newborns:

Provision has been approved for newborns to utilize the mother's Social Security Card for up to two months of age. This should allow sufficient time for the parent/s to apply for the child's own SSB card. The child's birth certificate should accompany such applications. The two weeks processing period should be taken into consideration to avoid discontinuity of services with NHI.

In cases where a maternal death has occurred, then the newborn may use the father's or legal guardian's social security number respectively.

Upon receipt of the newborn's own Social Security Card, the PCP should then register this child as a new member of the clinic and apply all other reporting, and administrative requirements of NHI.

The PCP should display in a readily visible area a public notice that indicates the need to present the valid social security card at every visit to the PCP and to access other NHI support services. Members need to be clear that pre- registration to the clinic does not guarantee access to services without presenting the SSB card.

Undocumented cases whether known members or unknown individuals seeking emergency care should not be turned away. The PCP should seek to stabilize the patient and refer the case to the referral hospital as soon as possible.

Please note in all the scenarios above, while the SSB card is being processed official NHI Slips will be issued which the client should present to the PCP and keep a slip to access any support services. Services can therefore continue once these slips have been issued.

6 Financial Management

The PCP will set up systems for the sound management and control of its finances in accordance to the attached Financial Guidelines for PCP contracted under NHI (see attached). These systems will follow accepted financial and accounting principles and procedures and generation of monthly and annual financial statements. These statements are in turn subject to audit by the relevant authorities.

6.1 Charges to Members:

6.1.1 Consultation Fee:

The PCP will have the authority to charge each member seeking a medical consultation a fee of \$2.00 per person per visit. Provisions for exemption of payment include children under 5 years old, women attending pre-natal care, persons over 60 as well as those possessing the Golden Citizen Social Security Card **and residents of the Southern Region**. Where a member who does not qualify for an exemption of the consultation fee, but due to financial hardships cannot meet the co-payment, the PCP in its discretion waiver the fee to the benefit of the member and to ensure his or her access to services. Such fee are subject to revision by relevant parties.

Patients who cannot prove prior registration with NHI or foreign visitors may be charged the customary consultation fee. The PCP must provide these patients or their family members with a

list of valid fees before rendering the service. Any fee collection must be accompanied by the MOH receipt and filed for auditing purposes.

The PCP shall accept payments in full for consultation and other fees established by NHI/MOH only. In no event included but not limited to, non-payment, NHI insolvency, or breach of the contractual agreement, shall any physician or PCP director or personnel bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from or have any recourse against its registered members and/or other visiting NHI members seeking medical attention.

The PCP will not charge its members for any of the services defined in the basic benefit package, including utilization of medications, materials and use of the NHI list of equipment that are required to complement such services. The NHI will monitor this process and where there is consistent breach with this clause this will result in sanctions and possible termination of the contractual agreement

Dressings: clinics are authorized to charge the \$2.00 per dressing session to offset the costs of materials and equipment.

Interruption of NHI Services:

In the event that a PCP cannot provide a particular service defined under the PCP package due to lack of personnel, equipment failure and insufficient medical supplies, the PCP will need to make arrangements for the provision of these services in the interim and under no circumstance shall the member be charged for this. The PCP Administrator must alert the NHI Manager in writing and copied to the CEO of MOH, should for any reason the PCP cannot provide any of the services speculated in the contract no later than three days from the date of discontinued services. The NHI will work with the PCP to try to correct this problem or arrange for alternate solutions as authorized by the NHI Manager and approved by the CEO/MOH. The NHI reserves the right to deduct the cost of this service from the PCPs schedule payments to compensate members billed for these services or to the alternate providers who needed to cover the same. Such expected deductions shall be made known to the PCP in writing and will apply until the issue has been corrected and the PCP has alerted the NHI and NHI in turn has verified this to be so.

NHI Validation processes:

NHI reserves the right to investigate any claims made by NHI members against a PCP in regard to unnecessary charges. In such cases the NHI personnel will conduct an investigation and will ask the PCP for relevant information. The PCP Administrator is expected to facilitate such investigations. The NHI will produce a report and actions to be taken will be given to PCP and copied to the CEO in the next 15 days after receiving the grievance. The PCP will have 15 days to respond to such recommendations.

6.1.2 Charges for Urgent District Cross-Border Visits:

PCPs should not deny services for urgent trans-border visits and should collect a consultation fee of \$2.00. PCP should register the encounter as a cross-border in RAWA.

6.1.3 Charges for Non- NHI persons:

For individuals who are not members of NHI and are seeking urgent or emergency services, the PCP should attend these persons and apply to customary \$2.00 fee.

6.2 Payments:

6.2.1 NHI Compensation Procedures:

Monthly encounter, referral and membership data will be tracked in real time using RAWA. PCPs should ensure that all activities and referrals are **activated** and all change requests completed prior to the billing period.

Payment to providers will be effective no later the 15th day of the following month. Corrected bills from the previous month that have been resubmitted, will be paid along with the current monthly bill.

The PCP should **immediately** report any failures in the payment system process **within** the billing period affected. Such failures should be directed in writing to NHI. The NHI will respond to such queries in writing within 24 hours for confirmation of receipt of such concerns and no later than 30 days depending on the nature of the problem. In such cases, if the NHI finds the error to be due to faults in the NHI system itself, the NHI will pay for those approved items without any penalties.

Should the error be found to be due to negligence or lack of compliance with the procedures within the PCP, NHI will not pay the PCP for those items till the following billing period. Errors resulting from mismanagement of the NHI billing system will require the PCP to pay the appropriate administrative and restoration service fees. To avoid errors and facilitate the process, NHI will ensure that PCPs are able to generate daily activity reports for crosschecking and monitoring. Billing errors or system problems NOT reported by the PCP during the current billing period may result in NHI non-payment.

The PCP is responsible for the accuracy of the information inputted in RAWA. The NHI reserves the right to charge the PCP for persistent information inconsistencies and errors found in the monthly financial reports. The NHI will follow the schedule of sanctions defined in the contract.

NHI reserves the right to conduct unannounced visits during a payment period to validate some inconsistencies noted. The PCP is to facilitate this process and provide access to the information requested. This validation may require access to RAWA data input as well as the clinical record to compare data.

6.3 Measuring Individual Doctor's Productivity:

For the purpose of measuring productivity, any service provided by a PCP should generate an encounter form, however only those services that involve the direct intervention of the physician counts towards that doctor's productivity. This includes immunizations and pre-natal services. If such services however are been managed only by nurses, the encounter form takes this into account and requires that the nurse's NHI number be entered as the person responsible for providing that particular service. In this case, this service does **NOT** count towards individual doctor's productivity. If however, any part of this continuous service (immunization and pre-natal) requires the intervention of a physician, then in this case that specific visit **does** count towards the individual doctor's productivity and the encounter generated should depict the doctor's NHI number and not the nurse's.

To support prenatal services, nurses will be authorized to order a limited number of tests and vitamin supplements. In this case, these nurses will be assigned an NHI Code and will have access to RAWA and the functionality required to facilitate the issuance of such referrals.

NHI will monitor individual doctor's productivity to ensure the recommended **minimum** ≥15 minute's consultation standard is maintained in order to ensure high quality of service rendered. If for whatever reason a doctor's working hours for the week are adjusted up or down, NHI must be notified of any such changes in writing and RAWA messaging center or via email prior to the next reporting period. NHI will then adjust the hours accordingly to avoid errors in the productivity calculations.

The productivity indicator serves as a monitoring tool only and has no financial implication at this time.

6.4 NHI Registration of Clinical Activities Web Application (RAWA) Software:

The PCP will utilize the RAWA web-based purchasing and planning tool. This application was developed by NHI and accessible to providers free of cost. The PCP will ensure that complete and accurate data is entered. The use of the application and its robust reports module will improve efficiency and accountability. It will also facilitate the collection of data required by NHI and the MOH for health planning and health policy decisions.

The PCP will acquire the necessary hardware and will train its personnel in the use and maintenance of the new system.

The PCP director shall inform the NHI of any problems or deficiencies of the NHI software in writing to NHI. NHI will respond in writing to denote the measures and steps taken to address concerns where applicable, within 15 working days from date of receipt.

Outside of programming and system errors and or updates to the NHI system itself, the PCP will be responsible for the upkeep of internet services in order to access RAWA.

7 Patient Management:

7.1 Registering of Patients

The PCP is charged with the responsibility for the health of the registered population within the defined geographic limits established in the contract. As an important element of health care monitoring and surveillance, therefore, the PCP will maintain an updated register of the population utilizing RAWA and BHIS. PCPs should seek to confirm that the persons to be registered reside in the geographic area by utilizing the eligibility module in RAWA. If the module indicates that the person is not eligible for service the PCP provider should advise the patient what course of action they need to take to qualify for registration. As much as it is possible the PCP should seek to resolve this online and refer the client to SSB Branch only when absolutely necessary. *(Refer to annex 8: Conducting an eligibility search).*

To facilitate the registration process, the PCP and NHI will inform the public of the need to register with a PCP in order to ensure access to services at the time of need and the necessary pre-requisites for registration. In case a person attempts to enroll in two PCPs at the same time, the eligibility search will inform the provider that the person is already registered with another PCP. In such cases a transfer may be required.

An important pre-requisite for registering members with any PCP is that individuals possess a valid Social Security Card. Damaged or expired cards should not be accepted and the person should be referred to SSB offices to obtain these.

7.2 Medical Records:

The PCP will be required to maintain proper and updated patient medical records utilizing the standardized format adopted by NHI and approved by MOH.

This system should allow for both automated and hard copies to be readily available for transfer of clients to other providers and for clinical audits and monitoring. The medical record should be complemented by any supporting documentation required by NHI and MOH.

7.3 Referrals to Support Services:

Only authorized GPs and nurses registered under NHI can refer the patient to the available support services to include, diagnostic imaging, laboratory services, pharmaceuticals and other related services. The physician/nurse will generate the referral in RAWA and then fill out the appropriate NHI referral slip that the client retains and presents to the support service provider. The referral slip must be completely filled out. The specific referral type and referral and encounter number respectively **must** appear on each of the NHI slips as well as the client's name, SSB number and referring professional's name and NHI Code. The PCP's administration is responsible for ensuring that all referrals emitted in RAWA are activated and that any change requests regarding such referrals are promptly addressed. Clients should be given notice of the co-payment requirements for these services and a list of participating providers should be readily visible for the client's information.

Any referral that requires a sample collection not easily attained or preparation should be done separately to avoid delays in processing the requests for the additional tests that were completed. RAWA has a recall functionality that allows the GP or nurse to insert a test or procedure that may have been omitted during a consultation. This functionality should only be utilized while the client is still present and prior them reaching the relevant support service provider. This avoids the support service provider from collecting the relevant samples or co-payments required.

