



National Health Insurance

Primary Care Provider

ADMINISTRATIVE MANUAL

2024

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Purpose of Manual

This Administrative Procedure Manual is developed by the NHI to serve as a tool in the proper administration of the Primary Care Provider (PCP) clinic 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. 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 these systems are cost effective, efficient, and not detrimental or inconvenient to the customer. NHI reserves the right to modify these procedures and will inform all providers of any such changes. Where possible any changes will be made with prior consultation with the relevant parties.

1. PCP Basic Considerations and Procedures:

1.1. *Legal Status of PCP:*

The PCP should be an established legal institution under the Companies Act and recognized by the Government of Belize (Ministry of Health) as an official health facility authorized to provide health services. The PCP will display at its facility and present to the NHI, a copy of this certification of this registration as a pre-requisite for entering into any contractual agreement with the NHI. 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 Administrator where the person is to provide service.

The PCP should be an established legal institution. 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 provider needs to provide the account number and banking information to NHI prior to formalizing the contractual agreement.

1.2. *NHI Certification*

The PCP group must have met the licensing standards defined by the Licensing and Accreditation Unit of MOHW 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 MOHW 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 Provider signs according to the specified format which will be provided by the NHI.

In addition, 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 upon request. The PCP Administrator shall 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 MOHW and should present evidence of compliance of such requisites.

The NHI reserves the right to terminate contractual agreements with a PCP due to failure to meet the license standards set by the appropriate licensing 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/TELERAWA application necessary for NHI operations.

COMPONENT	REQUIRED SPECIFICATIONS
PROCESSOR	Intel Core i5, equivalent processor, or better
RAM	8 GB
STORAGE	50 GB Free Space
DISPLAY	A 24-inch monitor with a 1080p resolution(Doctors and nurses)
OPERATING SYSTEM	Windows 11 Professional (64-bit) OR macOS Catalina 10.15 or later
MS OFFICE	MS office 365(Word, Excel)
WEB BROWSER APPLICATION	Google Chrome (Latest stable version)
PDF READER	Adobe Acrobat Reader (Latest stable version) or Microsoft Edge Chromium
INTERNET CONNECTIVITY	Broadband Bandwidth Speed of 30 MB or better

Other requirements and considerations are:

- Broadband Internet connection with bandwidth speed of 30 Mbps
- Access to email services
- Active communication links.
- All NHI providers are required to have access to backup internet access via a wireless **Dongle(Cudy N300)** or mobile device(hotspot).

The Cudy N300 WiFi LTE Modem Router with SIM Card Slot

NHI recommends the Cudy N300 WiFi LTE Modem Router with a SIM Card Slot to connect to the internet via 4G LTE networks. This router is compatible with any SIM card from major providers and can deliver fast and stable internet speeds on 4G LTE. You can use it to connect up to 15 devices simultaneously and stay connected to the internet. The Cudy N300 also supports advanced features such as FDD, DDNS, VPN, and Cloudflare, which enhance your network security and performance.

Benefits of the Cudy N300

- It can connect you to the internet via 4G LTE networks,
- It will be a backup to your internet connection, in case of power outages or network disruptions
- It can support up to 15 devices at the same time
- It has a simple and user-friendly interface, which makes it easy to set up and manage
- It has advanced features such as FDD, DDNS, VPN, and Cloudflare, which can improve your network security and performance.

Read more about the Cudy N300 here:

<https://www.amazon.com/Cudy-Unlocked-EC25-AFX-Qualcomm-Cloudflare/dp/B085S2147W>

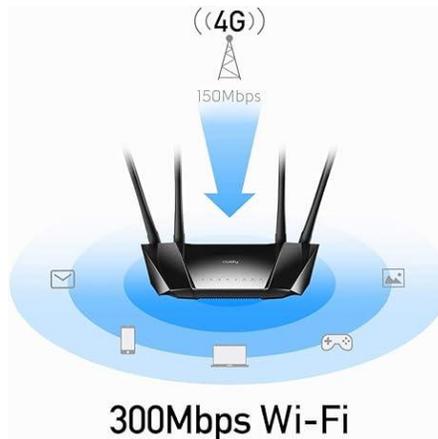


Image: N300 WiFi Unlocked 4G LTE Modem Router

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 both by the Central/Local Building authority and by the MOHW and which meet the specifications provided in established facility standards where applicable. 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 MOHW.

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 with 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. Training on these guidelines should be done collectively with NHI and PCPs annually. NHI is responsible for coordination of training sessions and PCPs will cover logistics.

2.4 Natural Disaster Preparedness Plan:

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. This document should provide 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.

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 to protect equipment investments. NHI will not be responsible for losses or damages. NHI recommends that every year plan is revised and shared with staff and drills to be conducted every year.

2.4. Security and Safety Programs:

The PCP is also responsible for ensuring 24 hours 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 to verify preparedness of staff.

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 internally as detailed below:
- The hiring of personnel should be contracted in accordance to the Per Member per Month (PMPM) and the required health team ratios defined by NHI.
- Staff hired under these provisions are subject to conditions detailed in their contractual agreements defined by the PCP.
- PCPs are required to develop their respective organizational chart that defines the Management Structure. The organogram must be 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 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 Disaster and Safety procedures and coordinating required drills.
 - Other duties that will promote high quality service delivery
 - Responsible for the activities included in the contract and Administrative Manual
 - Should establish a core team comprised at minimum of the following representation:
 - ✓ *PCP Administrator*
 - ✓ *Head Doctor*
 - ✓ *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
- 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 RAWA/TELERAWA 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 MOHW of interruptions.

- Coordinate the Basic and Advanced life support training for clinical 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 KPI reports and support the completion of the annual report to be submitted to the PCP Administrator as required.

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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 relevant reports and submit them to the PCP Administrator as required.

NHI Database of Approved Providers:

NHI will establish a database of all personnel authorized to offer services under 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 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 NHI on behalf of new personnel for such persons to participate under NHI. Such applications should be expressed in writing to NHI and accompanied by valid copies of the corresponding licensing and education certifications, copy of their social security card, an email address and contact number. (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 per 4000 persons has been adopted. The PCP is thereby required to establish the health team composed of the following:

Population defined by region for registered members:

Full time General Practitioners: 1:4000

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

- Full time Registered Nurses
- Full time Public Health Nurse or a Registered Nurse with Midwifery
- Full time Rural Health Nurse
- Full time Practical Nurse

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

Pharmacist:

- Full time Registered Pharmacist (Mercy & MOHW clinics as indicated)

Provision is made where there are not sufficient public health nurses to substitute a rural health nurse.

The PCP has the flexibility to hire its personnel under the conditions necessary to meet the opening hours stipulated in their respective contracts.

* PCPs also need 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.

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 Registered Nurse and or Rural Health Nurse

A full time Practical 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 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/TELERAWA that will determine the authorities and level of access to the software. The provider and any user of RAWA/TELERAWA are not authorized to share their unique identifier. Any unauthorized use of such an identifier is considered fraud and can result in termination of a contractual agreement.

The NHI will require that all personnel maintain their active status by meeting the re-licensing and continual education criteria established by the relevant licensing bodies and the MOHW. 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 Administrator 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 Administrator is required to update NHI of the status of employment of these temporary staff. Based on these update reports, the NHI Unit will determine the active or inactive status of the temporary staff was determined.

3.6. *Training:*

The PCP 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 in accordance to the Medical and Nurses and Midwives Council of Belize requirements. The PCP is required to keep a file of the completion of the CMEs certification provided by these bodies.

In addition, NHI and or MOHW 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 MOHW 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.

All medical personnel must have completed orientation training in the protocols adopted for Primary Health Care by the MOHW and NHI within 3 months of becoming an NHI provider. The PCP medical personnel are thereafter responsible for implementing the guidelines established in the protocols and updating the NHI and MOHW.

The NHI will conduct periodic announced and unannounced audits in accordance with the established audit tools 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 Administrator under the recommendation of the head doctor, 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 should also be trained in the Advanced Cardiac Life Support Course which should be renewed every 2 years. Evidence of this training should be visible in the personal files of the health team.

4. Service Provision/Exclusions

4.1. *Area and Population covered:*

The PCP is responsible for providing services to the population assigned in accordance with the contract terms. The MOHW 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. 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/TELERAWA 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 of 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 the Primary Care Coordinator in writing in order to update the NHI database of approved providers.

4.4. Working Hours:

The PCP working hours will be defined in their contracts and should be complied with.

However, the Official Opening hours should be posted for the public information. This will allow the PCP time to finish processing those clients already on site and avoid further walk-ins after a specified cut-off period. 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 latecomers to determine if these require urgent attention or if these could be attended the following day. No urgent case should be turned away.

4.5. Services Covered under NHI:

NHI agrees to provide its members Primary Health Care Package of Services as stipulated in the contract according to protocols and procedures authorized by the MOHW and NHI and in mutual agreement with the PCP. The PCP will inform the members of the covered package by distributing the necessary information in the form of booklets, posters, flyers and the NHI website (insert) provided by the 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 MOHW, 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 as NHI shall render 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 NHI 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/TELERAWA 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/TELERAWA 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 to their original PCP.

Cross-border visits:

Cross-border visits are authorized only in the pre-specified regions. In such cases the patient can visit another PCP provider within that region in 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/TELERAWA that this is a cross-border visit. Cross border fee of \$5.00 to be charged to client for these visits.

4.8 Referrals:

When support or other specialized services are contracted separately by NHI, the corresponding PCP agrees 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/TELERAWA information system by the specified deadlines. 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/TELERAWA in electronic format. The client is then issued a referral slip that indicates what services are being referred to and the referral type reference code.

As indicated, RAWA/TELERAWA is a web-based application. In the event that RAWA/TELERAWA 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 MOHW hospitals are not covered by NHI.

RAWA/TELERAWA offline process:

In the event that there is a temporary loss of connectivity to RAWA/TELERAWA, 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 internet to restore connectivity with RAWA/TELERAWA at all levels, then the PCP should proceed to utilize this until the regular internet service is restored. *(each clinic will determine which way best suits them).*

To avoid interruption of services, the PCPs should revert to using the offline process and notify NHI if the interruption of internet services is expected to last more than 2 hours. All encounters should be recorded using the Offline 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 option. 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/TELERAWA 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 an alternative source of 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. If a PCP does not wish to assign the data entry role to address the offline process, they need to inform NHI of their plan of action to be vetted and approved.

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 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 we revert to the Offline Process until RAWA/TELERAHA connection is restored at all levels.

Once RAWA/TELERAHA 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/TELERAHA draft activities and referrals and ensure these are activated and processed daily to avoid unnecessary delays.

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/TELERAHA 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/TELERAHA will generate a sequential referral number per support service type which **should be clearly transcribed on all support service referral slips**.

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/TELERAHA so that the support service provider can process such referrals on their end.

Recall:

Any authorized health professional emitting a referral using RAWA/TELERAWA can recall the activity if 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. Ideally this functionality should be applied only when the patient is still at the clinic so the change to the referral is done PRIOR to the patient arriving to the support service provider of choice. The latter avoids the support service provider from not charging the correct co-payment or issuing of the required products.

Change requests:

From time to time, a PCP will receive from a support service provider (primarily pharmacy) a notification in RAWA/TELERAWA indicating a change request to amend the original referral. RAWA/TELERAWA 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.

To avoid an excessive amount of change requests in particular for laboratory services, the health professional emitting the referral should issue two separate ones for those lab or imaging procedures that require the patient to provide a specimen or preparation for imaging procedure.

5 Registering of Pregnancies, Screenings and NCDs:

All PCPs should register in RAWA/TELERAWA 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/TELERAWA 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 any additional screening tests 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 the achievement of the Key Performance Indicators and exemption criteria for pregnant mothers. NHI will review and revise screening criteria based on evidenced based protocols and guidelines.

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 Social Security Card (see provision for Newborns below). SSB has now implemented a policy that provides a temporary card to all minors without the picture up to 14 years old. Thereafter, the member has to renew the card and is issued a permanent SSB card that will no longer expire.

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 preventing their loss and damage.

5.2 Registration, Card Replacement or Renewal

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 registration, renewal replacing a lost or stolen card as follows:

- Advise the client to apply for the SSB card, the client can then come into the SSB office to apply for a card.

Born Belizeans applying for a card replacement or renewal, who do not have a scanned image of their birth certificate in the Social Security Board's registration database, do not need to provide their birth certificate provided that:

- The birth is registered and recorded at the Belize Birth Registry; and
- The registered name and date of birth information, both at the Social Security Board and the Belize Birth Registry is a complete match.

Note: A change of name or date of birth must be authenticated by providing evidence showing that a bona fide/legal change has been made.

Registered persons who have a recent photo captured in SSB's registration database do not need to provide the required Photo ID for card replacement or renewal purposes.

Born Belizean

Primary Documents:

- Belizean passport OR
- Birth Certificate or Adoption Certificate AND a Valid photo ID

Naturalized Belizean

Primary Documents:

- Belize Nationality Certificate with photo; OR
- Belize Nationality Certificate without photo and a valid photo ID; OR
- Belize Passport.

Permanent Resident of Belize

Primary Documents:

- Birth Certificate OR Adoption Certificate. AND
- Belize Permanent Residence Card; OR
- Passport from country of origin or naturalized country with Belize Permanent Residence stamp affixed on one of the passport pages.

Note: An expired passport with Belize Permanent Residence stamp affixed is also acceptable.