In the case where the PCP is providing the bundled package of services to include pharmacy, laboratory and imaging, these referrals should still be tracked in RAWA for monitoring purposes and tracking of utilization trends.

Clients should be advised of the validity period of the referral so that they clearly understand that after such period the referral will be rejected.

7.4 Transfer to another PCP provider:

The PCP will be required to facilitate a client's transfer to another provider for any of the following reasons: Dissatisfaction with the services provided at the current PCP or due to change of address and therefore geographic zone. The PCP will then be required to send a summary

report of the client medical history to the new PCP within 15 days from the date of transfer. To view transfer history, the PCP Administrator should refer to the reports module of RAWA. The transfer report is accessible and provides updated information on recent transfers to and from the PCP.

Clients may also arrive at the PCP with a transfer confirmation slip from SSB. In such cases the PCP should do an eligibility search on RAWA and proceed to register the person as a new member of the clinic if there is available space.

NOTE: Clients are allowed to transfer only once per year. If a transfer is still requested; it must be authorized by the NHI Unit.

7.5 Change of Address:

The PCP will be responsible for advising the clients on the proper process for change of address resulting in change of geographic zones. Clients should be advised to go to the local SSB office preferably with a copy of a recent bill demonstrating the new address and request a change of address. In the event that the bill is not in the client's name, the PCP should advise the patient that they will be required to obtain a declaration form signed by Justice of the Peace (the form can be obtained from any of the SSB Branch Offices) which needs to be completed by the person in whose name the bills appear confirming that the client/s reside with them. The client will then be given a slip to confirm the change of address. With this confirmation slip the PCP can then proceed to register the client and offer services utilizing RAWA.

When the clinic is conducting a registration drive in rural communities or villages where street addresses are not indicated, these facilities must enter those persons who possess a valid Social Security Card in the NHI provided log-book. All names listed in the log book must be validated by the village/town council member that confirms the person resides in that area. The PCP Director should submit via email the list of names with the required information in an excel sheet to NHI for processing. Once NHI has confirmed the eligibility of these members, the PCP can proceed to register the persons to that facility.

7.6 First Visit:

At the first visit, the physician shall conduct a complete physical examination and if necessary the medical history which should be included in each client's medical record.

7.7 Subsequent Visits:

Other consequent visits should include the appropriate standardized medical record forms to include but not limited to: prenatal, general checkup, chronic conditions (hypertension, diabetes, asthma).

7.8 Registering of Activities:

The PCP administrative personnel will ensure the input of all activities and information into the RAWA information system. This data input will also include all other information required by the NHI and the MOH.

7.9 Death Report

The PCP should register any death of a member in RAWA within 30 days. A copy of the death certificate if possible, should be attached. Once verified, NHI will then classify the client as inactive within NHI system.

7.10 Reporting of Notifiable diseases as required by the MOH:

The PCP will be required to immediately report to the surveillance officer of MOH, any of the notifiable conditions determined by the Ministry of Health and provide a weekly report along with the required support and demographic information.

7.11 Cross District Boundary Visits for Urgent Care during working hours:

The PCP is required to render urgent care during working hours to all NHI members regardless of geographic assignment. The PCP will fill out an encounter form for this client and denote and mark this as an emergency visit. The PCP will proceed in registering the activities and support services generated by the emergency encounter as per usual. The PCP that attended the emergency case will need to produce a summary report of the case and forward such report to the original PCP provider within 15 days of attending the client.

7.12 Urgent and Emergency care after hours:

NHI will not cover care needed after hours or during public and bank holidays. The NHI members are responsible for charges resulting in these cases where applicable.

7.13 Complaints/Suggestions

The PCP shall have a mechanism of registering and addressing complaints and suggestions. A register of such should be kept as well as a suggestion box visible in the waiting area. The PCP may also use other tools to seek input on the patient's satisfaction with services rendered.

In addition, the PCP Administrator, should utilize the MOH complaint form to address major incidents as per MOH Policy.

8 Record Keeping

Each individual physician and nurse within the PCP will keep accurate records of services being provided at the clinic. The following set of records will be kept in the format established by NHI/MOH:

- Clinical medical records
- Transfer requests
- Daily Encounter Forms
- Offline Referral Forms
- Register of Complaints
- Death Reports

8.1 Other Referrals

All referrals made by the attending physician must be recorded. There will be three different instances for making referrals:

Specialist Referrals within the PCP Scope of Services:

If the GP requires the member to see the specialists within the PCP, he or she will make the appropriate notation of the referral in the patient's encounter in RAWA and will make the necessary arrangements for an appointment to be made.

8.2 External Referrals to NHI Specialist and Hospital care:

The PCP will register any such external referral to specialist and hospital care in the encounter in RAWA and the MOH referral form. The provider in turn should fill out their component and return the original copy with their added notes to the client to submit to the PCP and retain the yellow copy on file as a reference.

9 Patient Bill of Rights:

The PCP is expected to comply with all the terms stated by the adopted patient's bill of rights. The PCP will provide all new members with a copy of the NHI member information booklet that will explain the NHI package and duties and responsibilities of the client participating in NHI.

9.1 Members Rights:

Access to Care:

- You have the right to receive respectful treatment from providers of health care at all times.
- You have the right to proper assessment, management and pain treatment providing that the health facility has resources.
- Access Primary and Preventive care from the PCP you selected during the established working hours and triage system.
- Change the PCP in the geographic zone to another in the event of change of address or dissatisfaction with services rendered once a year.
- Obtain coverage of medical care from participating specialists (where applicable) and support service providers.

Freedom from Abuse:

- You shall be protected from mental, physical, sexual abuse or harassment.
- Minors, homeless and disabled persons are appropriately protected.

Privacy and Confidentiality:

- You have the right to privacy with respect to your person and to information within the context of a public health facility setting.
- Be treated with respect, privacy and dignity.
- Have medicals records be kept confidential, except when disclosure is required by law or with your approval.

Identity:

- You have the right to know the identity and professional position of the individuals who are providing care as well as the right to know which physician or health professional is principally in charge of your treatment.
- Obtain information on list of physicians who practice within the PCP.

Information:

- You have the right to receive information regarding your diagnosis, treatment, risks and prognosis from the professionals responsible for your care. That information should be provided in a way that you are able to understand.
- You are entitled to get up to date information about the services covered or not covered by the NHI and any applicable limitations or exclusions.
- You should get information about co-payments and consultation fees that must be paid.
- You should be able to obtain information from your PCP on how to schedule appointments, receive health care during and after working hours, get in contact with the PCP, your attending physician or his or her replacement during working hours.
- You should receive a prompt reply when asking questions or requesting information.

Consent:

- You have the right to be informed about and to participate in the decisions related to your health. Whenever possible, this should be based on clear and concise explanation of your condition and technical procedures, including the possibilities of risk of death or serious reactions.
- You have the right to help the physician make decisions about your own health care.
- You have the right to discuss your own medical condition and all care alternatives including potential risks and benefits even if a care option is not covered by NHI.

Refusal of Treatment:

- You, or your legally authorized representative, have the right to refuse treatment to the extent permitted by law. Such refusal shall be in writing.

Respect for Culture or Religion:

- You have the right to the manifestation of your cultural and/or religious expressions while admitted, as long as it does not interfere with the normal activities of the health facility or other patient's interests.
- You also have the right to request at any time, the presence of a representative from your religious denomination provided they do not interfere with the prescribed treatment.

Complaints:

- You have the right to file a complaint when you consider your right has been violated. You also have the right to request an investigation and have results communicated to you within a reasonable time.
- You have the right to know that your provider or physician has the right to complain about you should there be any misconduct on your part.

- You have the right to be told how to file a complaint, grievance or appeal to the PCP and NHI if necessary.

Confidentiality of Care:

- Your medical records will be treated as confidential. No one outside the health facility, except your referring physician, may be given a copy of your record without your written permission.
- You have the right to have a family member notified of your admission to and discharge from the health facility, providing contact information is given.

Pharmaceutical:

You shall receive medication in a well-labelled container and given clear instruction.

You shall receive information on safe storage of medications in the home.

Concerns about Billing:

- You have the right to details about all the items on your bill or any other NHI related charges.

9.2 Member's Responsibilities:

Patients accessing care from any NHI Health Facility should assume responsibility for the following:

When in consultation with your provider you are responsible for:

- Providing according to your best understanding, precise and complete information, current complaints, past medical history, preexisting conditions, hospitalizations, drugs and other matters related to your health that may assist in proper management of your health condition.
- Helping the physician make the decisions about your own health care.
- Telling the PCP or physician if you do not understand the treatment received and asking questions if you still do not understand how to care for your illness.
- Following the directions and advice that you and your physician jointly agreed on.
- Complying with your treatment.
- Telling a physician promptly when you have unexpected problems or symptoms.

When accessing services under NHI you are required to:

- Register with only one appropriate PCP in your corresponding geographic zone.
- Possess a valid social security card for self and other family members.
- Present the SSB card at **every** clinic visit or when accessing **any** service covered by NHI.

- Be responsible for securing yours and or other family member's Social Security Card and prevent its damage or loss.
- Comply with Social Security's policies for obtaining or replacing damaged or lost Social Security Cards.
- Understand that in order to receive any services under NHI, a member must always present his/her valid Social Security Card as well as those of their family members. This is a pre-requisite and absolutely no exceptions are to be made.
- Be responsible for making and keeping appointments with the PCP.
- Understand that participating PCPs, physicians and support service providers are not employees of NHI and as such are not controlled by NHI and equally NHI is not responsible for any misconduct or malpractice resulting from services rendered.
- Pay the co-payments required by NHI.
- Advise the PCP about other healthcare medical insurance coverage you or your family members may have.
- Read and understand what NHI covers and does not as well as the co-payments that NHI establishes for consultations and support service utilization.
- Understand that the basic package of health services can be increased or reduced and modified accordingly.
- Report to NHI the intent to leave the country or the move to another Geographic zone according to procedures.
- Report the death of a family member to NHI.
- Make a conscious effort to not over- utilize services for minor ailments that can be treated at home and only go to the clinic when it is absolutely necessary or for required follow up.

Conduct:

As a beneficiary of NHI services all clients are expected to:

- Treat physicians, all providers and their staff with respect.
- Not be involved in dishonest activities directed at making false claims that result in personal gains to any of the providers.

Patient Flow

PCP RECEPTION AREA:

- **Patient Arrives at PCP:**

- Receptionist checks RAWA for client eligibility and to confirm registration status.
(See annex 9: Steps a receptionist should follow before accepting and creating activities for patients)
- *If patient is a non-registered patient a BHIS encounter needs to be opened*
- *All patient demographic information needs to be updated in Patient file and BHIS*
- *Demographic form for registered patient is filled every patient year*

- **If patient is registered at the PCP:**

- If patient has a previous appointment, initiate encounter process in RAWA.
- Collect consultation fee and issue receipt. (Optional based on whether the PCP waives co-payment)
- Utilizing RAWA assign client to triage nurse on duty. Triage nurse will then assign client to respective doctor or nurse who will be attending to the client.
- Pull out the medical record (if not an electronic file) and pass the file to the triage nurse.
- Send Patient to triage nurse and waiting room
- Consultation fee is collected for non-registered patient

NOTE: All MOH facilities are required to comply with the TRIAGE process that apply to Primary Care Facilities approved by MOH.