CARICOM National with (CSME) Qualifying Certificate & Indefinite Entry of Stay Stamp

Primary Documents:

CARICOM Single Market & Economy Free Movement of Skills (CSME) Qualifying Certificate AND

Passport from country of origin or naturalized country with Indefinite Entry of Stay “Right to Work” Stamp affixed on one of the passport pages.

Note: Qualifying Certificate is a Certificate of Recognition of Caribbean Community (Free Movement of Skilled Persons) Act.

Minors

A parent or legal guardian must apply for the registration of his/her dependent child who is under age fourteen (14) and must provide their valid photo ID. The legal guardian of a depended child must provide a Court Order showing legal guardianship.

Any document not written in the English or Spanish language must be accompanied by a certified English translation of that document. The University of Belize Language Center is a place of reference for document translation and the Ministry of Foreign Affairs certifies the document translation.

Acceptable Photo IDs:

- **Belize Passport**
- **Passport from naturalized country or country of origin**
- **Belize Voter’s Identification Card (with color photo)**
- **Drivers’ License**
- **National Identity/Identification Card (foreign national)**
- **Social Security Card**
- **Primary, Secondary or Tertiary School Student ID issued in Belize (applicable to dependent children under eighteen years)**

If unable to provide any of the valid Photo IDs listed above, then:

A recent (2X2 inch) color photo of applicant with a Justice of the Peace (JP) Declaration that reads on the reverse side of the photo: “I certify that this is the true likeness of _____ and I have personally known him/ her for _____ years.”

Applicant’s photo must bear the JP’s name, signature and stamp.

Note: Registered persons who have a photo captured in the Social Security Board’s registration database do not need to provide the required photo ID for card renewal or replacements purposes.

5.3 Card Fees

ISSUE TYPE	FEE	CARD HOLDER
First Issue Resident of of CSME Qualifying Certificate Stamp).	\$5.00 BZD	Born Belizean, Naturalized Belizean, Permanent Belize, CARICOM National (Holder & Indefinite Entry Stay
First Issue “	\$26.00BZD	Foreign National with Temporary Residency Status. (See Registration of Eligible Persons” page)
Replacement	\$26.00BZD	All replacement cards after first issue.

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 parents to apply for the child’s own SSB card. The child’s birth certificate should accompany such applications. The two-week 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.

5.5 Approval of Expired Social Security Cards to access NHI contracted Services

The NHIC has approved the utilization of Valid or Expired Social Security Cards for new registration of NHI members at Primary Care Providers (PCPs) and for those members registered to facilitate access to all NHI contracted services

As a requirement all valid and expired social security cards must be in good condition where the photo is clear to provide identification of the insured person, date of birth and the social security number is legible.

Primary Care Providers cannot deny a registered member who does not have a valid or expired card a consultation visit. However, to access referrals at support services, a valid or expired card is required.

Encourage all persons who do not possess a social security card to register or renew their cards at the Social Security Office in their district.

6 Financial Management

The PCP will set up systems for sound management and control of its finances. These systems will follow accepted financial and accounting principles and procedures and generation of monthly and annual financial statements. These statements may be subject to audit by an accredited private financial firm designated by NHI.

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. PCPs can also charge \$5.00 dressing fees. Provisions for exemption of payment include children 5 years old and under, women attending pre-natal care, persons over 60. 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 can use its discretion waiver the fee to the benefit of the member and to ensure his or her access to services.

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.

The PCP shall accept payments in full for consultation and other fees established by NHI only. In no event included but not limited to, non-payment, NHI insolvency, or

breach of the contractual agreement, shall any physician or PCP Administrator 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

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 plan 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 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 alternative solutions as authorized by the NHI Manager. 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, regarding unnecessary charges. In such cases the NHI personnel will investigate and will ask the PCP for relevant information. The PCP is expected to facilitate such investigations. The NHI will produce a report and actions to be taken will be given to PCP 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. In such cases, the PCP shall follow the considerations described in the contract.

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 to these persons. All clinics are required to stabilize the client. If client chooses to retain services of clinic thereafter, client is informed of

related charges and consent is sought. A consent form should be signed by the individual and family member in support of agreed pre-established fees.

6.2 Payments:

6.2.1 Compensation Procedures:

Monthly encounter, referral and membership data will be tracked in real time using RAWA/TELERAWA. 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 effected no later than 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 fee. 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 input in RAWA/TELERAWA. 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/TELERAWA data input as well as the clinical record to compare data.

6.3 Staff 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 count towards that doctor's productivity. NHI recommends that the productivity of staff is monitored by the administrator to ensure quality. This includes immunizations and pre-natal services. If such services, however, are being 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 an 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 nurses.

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/TELERAWA and the functionality required to facilitate the issuance of such referrals.

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

The PCP Group will utilize the RAWA/TELERAWA 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 MOHW 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 administrator 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/TELERAWA.

RAWA and TeleRAWA

RAWA is and remains a web-based purchasing and planning tool that provides real-time data for the National Health Insurance (NHI) and the Primary Care Providers (PCP) administrators. RAWA continues to support the following functions:

- Keep track of members and clinical activities
- Facilitate the creation and implementation of contracts
- Provide timeline and reliable reports
- Manage billing activities, memberships, service providers, clinical procedures, pharmaceuticals, payments, and analytical reports

TeleRAWA a dedicated electronic medical health record system that is used by medical staff for managing patient’s clinical notes, referrals, chronic conditions, pregnancy, and screening registry. TeleRAWA supports the following functions:

- Create and update patient’s electronic medical health records
- Manage patient’s referrals to support services
- Monitor patient’s chronic conditions and monitoring
- Manage patient’s pregnancy and screening status
- Generate patient’s medical record

RAWA and TeleRAWA have different functionalities that suit their respective purposes. RAWA is more focused on the administrative and financial aspects of the NHI system, while TeleRAWA is more focused on the clinical and health aspects of the NHI system.

Both systems represent complementary components of a modern healthcare management system. While RAWA streamlines the administrative and financial aspects, TeleRAWA ensures the seamless management of clinical data.

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/TELERAWA. PCPs should seek to confirm that the persons to be registered reside in the geographic area by utilizing the eligibility module in RAWA/TELERAWA. 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 Social Security Card. Damaged cards should not be accepted, and the person should be referred to SSB offices to obtain these.

7.2 Medical Records:

NHI has introduced TELERAWA which is an electronic medical record in 2023. This software will replace the current standardized forms. The PCP will be required to maintain the existing patient medical records for up to 7 years.

TeleRAWA allows authorized users to access a patient's comprehensive medical record, which includes encounters documented by previous Primary Care Providers. To maintain confidentiality and uphold privacy standards, TeleRAWA restricts access to only authorized users within the patient's designated Primary Care Provider. This measure ensures that sensitive patient information remains confidential and accessible solely to those with proper authorization.

Should a prior history of the client's medical record not be captured in TeleRAWA at the time of a transfer, the PCP should provide a copy of the summary sheet where applicable.