- **If patient is registered but has no previous appointment:**

- Check doctor's availability; if doctor is available ask patient to wait and initiate encounter process in RAWA.
- Collect consultation fee and issue receipt.
- Pull the member's medical record and pass file to the triage nurse.
- Send patient to waiting room to await triage.

If a patient is **not a member** of NHI, initiate encounter in BHIS and fill the required slip and then send patient to waiting area until called for triage by the nurse.

- **If GP is not available and urgent care is needed:**

- Send patient to the triage nurse who will arrange appropriate services.

- If the doctor sees the patient, initiate encounter in RAWA and document interventions in the Medical record.
- **If GP is not available and the patient does not require urgent care:**
 - Schedule an appointment for the member and issue to the patient an appointment card.

DOCTOR'S OFFICE/WAITING AREA

Sees patient in the following sequence:

Priority 1: Patients requiring emergency/urgent care

Priority 2: Patients with an appointment at the specified time.

Priority 3: Patient without appointment in encounter number sequence.

- **Doctor's Responsibilities during the consultation:**
 - Doctor should complete the medical portion of the RAWA/BHIS encounter process.
 - Doctor should fill out the appropriate NHI/MOH forms for the management of specified medical conditions including the suggested primary and secondary diagnosis.
 - Tick the proper referrals if necessary and generate appropriate referrals in RAWA for support services utilized.
 - Give patient the NHI Referral Slip and NHI Referral forms (as per the offline process)
 - **Do not under any circumstance give the member the encounter form.**

Data Entry Role: (applies only when RAWA offline process is in effect)

Data entry personnel should ensure the following:

- Enter encounter data in the RAWA/BHIS system.
- Initiate any referrals as needed in RAWA utilizing the NHI Referral Forms filled out by the health professionals when the system was down.
- Validate accuracy of data before saving the information entered.

- Ensure all activities and referrals are activated in RAWA.
- Provide the support service provider with the relevant referral information for them to fill the referral in RAWA.

Patient is not registered with the PCP:

Validation Process: Check the SSB card for validity.

- Verify if the patient is not registered with another provider in RAWA.
- Determine if this is an NHI registered member but it is a cross- district boundary urgent visit.
- Verify if the patient has not registered before.

If the patient is registered with another provider:

- Inform the member to attend the appropriate clinic if the purpose for the visit is not urgent or an emergency.

If the visit is urgent or due an emergency:

- Initiate the encounter process in RAWA
- If possible, send the patient to the triage nurse
- If appropriate send the patient to the doctor's waiting area
- Where this is not appropriate, the triage nurse will alert the doctor of the emergency and the doctor should attend the patient immediately.

Doctor's Responsibility in this case:

- Doctor should not deny attendance of urgent and emergency care that requires his/her evaluation.
- Doctor will fill out the medical portion of the encounter process in RAWA
- Doctor should fill out the appropriate MOH forms for the management of specified medical conditions.
- Doctor will generate any referrals for analyses required where this is applicable and issue the NHI referral slip if applicable.

If the Patient is registered elsewhere but wishes to be transferred to your PCP:

- First establish if the member's needs urgent or emergency care.
- If yes, proceed in providing care as per the set urgent and emergency guidelines already discussed.
- At the end of the consultation, instruct the member that as soon as he or she is well and they still wish to transfer, they must go to SSB with relevant SSB card/s and proof of address where applicable and return to the clinic with the proof of transfer to avoid delays in treatment in the future.
- If the member does not need urgent or emergency care, conduct the following transfer process.

Transfer Process

Validation:

- Check the person's SSB card for validity and if the person has other family members ask for their cards as well.
- Explain to the member that it is best for the entire family to transfer in order to maintain a working knowledge of the family's medical history.
- Where a family member is not 18 years or older, a written authorization must accompany the request for the transfer otherwise, that family member will have to come in on his/her own to the Social Security Office to request a transfer.
- Determine where the person was previously registered as well as all the family members.
- Instruct the member to go to SSB to conduct the transfer and return with the confirmation slip.
- Instruct the member to take all the relevant SSB cards and proof of change of address where applicable.
- Instruct the client, that if he/she has had a previous transfer in less than a year, NHI will not authorize a new transfer until a year has passed, unless there is extreme dissatisfaction with services rendered.

Transfer Validation Process:

- Check to ensure member has the proper transfer confirmation slip listing his/her name and other family members that were transferred.
- Check eligibility status of these members in RAWA. These clients should be visible and PCP should then proceed to register that member.
- Request a copy of the new member's and where applicable his /her other family member's medical summary report from the originating PCP if these are not available within 15 days from the date of transfer.
- Ensure medical record is complete and if necessary, re-schedule the member/s for a checkup appointment where this has not already been done.
- From that point on generate an encounter process in RAWA for every subsequent consultation and charge each member the appropriate \$ 2.00 consultation fee.
- Inform the client that the transfer process is complete and that from that point onwards they should attend the new PCP only.

Note: In those cases where the member has left your PCP, review the membership transfer report in RAWA that will state who this person/s new provider is and prepare a summary of the medical record to be forwarded to the new provider within 15 days of the date of transfer.

Annex 2. Health Purchasing Plan

- (i) General Medicine, including general consultations by the covered population, programmed consultations, emergency services during work hours in the PCP installations.
- (ii) Nursing Services, including general consultations by the covered population, programmed consultations, emergency services during work hours in the PCP installations.
- (iii) Specific programs¹:
 - Clinical detection, treatment and monitoring of patients with hypertension
 - Clinical detection, treatment and monitoring of patients with diabetes (type 1 and 2)
 - Clinical detection, treatment and monitoring of patients with asthma.
 - Clinical Detection and monitoring of patients with HIV/AIDS
 - Clinical detection, treatment and monitoring of patients with ARI
 - Pre and Post Natal Monitoring, including consultations with GP, iron and folic acid supplementation, 1 ultrasound exam, basic laboratory and blood tests (including HIV and VDRL first trimester). High risk cases to be referred for management by specialist according to protocols mutually agreed to by NHI and PCP.
 - Minor Surgery that can be carried out in an ambulatory setting with local anesthetic in a non-sterile setting, limited to skin and subcutaneous tissue.
 - Family Planning Counseling and Services
 - Early detection of breast cancer using mammography in women 40 to 65 years of age treated at PCP point of service, once a year for high risk women and every two years for everyone else.

¹ The lab and diagnostic services that are required for execution of these activities will be financed directly by NHI.

- Early detection of cervical cancer using papanicolau screening in women from 19 to 65 treated at PCP point of service, once every year for first three years, then every three years.
 - Early detection and screening of prostate cancer in men over 50 years of age, every two years (including PSA and rectal exam).
 - Clinical detection and appropriate referral for control of Tuberculosis
- (iv) Epidemiological surveillance functions required under the reporting standards regarding notifiable diseases of the Ministry of Health.
 - (v) Pharmaceuticals included in the NHI/SSB approved list.
 - (vi) Imaging services included in the NHI/SSB approved list.
 - (vii) Laboratory services included in the NHI/SSB approved list.
 - (viii) Ob/Gyn Specialist Services, 5 hours per week, per 4000 population, including but not limited to pre and post-natal consultations, and other cases as may be determined by the PCP.
 - (ix) Pediatrician Specialist, 5 hours per week, per 4000 population, including but not limited to newborn evaluation and other cases as may be determined by the PCP.
 - (x) Ophthalmology services, which includes eyeglasses with medium cost metal frames for school children < 19 years of age with refractive problems, and out of school children 0-4 years of age and 14-19 years of age with refractive problems; as well as post- cataract surgery for people with Visual Acuity of 20/70 or worse.
 - (xi) Laser surgery for Diabetic Retinopathy with approved provider.
 - (xii) Annual ophthalmological consultation for Diabetic and Hypertensive patients with approved provider.

Annex 3. List of Excluded Services

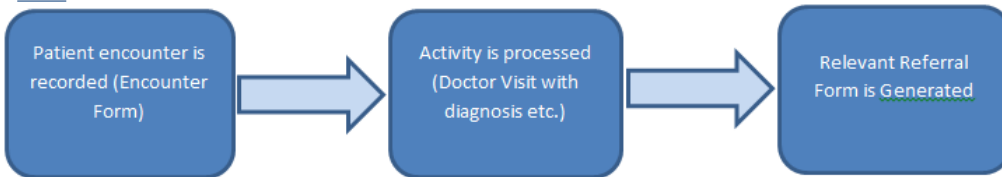
The benefit granted by NHI shall not cover the expenses for the services listed below, except when the NHI Advisory Board approves inclusion:

1. Hospital services, except deliveries referred by approved provider;
2. Pharmaceuticals and medical products not prescribed by an authorized NHI physician and/or not pertaining to the national formulary;
3. Home Care and Rehabilitation (except for cases covered by employment injury);
4. All elective Plastic Surgery;
5. Out-patient psychotherapy, counseling and medication for treatment of mental disorders;
6. Drug and alcohol abuse or dependency treatment;
7. Dialysis, peritoneal and hemodialysis;
8. Maxilo-facial surgical procedures;
9. All organ transplants;
10. Hip replacements;
11. All Prosthesis;
12. Emergency hospital care, emergency transport and air transport for emergencies;
13. *In Vitro* Fertilization and all other fertilization treatments;
14. Sex change operations;
15. Surgical treatment for obesity;
16. Magnetic resonance Imaging;
17. Dental Care, except for prevention and promotion and hospital emergencies;
18. Orthodontics for all ages;
19. Experimental procedures and all other diagnostic procedures and medical and surgical interventions without adequate clinical evidence of effectiveness and approval by the United States FDA;
21. Other procedures as defined by the NHI Health Advisory Board; and
22. All luxury services, including private rooms, televisions, and other non-essential services.