7.3 Referrals to Support Services: NHI recommends printing summary sheet every 6 months

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/TELERAWA and issue 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/TELERAWA 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/TELERAWA 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 prevents the support service provider from collecting the relevant samples or co-payments required.

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 inform the client to go to the nearest SSB Branch to request a transfer and 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 report's module of RAWA/TELERAWA. The transfer report is accessible and provides updated information on recent transfers to and from the PCP.

Clients may arrive at the PCP with a transfer confirmation slip from SSB. PCPs should verify the transfer by searching for the patient in the list of active members, conducting an eligibility search, or contacting NHI for further action.

To ease the transfer process at the SSB Belize Branches, PCPs should contact NHI to initiate a transfer request. This will simplify the process of transferring patients from one provider to another. NHI will manage the transfer process and notify the PCPs accordingly. However, patients who need to change their address must still visit the SSB Belize Branch and present evidence of their new address.

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 a change of address resulting in a 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/TELERAWA.

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 entered in TeleRAWA.

7.7 Subsequent Visits:

Other follow-up visits should be indicated in TeleRAWA as well as tele-consults. The latter captures specific data for this type of consultation.

7.8 Registering of Activities:

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

7.9 Death Report

The PCP should register any death of a member in RAWA/TELERAWA within 30 days. A copy of the death certificate 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 MOHW:

The PCP will be required to immediately report to the surveillance officer of MOHW, any of the notifiable conditions determined by the Ministry of Health utilizing their reporting criteria.

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 or cross border 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 a 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.

7.13 Complaints/Suggestions

The PCP shall have a mechanism for 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.

8 Record Keeping

Each 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 and MOHW:

- Clinical medical records (7 years)
- Offline Referral Forms (7 years)
- Register of Complaints

8.1 Other Referrals

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

8.2 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/TELERAWA and will make the necessary arrangements for an appointment to be made.

8.3 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/TELERAWA (patient file).

9 Patient Bill of Rights:

The PCP is expected to comply with all the terms stated by the adopted patient's bill of rights. 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 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 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.

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/TELERAWA 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 registered at the PCP:

- If a patient has a previous appointment, initiate the encounter process in RAWA/TELERAWA.
- Collect consultation fee. (Optional based on whether the PCP waives co-payment)
- Utilizing RAWA/TELERAWA assign client to triage nurse on duty. Triage nurse will then assign the client to the 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.

• If patient is registered but has no previous appointment:

- Patient will be assigned doctor available on shift and initiate encounter process in RAWA/TELERAWA
- Collect consultation fee.
- Pull the member's medical record and pass file to the triage nurse.
- Send patient to triage nurse and waiting room

• 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/TELERAWA 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. (This applies for chronic patients and doctors are assigned on set day of appointment.)

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/TELERAWA encounter process.
 - Doctor should fill out the appropriate NHI/MOHW 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/TELERAWA 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/TELERAWA offline process is in effect)

Data entry personnel should ensure the following:

- Enter encounter data in the RAWA/TELERAWA system.

- Initiate any referrals as needed in RAWA/TELERAWA utilizing the NHI Referral Forms filled out by the health professionals when the system is down. (we agree that all MO is to input own data)
- Validate accuracy of data before saving the information entered.
- Ensure all activities and referrals are activated in RAWA/TELERAWA.
- Provide the support service provider with the relevant referral information for them to fill the referral in RAWA/TELERAWA.

Patient is not registered with the PCP:

Validation Process: Check the SSB card for validity. Conduct an Eligibility search.

- Verify if the patient is not registered with another provider in RAWA/TELERAWA.
- 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. Search inactive

If the patient is registered with another provider:

- Inform the members 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/TELERAWA
- 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 to 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/TELERAWA

- Doctor should fill out the appropriate MOHW 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 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
- 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. If the family is willing to and dependent on space availability
- 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. (Transfer should only be done with a parent or guardian at the SSB office)
- Determine where the person was previously registered as well as all the family members.
- To ease the transfer process at the SSB Belize Branches, PCPs should contact NHI to initiate a transfer request. NHI will facilitate the transfer process and advise the PCP as appropriate.

- If a change of address is required, 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 (when change of address is required).
- Check eligibility status of these members in RAWA/TELERAWA. 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. (Refer to previous summary medical history recommendations above)
- Ensure the 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/TELERAWA 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/TELERAWA 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.

All Transfers must be accompanied by the signed consent of the NHI member.

See Annex for forms:

- Patient Transfer Request and Consent Form (IP) - For individual transfers
- Patient Transfer Request and Consent Form (MP) - For transferring minors (to be used by parent/guardian)
- Patient Transfer Request and Consent Form (FM) - For family transfers (to be used by the person requesting transfer for family members)

NHI will develop the functionality to upload consent forms directly in the system (RAWA). However, until this feature is activated, PCPs must manually file the signed consent forms for transfers initiated through the RAWA Patient Transfer functionality.

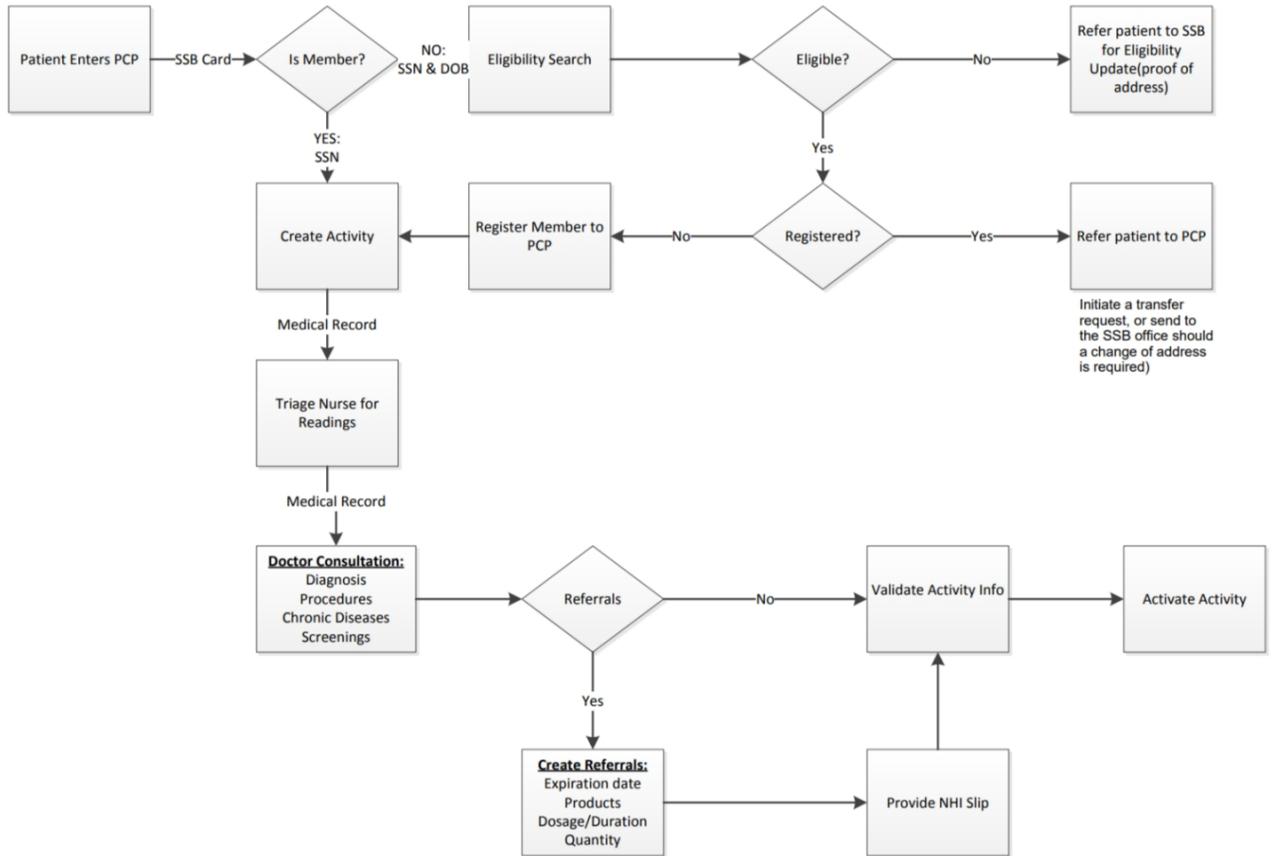
When requesting transfers through TeleRAWA Messaging, the PCP should obtain the signed consent form, scan it, and include it as part of the transfer request.