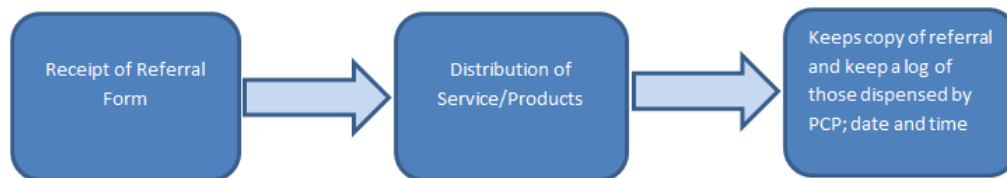
Annex 4. Offline Process Flow

When Connection is down:

PCP



Support Services



When Connection is Re-Established:

PCP



Support Services

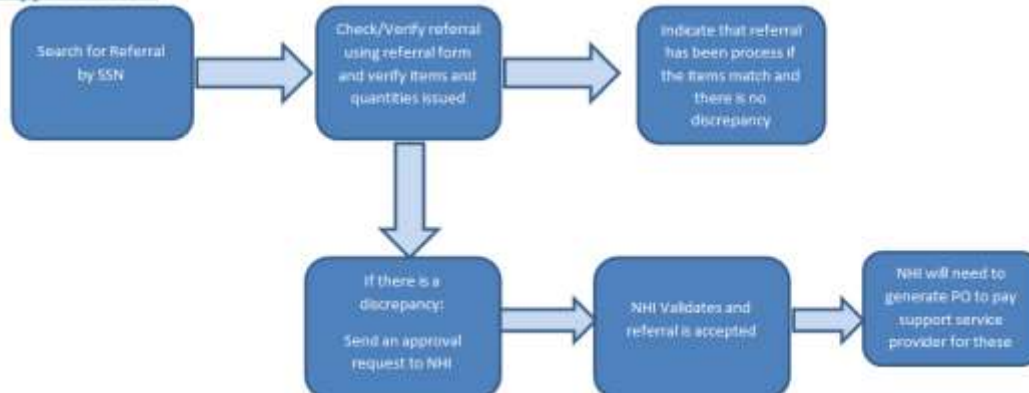


Figure 4.1: Offline process flow

Annex 5: Managing pregnancy records

PCP Physicians should follow these steps when recording **pregnancy** entries for patients. The following are steps on how to register, update, and view a pregnancy entry.

5.1 How-To create a new pregnancy entry

- Go to RAWA/Activities/Draft , open the record you wish to process
- Within the Activities window , go to the “Pregnancy” section (See diagram below)

Creating a pregnancy entry

Note:
Leaving the field “Actual Date of Delivery” empty will allow you to make necessary updates to the record later after saving and closing it.
Entering an “Actual Date of Delivery” will set the record as Read-Only, and you will no longer be able to make more changes. *However, RAWA will provide a confirmation window before proceeding.*

Entering an “Actual Date of Delivery” will set this record as Read-Only, and you will no longer be able to make more changes. Do you wish to continue?

OK Cancel

The screenshot shows the RAWA/Activities/Draft interface. The left sidebar has a 'Pregnancy' section highlighted with a red circle and the number 1. The main window shows the 'Pregnancy' entry form with fields for 'Pregnancy Type' (Normal pregnancy), 'Estimated Date of Delivery' (11/30/2015), and 'Actual Date of Delivery' (highlighted with a red circle and the number 3). The form also has a 'Notes' section and buttons for 'Save', 'Save and Close', and 'Close'. The 'Save and Close' button is highlighted with a red circle and the number 4. The top of the window shows the activity ID '001020' and '020029'.

Figure 5.1: Creating a new pregnancy entry

5.2 How-To update a pregnancy entry

- Go to RAWA/Activities/Draft , open the record you wish to process
- Within the Activities window , go to the “Pregnancy” section (See diagram below)

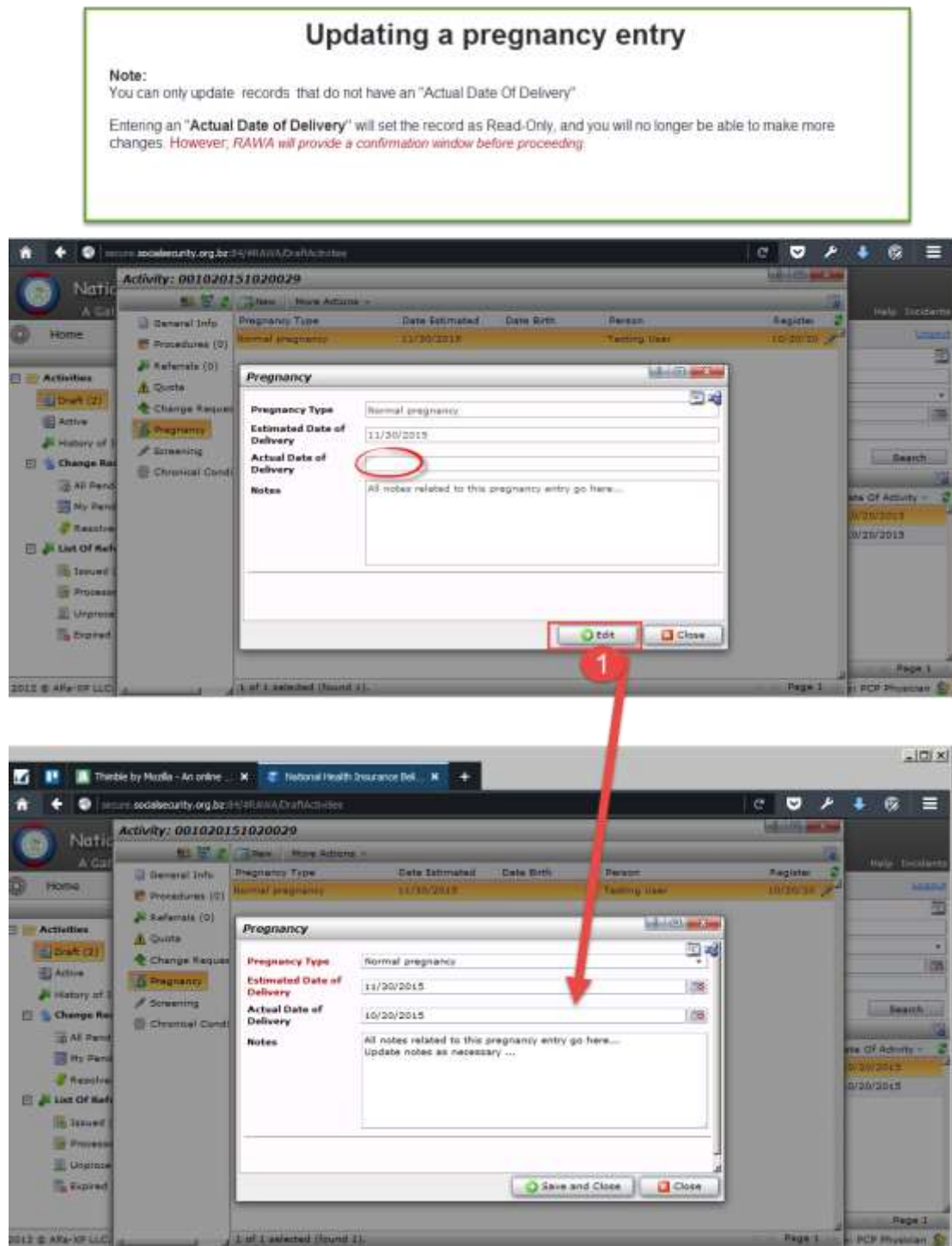


Figure 5.2: Updating a pregnancy entry

5.3 How-To open a Read-Only pregnancy entry

- Go to RAWA/Activities/Draft , open the record you wish to process
- Within the Activities window , go to the “Pregnancy” section (See diagram below)

Opening a Read-Only pregnancy entry

Note:

Records with an “Actual Date of Delivery” will be set as Read-Only and you will no longer be able to make more changes.

The screenshot shows the National A-Gate system interface. The main window displays a table of pregnancy entries. The entry with ID 001020151020029 is selected. The form for this entry is open, showing the following details:

Field	Value
Pregnancy Type	Normal pregnancy
Estimated Date of Delivery	11/30/2015
Actual Date of Delivery	10/20/2015

The 'Actual Date of Delivery' field is circled in red. Below the form, there is a 'Notes' section with the text: 'All notes related to this pregnancy entry go here... Update notes as necessary ...'. The bottom of the screen shows the status '1 of 1 selected (found 1)' and 'Page 1'.

Figure 5.3: Opening a Read-Only pregnancy entry

Annex 6: Managing screening records

PCP Physicians should follow these steps when recording **screening** entries for patients. The following are steps on how to register, update, and view a screening entry.

6.1 How-To create a new screening entry

- Go to RAWA/Activities/Draft , open the record you wish to process
- Within the Activities window , go to the “Screening” section (See diagram below)

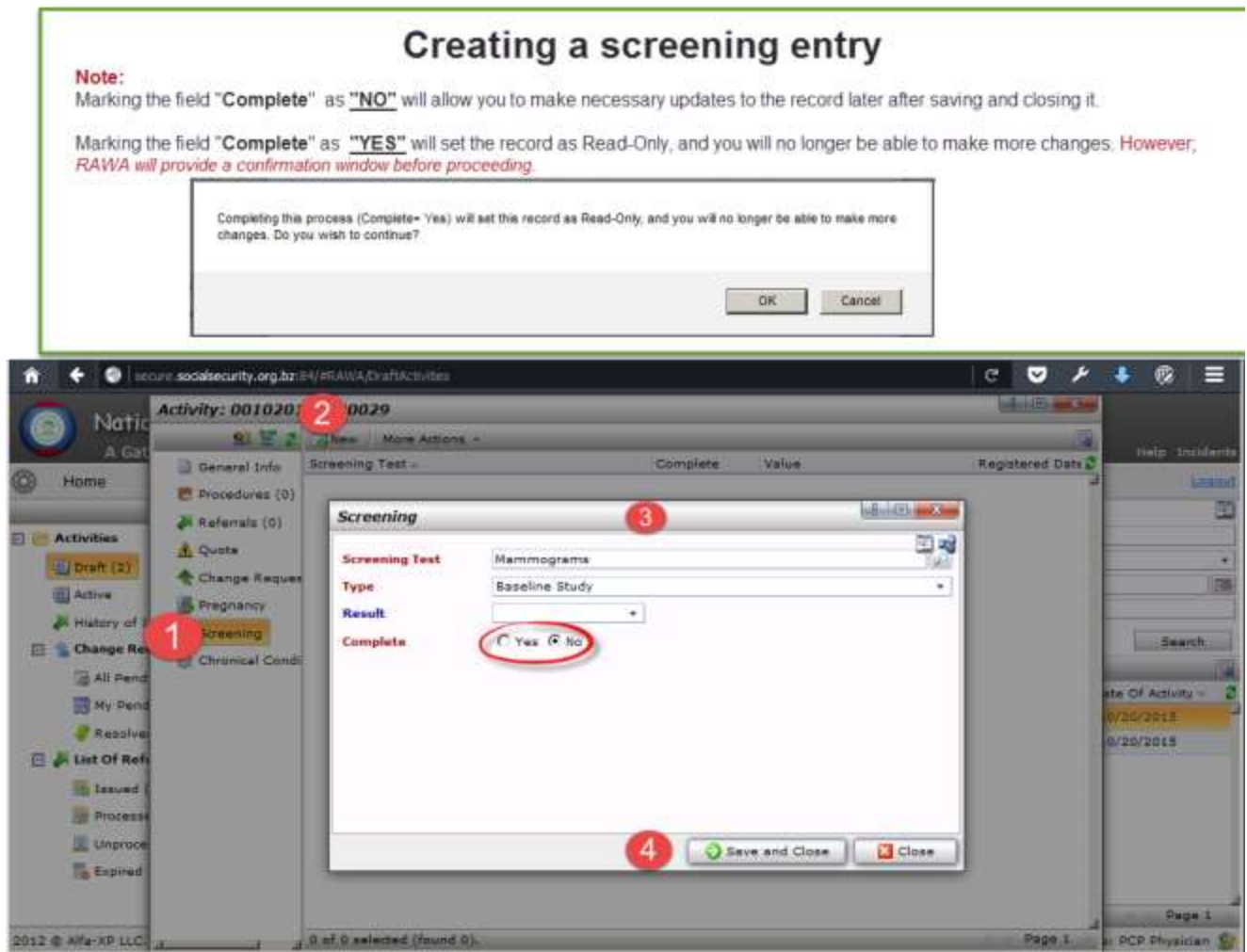


Figure 6.1: Creating a new screening entry

6.2 How-To update a screening entry

- Go to RAWA/Activities/Draft , open the record you wish to process

- b. Within the Activities window , go to the “Screening” section (See diagram below)