As per business rule, a transfer is allowed 1 time a year.

In the case of registered members, who are transferred by a family member without their consent, the PCP is required to contact family member and revert with the written consent of the NHI member.

Cross District transfers require validation of address by the SSB for this process to be completed.

Annex 1. PCP Patient Flow



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 as stipulated in Rationalization Guideline

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 as stipulated in Rationalization Guideline
 - 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, including but not limited to pre and post-natal consultations, and other cases as may be determined by the PCP, as by contractual agreement.
 - (ix) Social worker, physiotherapist, nutritionist, and Medical Internist Specialist Services as determined by contractual agreement.
 - (x) Pediatrician Specialist, including but not limited to newborn evaluation and other cases as may be determined by the PCP, as by contractual agreement.
 - (xi) 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.
 - (xii) Laser surgery for Diabetic Retinopathy with approved provider.
 - (xiii) Annual ophthalmological consultation for Diabetic and Hypertensive patients with approved provider.

Annex 3. List of Excluded Services

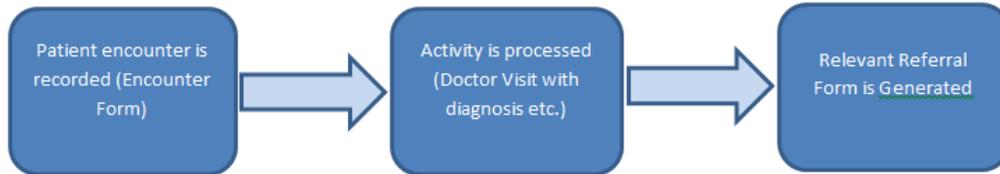
The benefit granted by NHI shall not cover the expenses for the services listed below, except when the NHI Advisory Board approves inclusion:

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

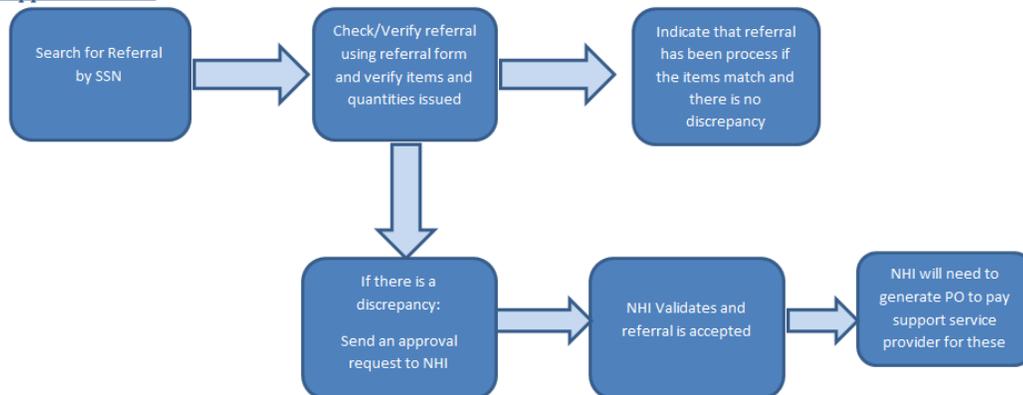


Figure 4.1: Offline process flow

Annex 5: Management of Pregnancy Records

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

- a. Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- b. Within the Activities window , go to the “Pregnancy” section and click the “green plus sign icon” (See diagram below)
- c. Fill in all relevant fields and click save

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?