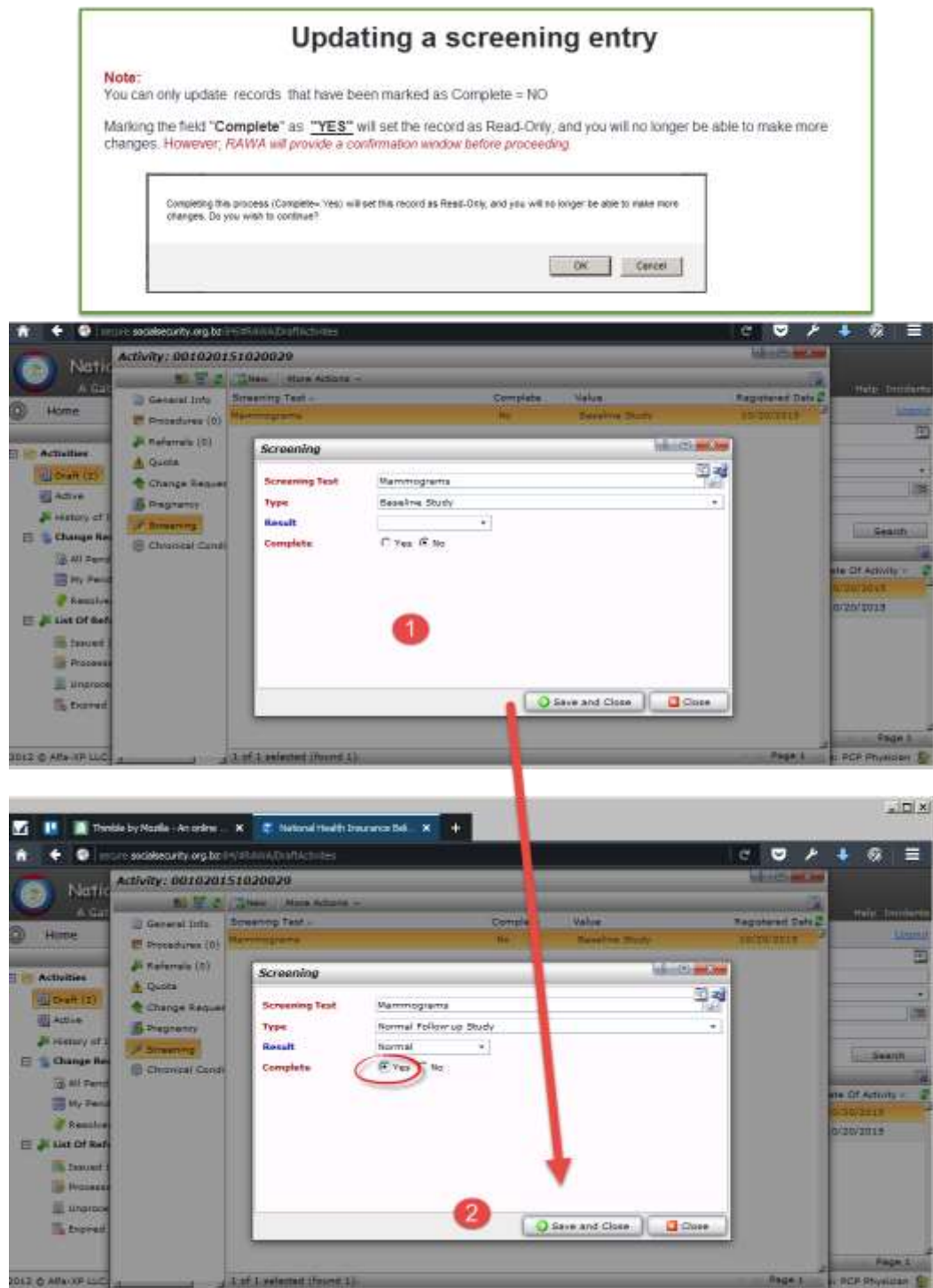


Figure 6.2: Updating a screening entry

6.3 How-To open a Read-Only screening entry

- a. Go to RAWA/Activities/Draft , open the record you wish to process

- b. Within the Activities window , go to the “Screening” section (See diagram below)

Opening a Read-Only screening entry

Note:

Records that have been marked as "Complete = YES" will be set as Read-Only and you will no longer be able to make more changes.

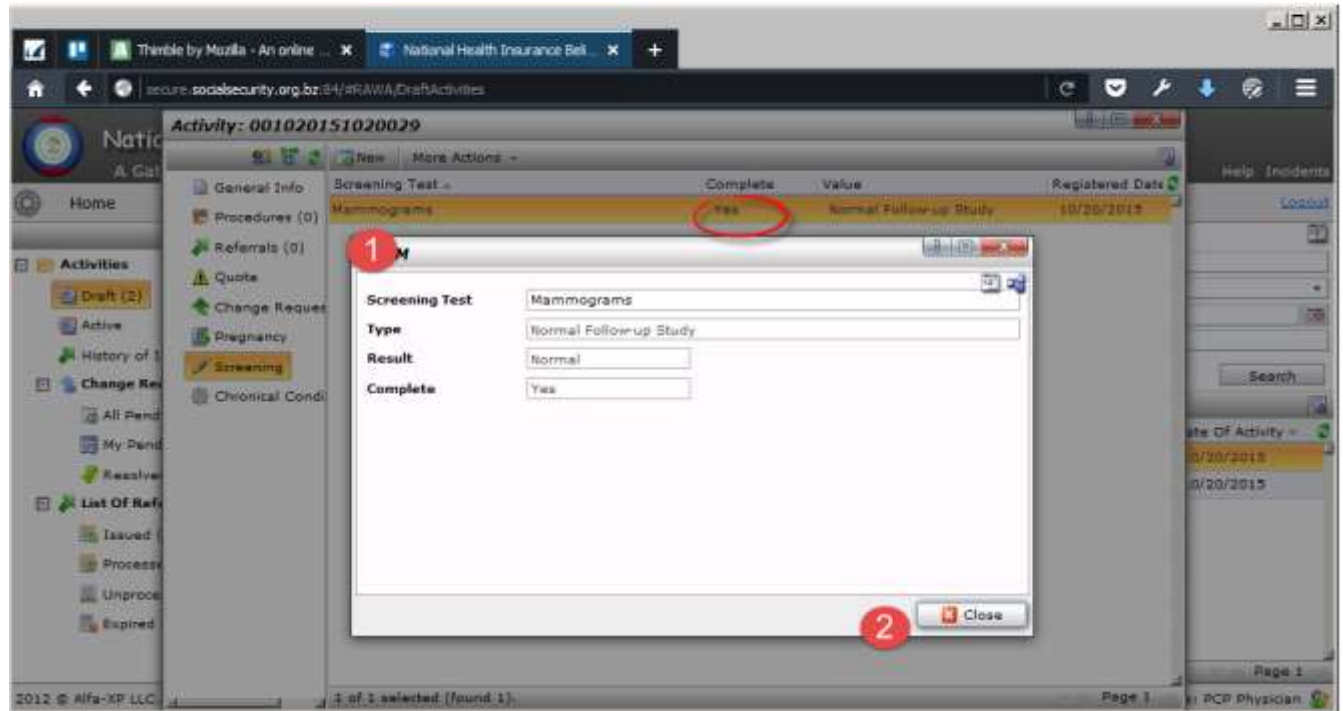


Figure 6.3: Opening a Read-Only screening entry

Annex 7: Registering of NCDs

The screenshot shows a software interface for registering Chronic Conditions (NCDs). On the left is a sidebar with a tree view containing the following items: General Info, Procedures (0), Referrals (0), Quota, Change Request, Pregnancy, Screening, and Chronical Cond. The main window has a title bar with 'New' and 'More Actions' buttons. Below the title bar is a tab labeled 'Chronic Condition' and a text field containing '/Value'. The central area is titled 'Chronic Conditions' and contains a table with two rows:

Chronic Condition	Value
Hypertension	New diagnosed

Red circles highlight the dropdown arrows at the end of the 'Hypertension' and 'New diagnosed' text fields. At the bottom of the window are three buttons: 'Save', 'Save and Close', and 'Close'.

Figure 7.1: Registering an NCD

Annex 8: Conducting an eligibility search

How-To Conduct an Eligibility Search

1. To conduct this search, go to: **RAWA/Members/Registration/ Eligibility Search/Eligibility Search Button.**
2. Enter patient's SSN and DOB in the search criteria and click search button. Pay close attention to the notification RAWA provides when conducting this search.

The screenshot shows the RAWA (National Health Insurance Belize) interface. The sidebar on the left contains navigation links: Home, Workplace, RAWA, and a 'Members' section with sub-links for Member Search, Registration, Eligibility Search, and Deaths. The main window displays the 'Eligibility Search' form. The 'Quick Search' section has fields for SSN (000366343) and Birth date (29/01/1966), with a 'Search' button. Below the search fields, a red box highlights the message 'This person is registered to another Provider!'. The bottom of the screen shows a table of search results with columns for SSN, First Name, Last Name, Birth date, and Inscription Date. The table shows one result: 000011234, MARVA, WELCH, 27/05/1965, 06/05/2004.

a. If notification is:

You may register this member. Please fill in the appropriate information!

- Proceed as instructed and click the “Save and Close” button to complete the registration.

b. If notification is:

This person is registered with another Provider

- Inform the member to attend the appropriate clinic if the purpose of the visit is not urgent or an emergency
- Given that the patient wants to be a member of your PCP and the PCP has room for

that patient, a transferral is required

- Instruct the member to go to SSB to conduct the transfer and return with the confirmation slip
- Contact NHI office to complete the transferral process.

c. If notification is :

This person is not eligible for NHI coverage, Please contact SSB

- Contact NHI Office

d. If notification is :

This person is already registered to this PCP!

- proceed to creating an activity and providing service to the patient

Figure 8.1: How to conduct an eligibility search

Annex 9: Steps every PCP receptionist should follow before accepting and creating activities for patients

STEPS EVERY PCP RECEPTIONIST SHOULD FOLLOW BEFORE ACCEPTING AND CREATING ACTIVITIES FOR PATIENTS

These steps should be followed by PCP Receptionists before accepting and creating activities for patients. Since this is the first point of contact with patients, receptionists should ensure to follow these steps at all times. The steps provided should be followed in the order listed, except for emergency situations.

Steps to follow before proceeding to creating an activity for any given patient:

1. **Conduct a membership search in the Active Section.**
 - a. If patient is found, go to step 4.
 - b. If patient is not found, go to step 2
2. **Conduct a membership search in the Inactive Section**
 - a. If patient is found, request activation from NHI
 - b. If patient is not found, go to step 3
3. **Conduct an Eligibility Search**
 - a. **If notification is:**

You may register this member. Please fill in the appropriate information!

 - Proceed as instructed
 - Click the “Save and Close” button to complete the registration
 - i. Go to step 4
 - b. **If notification is:**

This person is registered with another Provider

 - i. Inform the member to attend the appropriate clinic if the purpose of the visit is not urgent or an emergency
 - ii. Given that the patient wants to be a member of your PCP and the PCP has room for that patient, a transferral is required
 - iii. Instruct the member to go to SSB to conduct the transfer and return with the confirmation slip
 - iv. Contact NHI office to complete the transferral process
 - c. **If notification is :**

This person is not eligible for NHI coverage, please contact SSB

 - Contact NHI Office
 - d. **If notification is:**

This person is already registered to this PCP!
 - e. Go to step 4

4. **Create an activity**

- a. Create an activity only for patients who are registered and are active members of your PCP

5. **Create an activity for emergency situations**

- a. Use this option only when patient requires emergency attention
- b. During such cases, go straight to creating an activity and ensure to mark it as "Emergency"

9.1 How-To Conduct a membership search in the Active Section

- To conduct this search, go to: **RAWA/Members/Member Search/ Active**.
- Enter search criteria, such as patient's SSN exactly as seen in the card and click search button.

The screenshot displays the National Health Insurance Belize web application. The interface includes a top navigation bar with 'Home', 'Workplace', and 'RAWA' (highlighted with a red circle 1). A 'Logout' link is in the top right. A left sidebar shows a tree view with 'Members' expanded, containing 'Member Search' (with 'Active (9587)' highlighted by a red circle 3), 'Registration', and 'Deaths'. The main content area features search fields for 'SSN' (000378428, highlighted by a red circle 4), 'Last name', 'Birth date', and 'First Name'. A 'Search' button (highlighted by a red circle 5) and a 'Reset' button are at the bottom right of the search section. Below the search fields is a table with columns: SSN, First Name, Last name, Birth date, Physician, Inscription Date, and Dormant. A single record is displayed: SSN 000378428, First Name CHELSEA, Last name GIBSON, Birth date 03/07/1997, Inscription Date 01/10/2001, and Dormant No. The status bar at the bottom indicates '1 of 1 selected (found 1)' and 'Page 1'.

SSN	First Name	Last name	Birth date	Physician	Inscription Date	Dormant
000378428	CHELSEA	GIBSON	03/07/1997		01/10/2001	No

Figure 9.1: Conducting a membership search in the Active Section

9.2 How-To Conduct a membership search in the Inactive Section

- a. To conduct this search, go to: **RAWA/Members/Member Search/ Inactive**.
- b. Enter search criteria, such as patient's SSN exactly as seen in the card and click search button.

The screenshot displays the 'National Health Insurance Belize' web application. The navigation bar includes 'Home', 'Workplace', and 'RAWA' (highlighted with a red circle 1). The 'Members' sidebar on the left shows categories like 'Member Search' (with 'Inactive (4004)' highlighted by a red circle 3), 'Registration', 'Deaths', and 'Activities'. The 'Members' link at the bottom of the sidebar is highlighted with a red circle 2. The main search area contains input fields for 'SSN' (with '000366363' entered and highlighted by a red circle 4), 'Last name', 'First Name', and 'Birth date'. A 'Search' button (highlighted by a red circle 5) and a 'Reset' button are located below the input fields. The search results table shows one entry for 'ALBERT SMALL' with SSN '000366363' and birth date '21/06/1981'. The status '1 of 1 selected (found 1)' is shown at the bottom.

SSN	First Name	Last name	Birth date	Physician	Inscription Date
000366363	ALBERT	SMALL	21/06/1981		08/01/2002

Figure 9.2: Conducting a membership search in the Inactive Section

9.3 How-To Conduct an Eligibility Search

- a. To conduct this search, go to: **RAWA/Members/Registration/ Eligibility Search/Eligibility Search Button.**
- b. Enter patient's SSN and DOB in the search criteria and click search button. Put close attention to the feedback RAWA provides when conducting this search.

The screenshot shows the National Health Insurance Belize system interface. The sidebar on the left contains navigation options: Home, Workplace, RAWA, and Logout. Under RAWA, there are links for Eligibility Search (4), Member Search, Registration, and Deaths. The main area displays a table of members with columns: SSN, First Name, Last name, Birth date, Inscription Date, and Medic. A 'New Member' form is open, showing a 'Quick Search' section with fields for SSN (000366345) and Birth date (29/01/1966). A red box highlights the search results area, showing a message: 'This person is registered to another Provider!'. The bottom of the screen shows a status bar with '1 of 35 selected (found 10907)'.

Figure 9.3: Conducting an Eligibility Search

9.4 How-To Create an activity

- To conduct this step, go to: **RAWA/Activities/Search Person.**
- Enter patient's SSN in the search criteria and click search button.
- Open record and complete input of necessary information

The screenshot displays the RAWA/Activities/Search Person interface. The top navigation bar includes 'Home', 'Workplace', and 'RAWA' (highlighted with a red circle 1). The 'Activities' tab is selected (highlighted with a red circle 2). The 'Search person' button is highlighted with a red circle 3. The search criteria field shows the SSN '000378522' (highlighted with a red circle 4). The 'New Activity' button is highlighted with a red circle 5. The 'Edit Record' window is open, showing the patient's information and activity details. The patient's SSN is '000378522', and the patient's name is 'RICHARDS GAYNOR'. The activity is a 'First Visit' (Visit Type) with a 'Check Up' (Visit Reason). The 'Date Of Activity' is '29/07/2015' and the 'Appointment Time' is '20:40'. The 'Emergency' checkbox is unchecked. The 'Insured' dropdown is set to 'NHI'. The 'New Born', 'Is Member', and 'Cross Border Visit' checkboxes are all unchecked. The 'Health Professional' is 'NHI-GP-0173; Vivian Macias; General Practitioner' and the 'Provider Unit' is 'Matron Roberts'. The 'Draft' checkbox is checked. The 'Save and Close' and 'Close' buttons are at the bottom right of the 'Edit Record' window.

Figure 9.4: Creating an activity

9.5 How-To Create an activity for emergency situations

- To conduct this step, go to: **RAWA/Activities/Search Person.**
- Enter patient's SSN in the search criteria and click search button.
- Open record and complete input of necessary information
- Put a check mark on the Field **"Emergency"**

The screenshot displays the 'National Health Insurance Belize' web application. The main navigation bar includes 'Home', 'Workplace', and 'RAI 1'. The left sidebar shows 'Activities' with options for 'Search person', 'Draft (1250)', and 'Active (9811)'. The main content area shows a search for SSN 000378522, with a 'Search' button. Below this, a table lists patient records, including one for GAYNOR RICHARD, Female, born 28/07/1979. An 'Edit Record' window is open, showing the 'Draft' form for this patient. The form includes fields for 'Encounter Form N', 'Visit Type' (First Visit, Follow Up), 'Visit Reason' (Check Up), 'Date Of Activity' (29/07/2015), 'Appointment Time' (29/07/2015 20:40), 'Emergency' (checked Yes), 'Insured' (NHI), 'New Born' (No), 'Is Member' (No), 'Cross Border Visit' (No), 'Health Professional' (NHI-GP-0173; Vivian Macias; General Practitioner), and 'Provider Unit' (Matron Roberts). The 'Emergency' field is highlighted with a red circle. The bottom of the window shows 'Save and Close' and 'Close' buttons.

Figure 9.5: Creating an activity for emergency situations

Annex 10: Common abbreviations and acronyms

SSB	Social Security Board
SSN	Social Security Number
RAWA	Registration and Clinical Activity Web Application
NHI	National Health Insurance
PCP	Primary Care Provider
SSP	Support Service Provider
DOB	Date of Birth

Figure 10.1: Common abbreviations and acronyms

FINANCIAL GUIDELINES

FOR THE PRIMARY CARE PROVIDER (PCP) CONTRACTED BY NHI

Objectives of the Financial Guide:

To provide a financial guideline to PCP Administrators on the effective management of resources allocated to the respective facility for the operation of the clinic.

To inform PCP Administrators of the MOH policy regarding the purchasing and procurement of equipment and supplies for the clinic

To provide the administrator with the accounting principles that govern MOH facilities and reporting criteria.

Accounting Cycle:

Financial Year- April 1st to March 1st.

Banking information:

A pre-requisite for entering into any contractual agreement with the NHI will be the establishment of a Bank Account in a private institution. The procedure must include approval from the Ministry of Health who in turn must get approval from the Financial Secretary in writing. Such account will be under the name of the PCP facility. All personnel working with the PCP should be licensed and registered as per rules and procedures governing the professional body and should be submitted to NHI as part of the registration process (to be recognized as an official NHI registered provider). The application will be made through the PCP where the person is to provide service.

Bank Account Administration:

Each PCP shall implement the Financial Guidelines as approved by the Ministry of Health. The Administrator shall perform the functions of Finance Officer for the PCP and shall prepare monthly reconciliation with the bank where the PCP funds are deposited/withdrawn. A monthly reconciliation statement shall be forwarded to the Regional Health Manager and a copy to the Chief Executive Officer of the Ministry of Health. All financial transaction must strictly adhere to the financial guidelines developed for the PCP.

The PCP Finance Officer is personally responsible for the regularity of all payments authorized by his/her PCO; that is to say he is responsible for seeing that all payments made have behind them authority which can, if required, be referred to in their justification. The Finance Officer is also to ensure that the functions of the

department or PCP under his/her control are exercised on the most economical lines. This means that it is his/her duty to ensure that the expenses and activities are carried out without waste and the monies are utilized in the best way possible.