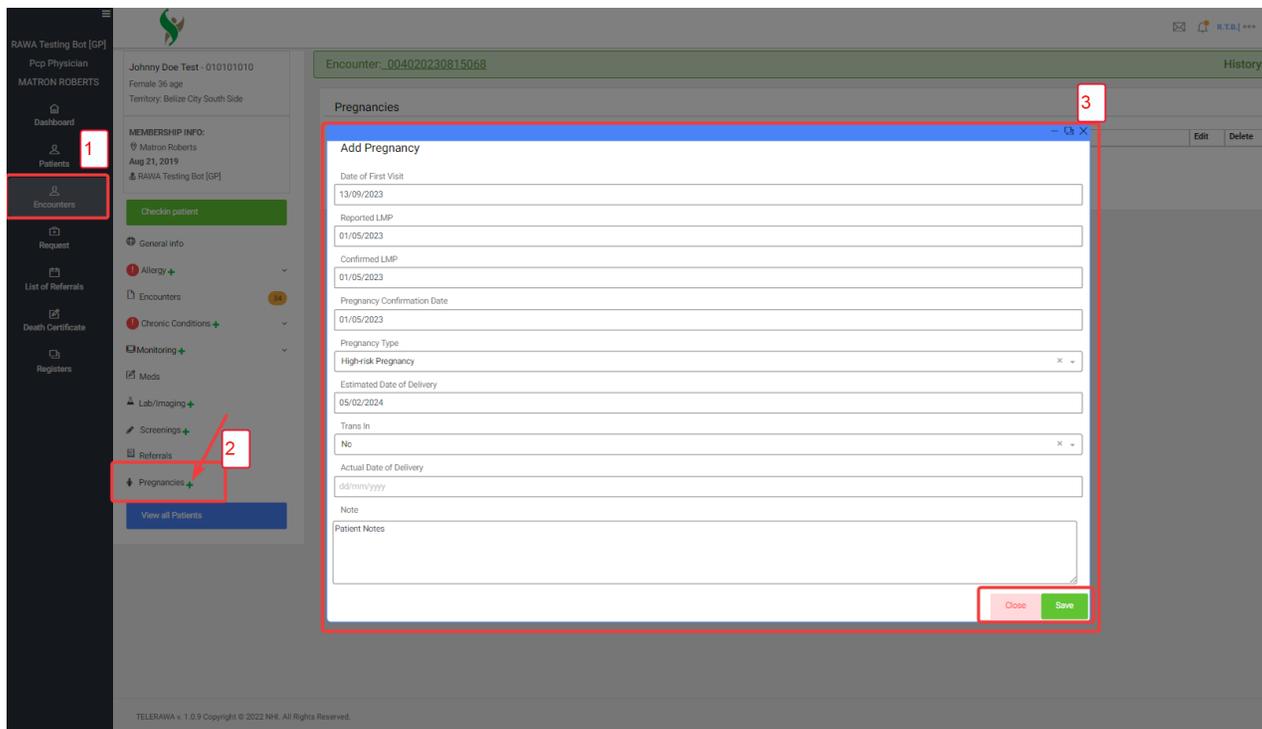


Figure 5.1: Creating a new pregnancy entry in TeleRAWA

5.2 How-To update a pregnancy entry

- Go to TELERAWA/ Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Pregnancy” section (See diagram below)
- Click the “edit record” icon , make the relevant changes, and click save when done

Updating a pregnancy entry

Note:
You can only update records that do not have an "Actual Date Of Delivery"

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.*

The screenshot displays the TELERAWA interface for a patient record. On the left is a navigation sidebar with categories like 'General info', 'Allergy', 'Encounters', 'Chronic Conditions', 'Monitoring', 'Meds', 'Lab/imaging', 'Screenings', 'Referrals', and 'Pregnancies'. The main area shows the 'Pregnancies' section for encounter ID 004020230815068. A table lists pregnancy entries with columns for 'Pregnancy Type', 'Estimated Date of Delivery', 'Actual Date of Delivery', and 'Registered Date'. One entry is shown: 'High-risk Pregnancy' with an estimated date of 05/02/2024 and a registered date of 13/09/2023. To the right of this entry are 'Edit' and 'Delete' buttons. The 'Edit' button is highlighted with a red box, and a red arrow points to it from below.

Pregnancy Type	Estimated Date of Delivery	Actual Date of Delivery	Registered Date	Edit	Delete
High-risk Pregnancy	05/02/2024		13/09/2023		

Johnny Doe Test - 010101010
 Female 36 age
 Territory: Belize City South Side

MEMBERSHIP INFO:
 Matron Roberts
 Aug 21, 2019
 RAWA Testing Bot [GP]

Edit Pregnancy

Date of First Visit: 13/09/2023
 Reported LMP: 01/05/2023
 Confirmed LMP: 01/05/2023
 Pregnancy Confirmation Date: 01/05/2023
 Pregnancy Type: High-risk Pregnancy
 Estimated Date of Delivery: 05/02/2024
 Trans In: No
 Actual Date of Delivery: dd/mm/yyyy
 Note:
 Patient Notes:

Encounters

Encounter date	Encounter number	Provider	Reason
15/08/2023	004020230815068		Chronic

Figure 5.2: Updating a pregnancy entry in TeleRAWA

5.3 How-To open a Read-Only pregnancy entry

- Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Pregnancy” section (See diagram below)
- Double click to open the active record

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 displays the TeleRAWA interface. On the left is a navigation menu with options like 'Checkin patient', 'General info', 'Allergy', 'Encounters', 'Chronic Conditions', 'Monitoring', 'Meds', 'Lab/imaging', 'Screenings', 'Referrals', and 'Pregnancies'. The main area shows a 'Pregnancies' table with one entry: 'High-risk Pregnancy' with an 'Estimated Date of Delivery' of 11/05/2023 and an 'Actual Date of Delivery' of 27/04/2023. The 'Actual Date of Delivery' field is highlighted in yellow. A red box highlights the 'Edit' button in the table, with a red arrow pointing to the 'Actual Date of Delivery' field in the 'Edit Pregnancy' modal window below. The modal window shows various fields: 'Date of First Visit' (20/02/2023), 'Reported LMP' (04/08/2022), 'Confirmed LMP' (04/08/2022), 'Pregnancy Confirmation Date' (20/02/2023), 'Pregnancy Type' (High-risk Pregnancy), 'Estimated Date of Delivery' (11/05/2023), 'Trans In', 'Actual Date of Delivery' (27/04/2023), and 'Note'. At the bottom of the modal are 'Close' and 'Save' buttons. Below the modal is an 'Encounters' table with columns for 'Encounter date', 'Encounter number', 'Provider', and 'Reason'. The encounters listed are: 24/04/2023 (004020230424057), 18/04/2023 (004020230418041), 04/04/2023 (004020230404047), and 21/03/2023 (004020230321034), all with 'Antenatal' as the reason. A 'Close' button is at the bottom right of the encounters section.

Pregnancy Type	Estimated Date of Delivery	Actual Date of Delivery	Registered Date	Edit	Delete
High-risk Pregnancy	11/05/2023	27/04/2023	20/02/2023		

Encounter date	Encounter number	Provider	Reason
24/04/2023	004020230424057		Antenatal
18/04/2023	004020230418041		Antenatal
04/04/2023	004020230404047		Antenatal
21/03/2023	004020230321034		Antenatal

Figure 5.3: Opening a Read-Only pregnancy entry in TeleRAWA

Annex 6: Management of Screening Records

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

- a. Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- b. Within the Activities window , go to the “Screening Registry” section (See diagram below)
- c. Click the “green plus sign” icon
- d. Select the appropriate screening
- e. Fill in the relevant fields and click save

Creating a screening entry

Note:

Marking the field "Complete" as "**NO**" will allow you to make necessary updates to the record later after saving and closing it.

Marking the field "Complete" as "**YES**" 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.

Completing this process (Complete= Yes) 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

MEMBERSHIP INFO:
Matron Roberts
Aug 21, 2019
RAWA Testing Bot (GP)

Checkin patient

General info

Allergy +

Encounters 34

Chronic Conditions +

Monitoring +

Meds

Lab/Imaging +

Screenings +

Referrals

Pregnancies +

View all Patients

Encounter	Screening Title	Screening Type	Date Compl.	Date Ordered	Completed	Edit	Delete
004020220322052	PSA	Baseline Study	15/03/2022	01/03/2022	ES		
004020220324024	Mammograms	Baseline Study	11/04/2022	24/03/2022	ES		

Add Screening

Screening Test:
Pap smears
VIA
ASCVD Risk Screening
Chronic Kidney Failure Screening
Metabolic Syndrome Screening
BMI screening
HPV Screening

Add Screening

Screening Test: Pap smears

Date Ordered: dd/mm/yyyy

Date Completed: dd/mm/yyyy

Type: [Dropdown]

Complete:

Screening not Applicable:

Result: [Dropdown]

Notes: [Text Area]

Close Save Save and close

Complete the information

Figure 6.1: Creating a new screening entry

6.2 How-To update a screening entry

- Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Screening Registry” section (See diagram below)
- Double click to open the active record
- Make changes to the active record and click save

Updating a screening entry

Note:
You can only update records that have been marked as Complete = NO

Marking the field "Complete" as "YES" 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.*

Completing this process (Complete= Yes) will set this record as Read-Only, and you will no longer be able to make more changes. Do you wish to continue?