For each payment done the following supporting documents is necessary:

- Quotation(s) – Items over \$1000 are required to submit 3 quotations
- Requisition approval by Regional Manager
- Supplier invoice
- Checking account form with details of payment with will be signed by:
 - Officer preparing form (Accounts clerk or assistant administrator)
 - Regional Manager/Manager approved to authorized (must be a signatory of the account)
 - Two of the signatories approving payment

The PCP financial officer must ensure there is a proper filing system in place for all accounting documents such as supplier files, income tax, social security, etc.

Process of assigning signatories to the PCP Account:

1. Written letter recommending signatories must be submitted to the Regional Manager who then forwards the same to the CEO.
2. The CEO in turn based on his recommendation, must submit the list of proposed designated persons to the Accountant General for approval.
3. Once approval is granted by Accountant General, all signatories must provide supporting documentation to the designated bank as required.
4. There must be two signatures at all times to operate the account.

Signatories to the account shall be any of the following:

1. PCP Administrator
2. Administrative Assistant
3. Regional Manager or Deputy
4. Accounts Clerk for PCP
5. Finance Officer Ministry of Health
6. Chief Executive Officer, MOH

Budget Cycle and responsibilities:

It is the responsibility of the PCP Administrator to prepare a DRAFT annual budget in accordance to the follow budget cycle:

December 1- January 31st: Budget preparation by PCP Administrator/ Core Team

February 1st- February 15th: Budget review to be done by regional manager

February 16th- March 1st: Submission to CEO, MOH for approval

It's the responsibility of the administrator to ensure budget control and ensure there is proper measure of inventory.

Responsibilities for Financial Management:

It is the responsibility of the PCP Administrator to submit the following **MONTHLY** reports to the Regional Manager and CEO:

- PCP Expenditure Report
- Bank reconciliation report
- Income and Expenditure Report

In addition, PCP administrators must also provide the following Administrative reports:

- The Administration Report
- Patient Complaint
- Staff leave Report
- Outpatient Report
- Doctor's report

NOTE: all monthly reports must be submitted within the first 10 working days.

At the end of the fiscal period it is the responsibility of the Administrator to prepare and submit a budget for the PCP.

The PCP Administrator/Finance Officer must ensure that the following payment are met on time:

- Payroll – according to payroll schedule
- Social Security – every 14th of the month
- Income tax – every 10th of the month

It is responsibility of the Administrator to ensure that all TD4 (Income Tax) be completed and submitted to the income tax department before March 31 of every year.

External audit:

ALL PCP accounts are subject to review/or audit by the Finance Officer of the MOH with the approval of the CEO.

All administrators are to comply and provide relevant documentation to facilitate this review/audit process.

All documents should be filed and easily retrievable at the time of such audits. The PCP Administrator is responsible for ensuring that all files are current and reports up to date.

Cash Management:

Source of funds:

A monthly Payment per Member (PMPM) capitation fee is issued by NHI for the maximum population coverage assigned to each PCP. Prior to a clinic reaching the maximum population, a minimum population coverage is determined and payable to cover operational costs till the registration target is met in accordance to the contractual agreement.

All PCPs are eligible to earn an Annual Key Performance Bonus based on meeting the indicators stipulated and based on the score obtained. The KPI bonus payment must also be distributed as stipulated in the NHI Contract as follows:

- 60% to staff
- 30% to be invested in clinic enhancement
- 10% to staff development

PCP Administrator is therefore responsible for the management of these funds. It's the responsibility of the Administrator to create a stand distribution mechanism which must be approved by Regional Manager and CEO.

Control Procedures:

The financial orders and store orders can be reference in consultation with MOH Finance Officer.

The items to consider are as follows:

- Systems of payment, cash management, procurement and purchasing
- Inventory management
- Losses, write offs, disposal
- Chart of Accounts
- Levels of authority for approval

Receipts and collection of revenue:

Preparation and use of prescribe forms

- The type of receipt to be issued should be approved by the Ministry of Health Finance Officer
- All receipt book must come in triplicate
- Any receipt system must be approved by the Ministry of Health
- The cashier responsible for collection should issue an official receipt at the time of collection. In no circumstances should a temporary or unofficial receipts be given
- Cashiers should ensure that all the required details of receipt are filled in the respective field. The handwriting should be neat and legible, and it is essential that fresh carbons are regularly inserted to ensure clear reproduction of copies
- Cashiers issuing receipts shall ensure that legible and complete duplicate and triplicate carbon copies have been made before receipt is given to payer
- The originate receipts should be completed in ink with a ball point pen only
- All receipt should be distributed as follows:
 - Original is issued to payer
 - Duplicate is to be attached to the pay-in form
 - Triplicate is to remain in the book and kept in the office for any examination and audit

No alteration on receipts allowed

- No alteration of any type whatever should be made on the receipt. When a form is spoilt, it shall not be destroyed, but shall, together with all copies, be cancelled with the word “CANCELLED” written across it
- The original and duplicate copies of cancelled must be included in the pay-in report. The triplicate will remain in receipt book

Revenue Collector’s cash book

- All receipts must be entered in a cash book logbook daily and will include dates, numbers, names, amounts of all receipts and totals
- Handwriting must be neat and legible and error must be initial by the cashier
- Cancel receipts must be recorded in the cash book

Pay-in

- Pay-in shall be supported by a revenue collector’s pay-in form and the duplicate copies of the receipts along with the logbook
- After pay-in form and logbook is checked by the checking officer, the officer my sign and stamp both the pay-in form and logbook
- The region must authorize a pay-in checking officer to ensure all receipts, pay-in form and logbook are being done correctly. Pay-in is done once a week by the Accounts Clerk or Administrative Assistant
- After completion of pay-in process all collection monies are deposited into the PCP account. A bank deposit slip should be filled and duplicate copy will remain in book

- All pay-in form must be filed properly and kept in a safe place
- A paying in registered is to be kept by the checking officer to report on the following:
 - Receipts not brought to account
 - Lodgments not completed on appointed dates
 - All monies not paid in
 - Any irregularity is to be reported to Regional Manager and Administrator

Revenue form registered

- A revenue form registered is to be kept by the PCP administrator/finance officer for all purchase order and receipts books purchased. When any books are issued the form must be filled with the respective information

Disposal of books

- Exhausted receipt books are to be retained and can only be destroyed through a certification from external audit and approval of Ministry of Health Finance Officer through the Chief Executive Officer

Safeguard of Cash:

Definition

- Cash includes currency, postage stamps, postal orders, money orders, cheques, credit card slips and any other negotiable assets

Responsibility for satisfactory arrangement for custody of cash

- Each cash holding shall at any time be in charge of only one officer who shall be directly responsible for it and have sole access to it. He shall have a separate receptacle for its safe custody

General rule for the custody of cash

- All cash in the custody of officers shall be kept in either:
 - a) Safes
 - b) Cashbox with lock
 - c) Lockable drawers of cupboards as approved by the Finance Officer
- Cashier area must have a safe for night collection drops
- No officer shall keep or allow in any safe, cash box or lockable drawers any money except PCP monies. If private money is found it shall be credited to the PCP bank account.

In no circumstances shall any officer:

- use PCP funds for any private purposes
- cash personal cheques with PCP cash
- draw PCP cash against an I.O.U. and promissory note or temporary receipt

Cashier responsible for cash shall ascertain each day the correctness of the daily transaction by comparing the total of receipts and payments with cash in hand. This activity will be carried out by the Accounts Clerk or Assistant Administrator along with the cashier.

Safeguard of Funds - Bank Account:

Opening of bank account

- No PCP Bank Account may be opened unless authorized by the Accountant General to whom all applications shall be made through the Ministry of Health. Two signatories shall be required for each cheque drawn on the PCP Bank Account

Endorsement of cheque

- Any signatories must be approved by the Accountant General. Accountant General at all times must be informed of any changes with the signatories or adding of signatories to whom all applications shall be made through the Ministry of Health
- There will be two standard signatories whom one must be the PCP Administrator and the Regional/Deputy Regional manager of the respective PCP. In the absence of either one of the above, then the Finance Officer or any other Manager authorize to sign will be a signatory. The Ministry's (Headquarters) Finance Officer will also be a signatory to the bank account.
- The officer signing a cheque in respect of payment vouchers shall:
 - a) See that the cheque number has been recorded on the vouchers
 - b) See that the cheque is properly drawn e.g. that the name of the payee is correctly stated, the date is correct, that the amount in words agrees with the figures, that the writing starts as close to the left hand margin as possible, that any blank space after the writing has been ruled through, that any space between the dollar sign and the first figure is ruled out, and that the cheque counterfoil has been correctly filled in.
 - c) Check that the payment vouchers have been clearly marked as paid and dated to agree with the date of the cheque.
 - d) Ensure that the cheque stubs are initial by the assigned checking officer
- In addition the officer signing second shall satisfy himself that the first signature on the cheque is authentic.
- Bank Reconciliation: The Administrator/ FO shall compare at the close of the month the entries in the bank statement with those in the cash book. Within three working days of receipt of the monthly bank statement the Administrator/FO shall furnish to the Regional Manager a reconciliation statement detailing all outstanding cheques and deposits. The bank reconciliation must be signed by the Administrator/FO and a copy of the

bank reconciliation must be submitted to the Ministry of Health CEO and Finance Officer

- Private money shall in no circumstances be paid into a PCP bank account, nor shall any PCP money be paid into a private bank account.
- The PCP Bank account shall not operate on overdraft under any circumstance.
- Administrators/FO shall ensure that all sums paid into their PCP bank accounts are brought to account in their cash books immediately on notification by the bank.
- Cheque books shall be ordered through the bank of which the bank will make a cheque book bank charge. This can only be done by the Administrator or Accounts Clerk/Administrative Assistant
- Immediately cheque books are received by the Administrator/FO, he shall examine them and satisfy himself that the numbering of each book is correct and complete. Administrator must ensure a revenue form registered is completed and signed by the respective officer
- Un-issued cheques shall be subject to periodic examination as a precaution against damage or loss by the RFO who will evidence his cheque by initialing and dating the revenue form register kept at the PCP.
- All cheque books shall be kept under lock and key when not actually in use and the key shall be kept by the Administrator/FO.
- If at any time it is discovered that a cheque book or a cheque is missing this shall be immediately communicated to the bank concerned, Regional Manager and MOH Finance Officer and the outcome of the subsequent inquiries likewise reported.
- When a cheque is spoilt or cancelled it shall be attached to the counterfoil and retained in the cheque book and recorded in the general ledger
- In no circumstances whatever shall an officer sign blank or incomplete cheques.