Encounter	Screening Title	Screening Type	Date Compl.	Date Ordered	Completed	Edit	Delete
004020231010022	VIA	Baseline Study	19/03/2022	01/10/2023	IS		
004020231010024	Mammograms	Baseline Study	11/04/2022	24/03/2022	IS		
004020231010022	VIA	Baseline Study		01/10/2023		✓	✕

Figure 6.2: Updating a screening entry

6.3 How-To open a Read-Only screening entry

- Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Screening Registry” section (See diagram below)
- Double click to open the active record
- Review the relevant fields and click close

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.

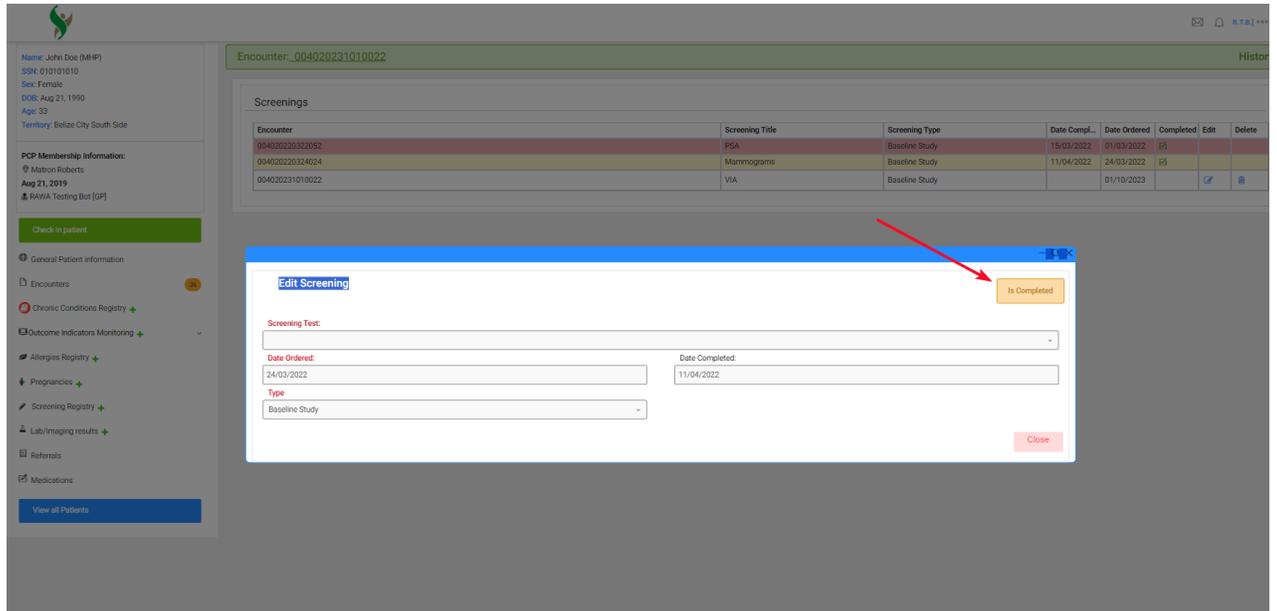


Figure 6.3: Opening a Read-Only screening entry

Annex 7: Management of NCD Records

Management of NCDs

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

7.1 How-To Register a new NCD entry

- Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Chronic Conditions Registry” section (See diagram below)
- Click the “green plus sign” icon
- Select the appropriate NCD
- Fill in the relevant fields and click save

Encounter: 004020231010022

Print Chronic Form

Add Chronic Condition

Registration Date: [dd/mm/yyyy]

Chronic condition: [dd/mm/yyyy]

Diabetes

Category: [dropdown]

Value: [dropdown]

Co-Morbidity: [dropdown]

Target Organs: [dropdown]

Severity: [dropdown]

Clinical Status: [dropdown]

Last Occurrence (Date Last Updated): [dd/mm/yyyy]

Notes: [text area]

Buttons: Close, Save and add another, Save

Encounter: 004020231010022

Print Chronic Form

Add Chronic Condition

Registration Date: [dd/mm/yyyy]

Chronic condition: [dd/mm/yyyy]

Diabetes

Category: [dropdown]

- Hypertension
- Anteriosclerotic cardiovascular disease (ASCVD)
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Chronic Kidney Disease
- Chronic Kidney Failure
- Consecutive Heart Failure (CHF)

Clinical Status: [dropdown]

Last Occurrence (Date Last Updated): [dd/mm/yyyy]

Notes: [text area]

Buttons: Close, Save and add another, Save

Encounter: 004020231010022

Print Chronic Form

Add Chronic Condition

Registration Date: [dd/mm/yyyy]

Chronic condition: [dd/mm/yyyy]

Diabetes

Category: [dropdown]

Value: [dropdown]

Co-Morbidity: [dropdown]

Target Organs: [dropdown]

Severity: [dropdown]

Clinical Status: [dropdown]

Last Occurrence (Date Last Updated): [dd/mm/yyyy]

Notes: [text area]

Buttons: Close, Save and add another, Save

Figure 7.1: Creating a new NCD entry

7.2 How-To Update an NCD entry

- Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Chronic Conditions Registry” section (See diagram below)
- Double click the “Edit Record Icon” to open the active record
- Make changes to the active record and click save
- Fill in the relevant fields and click save

The screenshot displays the 'Edit Chronic Condition' form for a patient with Diabetes. The form includes the following fields and options:

- Registration Date: 04/06/2023
- Category: Diabetes
- Value: Established case
- Co-Morbidity: Yes
- Target Organs: N/A
- Severity: Mild, Moderate, Severe
- Clinical Status: Active
- Last Occurrence (Date Last Updated): dd/mm/yyyy
- Notes: (Empty text area)

The form also features a table for Target Organs with columns for Organ, Date, and Delete. The 'Save' button is highlighted in green, and the 'Edit Record Icon' in the table above is highlighted with a red box and arrow.