Payments:

General rules governing disbursement

- Any officer making, allowing or directing any disbursement without proper authority shall be held personally responsible for the amount. Any officer whose duties require him to render accounts of his disbursements shall similarly be held responsible for any inaccuracies in those accounts
- The administrator/Finance Officer who is a signatory of the account will be authorized to sign purchase orders
- The Administrator/Finance Officer and Regional Manager has the full responsibility in ensuring proper control of the expenditure of public funds entrusted in his care
- To issue purchase order an estimate is required to be submitted and approved. After approval an invoice must be obtained for payment to be endorsed. Payment must be in accordance with approved amount

Purchases and payables

Local Purchases:

- Items costing up to \$3,000.00 can be approved by the Administrator and Regional Manger
- Item costing more than \$3,000 requires approval from the Chief Executive Officer
- Purchases of computers and copiers must have the recommendation of IT Director and an approval from the Chief Executive Officer
- Purchases of air conditioners and medical equipment must have the recommendation of NEMC Director/Technical Officer and an approval from the Chief Executive Officer
- Purchases over \$1,000 must have three (3) quotations unless supplier is the sole provider of an item purchased

Approval from Financial Secretary

- Written approval of the Financial Secretary is obtained in the following cases:
 - where the cost of individual items of stores to be purchased locally exceeds ten thousand dollars (\$10,000);
 - where the cost for any single order (more than one item) exceeds twenty thousand dollars (\$20,000);
 - where the cost of stores to be purchased from abroad exceed fifty thousand dollars (\$50,000)
 - The shopping method of requesting three different quotes before purchases remain for the above thresholds. Where possible, items shall be purchased from the cheapest sources whether local or foreign and Accounting officer (or responsible officers) shall ensure, prior to purchase, that the quality of items is suitable and satisfactory

Control of Procurement

- All approval for purchases requires a requisition and approval of regional manager
- All purchases or repairs must include at least three quotations unless proper justification is there for not doing so
- All purchases must be written in a requisition book which must have:
 - Details of items
 - Quotations
 - Approved signature of Regional Manager or authorized officer
- Generate Purchase Order- Accounts clerk prepares local purchase order based on requisition and approved signature of Administrator must be obtained before issuing

- Copy of the requisition, purchase order and invoice must be attached as supporting documents to the payment voucher
- All invoice must match the approved quotation and purchase order

Preparation payment vouchers

- All payments shall be made by cheques supported by purchase order, approved requisition along with quotation and any approved document to support payment
- Expenditure chargeable in accordance with the budget shall be strictly in accordance with the approved annual budget
- No charge shall be made against the bank account unless it is strictly in accordance with the budget line items (Chart of Accounts)
- In order that expenditure may be met within the financial year in which they relate, reminders shall be sent to all concerned to forward their claims without delay
- All payment entries in the accounts shall be vouched for in the prescribed form. Vouchers shall be made out in favor of the person or persons to whom the money is actually due.
- All vouchers shall:
 - a) Contain full particulars of each service such as dates, numbers, quantities, distance and rate so as to enable them to be checked without reference to any other document and be supported by relevant documents such as invoice.
 - b) Quote the approved line item
 - c) Quote the appropriate financial year
 - d) One copy shall be prepared. It shall be initialed by the cheque signatories

Checking and authorization

- The signature of the Accounting officer or an officer signing for an Accounting Officer, certifies to the accuracy of every detailed on the payment voucher
- Signatories shall therefore be held responsible for ensuring that:
 - a) funds are available taking into account commitments outstanding
 - b) the service specified have been duly performed
 - c) the rates and price charged in accordance with contracts and agreements as the case may be are fair and reasonable
 - d) The name/s on the voucher are those entitled to receive payment
 - e) The computation and pricing have been verified and are authentic
 - f) The stores purchased have been duly received and taken on charge or issued for immediate use
 - g) All proper deductions from salary or wages on account of contributions, income tax, and other liabilities have been duly made

Effecting of payment

- Payments shall not be made before they are due
- Payments shall be made only for the persons named in the payment voucher
- Paying officers shall satisfy themselves that the person claiming the payment is the person authorized to receive the amount. It is the duty of the department responsible for a payment to furnish proof of identity if necessary
- It is recommended that suppliers/payee payments are done through bank deposits thus, payee should have an account available for deposit
- When a payee is illiterate, his mark shall be witnessed by an officer other than the paying officer or by a literate person known to the paying officer
- In cases where officers present claims for reimbursement of small payments made by them, actual receipts shall be produced where practicable. When these cannot be obtained the officer shall certify as follows:-
“I certify on honor that the above charges have actually been incurred and paid by me solely upon the interest of the clinic”
- When cheques are made payable to corporate bodies the Administrator/FO shall satisfy himself that:
 - a) the recipient is properly authorized to receive payment and give a receipt
 - b) the receipt is signed on behalf of the body for which he is acting
 - c) the capacity in which he signed is indicated
- any discount receivable shall be in the form of a credit note

Salaries

- No salaries or allowances shall be issued in respect of new hiring or changes in office or rates unless approved by the Chief Executive Officer (staff paid from the NHI funds)
- All PCP administrator must ensure that a Per Member Per Month (PMPM) staffing profile pay scale points are created and sustainable in budget
- Salaries are to be recording in a salary register
- The pay period, names, surnames, bank name, bank account, gross salary, any deductible or allowances, overtime and net salary of the officer must be indicated in the pay sheet and pay slip
- Social security and income tax payment format must be completed for payment purposes
- All salaries, allowances and gratuity must be paid directly to the officer(s) bank account
- All salaries are paid online of which all Administrator and Accounts Clerk/Assistant Administrator must be acquainted with the process to ensure proper deposit in officers respective bank account
- Paydays for salaries must concur with the approved government payroll schedule

Increments

- Increments shall only be granted in accordance to the clinic PMPM staffing profile pay scale

Travelling Expenses

- Travelling, subsistence and transport budget shall reflect only expenditure on traveling and subsistence:
 - a) Within the country;
 - b) In other countries such as approved visits to attend conferences, selections boards etc. of a minor nature up to \$500. Where expenses are anticipated in excess of this figure, they become chargeable to the conference expenses accounting distribution and shall have the prior approval of the Ministry of Health through the Ministry of Health CEO before any arrangements involving their incurrence is made

Inventory:

- Annual inventory on fixed assets must be conducted and documented
- Proper inventory system must be in place for supplies at PCP level
- Supply room keys must be placed in a secure area and manage by the assigned officer
- Any discrepancies must be reported to Administrator who will report to Regional Manager

Losses, Shortages and Write Offs:

Reporting procedure – losses, shortage, irregularities, frauds, thefts, failures or delay: immediate action

- Any losses, shortages, irregularity, fraud, theft, failure or delay affecting the funds or property of the government or for which government is responsible must be reported to the Regional Manager
- Every employee is duty bound to bring to notice of his supervisor any losses, shortage, or irregularity
- Where theft, burglary, or fraud committed by persons outside the government services are involved, the facts shall be immediately referred to the police and a preliminary report of the incident must be submitted to Regional Manager
- A police report and an assessment report determining the value of the lost or stolen item are to be accompanied by a loss report. It is important that a statement from the responsible officer be written saying why he should not be surcharged for the loss or shortage

- Where an Accounting Officer or his representative considers at any stage before a final report can be submitted that the facts reported to him clearly indicate that a member of the government service may be guilty of a criminal offence, or of an offence which would involve proceedings against him with a view to dismissal, he shall relieve him of all his financial duties and he shall forthwith refer the matter direct to the Chief Executive Officer, Ministry of Health through the Regional Manager for further decision

Authority for write off of irrecoverable advances

- Official letter must be submitted to the Chief Executive Officer through the Regional Manager for any write off of advances or public money
- The authority of the House of Representatives is required for the writing off of any irrecoverable advances where the amount in any one case exceeds \$10,000. The authority of the Minister of Finance is required for the writing off where the amount does not exceed \$10,000 but is more than \$4,000. The authority of the Financial Secretary is required for the writing off where the amount does not exceed \$4,000. This applies for write off of irrecoverable advances and abandonment of claims in respect of loans, defaults by contractors and cases of a similar nature

Miscellaneous:

Audits

- Any Auditor authorized by the CEO, Ministry of Health, is at all times entitled to have access to all books, records or returns relating to accounts, and all officers with accounting responsibilities shall give him every facility for inspecting such documents
- It is the duty of all officers with accounting responsibilities to reply promptly to an enquiry addressed to them by the CEO or MOH Finance Officer

Destruction of account book or records

- The authority of MOH Finance Officer through the Chief Executive Officer is required before accounting records are destroyed, and the responsible officer shall ascertain that the periods specified below for their preservation have been exhausted

Class of record	To be retained for at least
Cash book and ledgers	7 years

Original payment vouchers, receipts, cheque stubs	7 years
Store ledgers and vouchers	7 years
Copies of contract, paid foreign money order and trade charge money order registers	5 years
Establishment records which may be for pension purposes (e.g. personal files at Ministry of Public Service and salary registers)	45 years

Mechanization of accounts

- Administrator/Finance Officer shall consult the Finance Officer of Ministry of Health before the introduction of any mechanized accounting system and before making any firm order for adding, accounting or calculating machines
- Approval must be received through the Chief Executive Officer Ministry of Health in the adding, accounting or calculating machines

Use of government property, premise, labour or services for private purposes

- No government officer or employee unless specifically authorized to do so by the Chief Executive Officer of the Ministry concerned, may make use of any government property, premises, labour or services for private purposes

Vehicle

- Request must be submitted to Chief Executive Officer through Regional Manager for the issuing of government driver's license.
- A logbook is to be kept by drivers of all PCP vehicles. Vehicles are not be used for private purposes

Accident

- When a government vehicle is involved in an accident the officer responsible for the vehicle shall report the full facts to his Accounting Officer who shall:
 - (a) Report the facts by a formal letter to the Regional Manager of incident and damages
 - (b) Driver must submit a statement of the accident showing cause, if he wishes to do so, why he should not be surcharged with the cost of repairs to the government vehicle and with the amount of any other liability falling on government

- (c) Formal letter will be forwarded to Chief Executive Officer, Ministry of Health and attached police report for further decision

THE CHART OF ACCOUNTS

The chart of accounts classifies transaction in specific categories to include, e.g. services, assets, liabilities, income, expenses, activities. If PCP has quick book install the following chart of accounts can be used as a guide.

PROGRAMME HEAD

Maternal and Child Health	001
Preventative and Promotion	002
Emergency Referrals	003
Curative	004
Imaging Referrals	005
Patient Management	006

TYPE

Asset	101
Liability	102
Income	103
Expense	104

ACTIVITY

Accounting	201	
Human resource Management		202
Security	203	
Consultation	204	
Pharmacy	205	
Visitation	206	

LINE ITEM

Personal Emoluments	301
Travel & Subsistence	302
Materials	303
Medical Supplies	304
Equipment	305
Operating Cost	306
Maintenance	307

Training
Collection

308
309