Figure 7.2: Updating an NCD entry

7.3 How-To view an NCD entry

- Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- Within the Activities window , go to the “Chronic Conditions Registry” section (See diagram below)
- Double click to open the active record
- Review the relevant fields and click save

Name: John Doe (M/SP)
 SSN: 010101010
 Sex: Female
 DOB: Aug 21, 1990
 Age: 33
 Territory: Belize City South Side

PCP Membership Information:
 Mission Roberts
 Aug 21, 2019
 RWA Testing Bot [SP]

Check in patient

General Patient Information

Encounters

Chronic Conditions Registry

Outcome Indicators Monitoring

Allergies Registry

Pregnancies

Screening Registry

Lab/Imaging results

Referrals

Medications

View all Patients

Print Chronic Form

Chronic Conditions

Chronic condition	Recorded Date	Severity	Edit	Delete
Diabetes	04/06/2023			

Edit Chronic Condition

Registration Date: 04/06/2023

Category: Diabetes

Value: Established case

Co-Morbidity: Yes

Target Organs:

Organ	Date	Delete
N/A	31/12/1969	

Severity: Miss Moderate Severe

Clinical Status: Active

Last Occurrence (Date Last Updated): dd/mm/yyyy

Notes:

Close

Figure 7.3: Viewing an NCD entry

7.4 How-To view a summary of NCDs

- e) Go to TELERAWA/Encounters/My Draft , open the record you wish to process
- f) Within the Activities window , go to the “Chronic Conditions Registry” section (See diagram below)
- g) Click the “chevron icon” to expand
- h) Review the relevant records

The screenshot displays a patient record interface. On the left, a sidebar contains patient details: DOB: Aug 21, 1990, Age: 33, Territory: Belize City South Side, PCP Membership information for Matron Roberts (Aug 21, 2019), and a list of screening activities including Metabolic Syndrome Screening, Chronic Kidney Failure Screening, Mammograms, PSA, ASCVD Risk Screening, BMI screening, HPV Screening, Pap smears, and VIA. The 'Chronic Conditions Registry' section is highlighted in green and has a red circle around its expansion chevron icon. Red arrows point from this icon to the 'Emergency Contact Information' section and to the 'Business Info' section. The main content area includes fields for SSN, Birth Date, First Name, Last Name, Middle Name, Sex, and Is Active/Is Dormant. Below these are sections for Rostering, Contact Info, Emergency Contact Information, Other Data, and Business Info, each with corresponding input fields. A 'Save' button is located at the bottom right of the form.

Figure 7.4: Viewing Summary of NCDs

Annex 8: Conducting IP Eligibility

Conducting an eligibility search

How-To Conduct an Eligibility Search in RAWA

1. To conduct this search, go to: **RAWA/TELERAWA/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/TELERAWA provides when conducting this search.

Eligibility Search in RAWA

National Health Insurance Belize
A Gateway to Better Health ©

Home Workplace **1** RAWA

Members

Member Search

- Active (9587)
- Inactive (4004)
- Dormants (0)
- Transferred In
- Transferred Out

Registration

- Eligibility Search** **3**
- Not Assigned To Physician (18)

Deaths

- History (0)

Eligibility Search **4**

SSN	First Name	Last name	Birth date	Inscription Date	Medic
000366239	JOSIS	SARAVIA	19/07/1999	29/11/2001	...

New Member

Quick Search

SSN Birth date **5**

This person is registered to another Provider!

First Name Last name

Rostering

Unit

Provider Inscription Date

Physician

Physician Inscription Date

Activities

000051234	MARVA	WELCH	27/05/1968	06/05/2004	...
-----------	-------	-------	------------	------------	-----

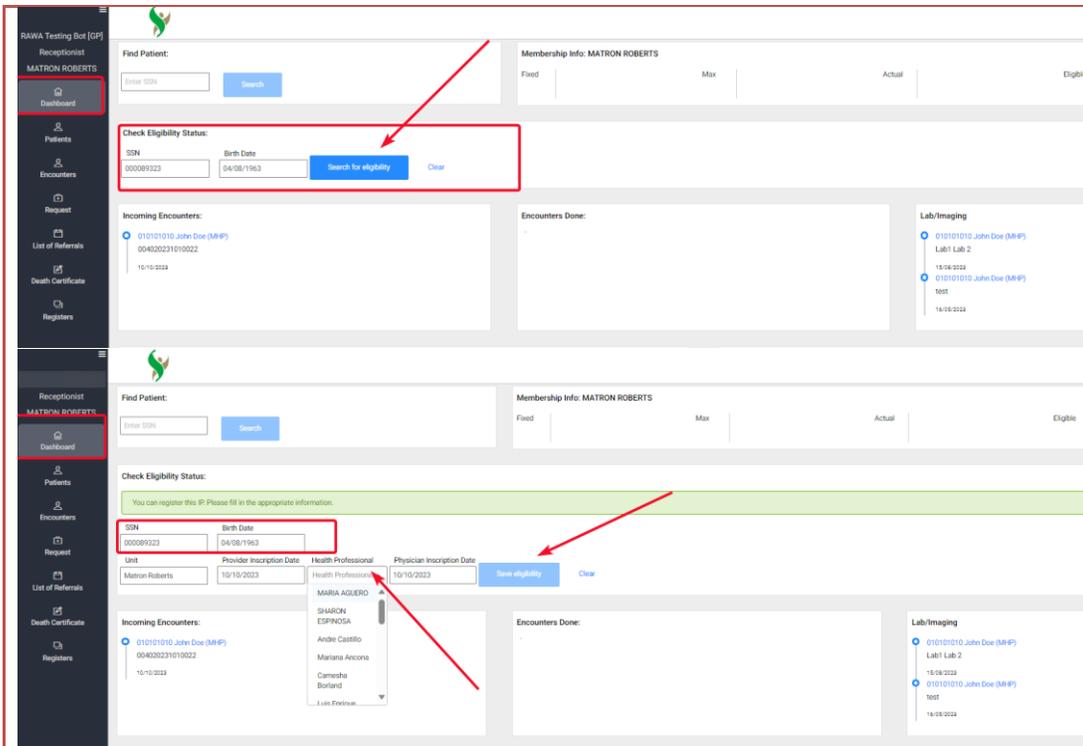
Members **2**

1 of 35 selected (found 10907).

How-To Conduct an Eligibility Search in TeleRAWA

1. To conduct this search, go to: **TeleRAWA /Dashboard/**
2. 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.

Eligibility Search in TeleRAWA



ELIGIBILITY RESULTS AND NOTIFICATIONS

- a. **If notification is:**
You may register this member. Please fill in the appropriate information!
 - RAWA: Proceed as instructed and click the “Save and Close” button to complete the registration.
 - TeleRAWA: Proceed as instructed and click the “Save Eligibility” 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. Go to TeleRAWA/Patients/Active
 - b. If patient is found, go to step 4.
 - c. If patient is not found, go to step 2

2. **Conduct a membership search in the Inactive Section**
 - a. Go to TeleRAWA/Patients/Inactive
 - b. If patient is found, request activation from NHI
 - c. 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”

Member Eligibility and creating a new encounters

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

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

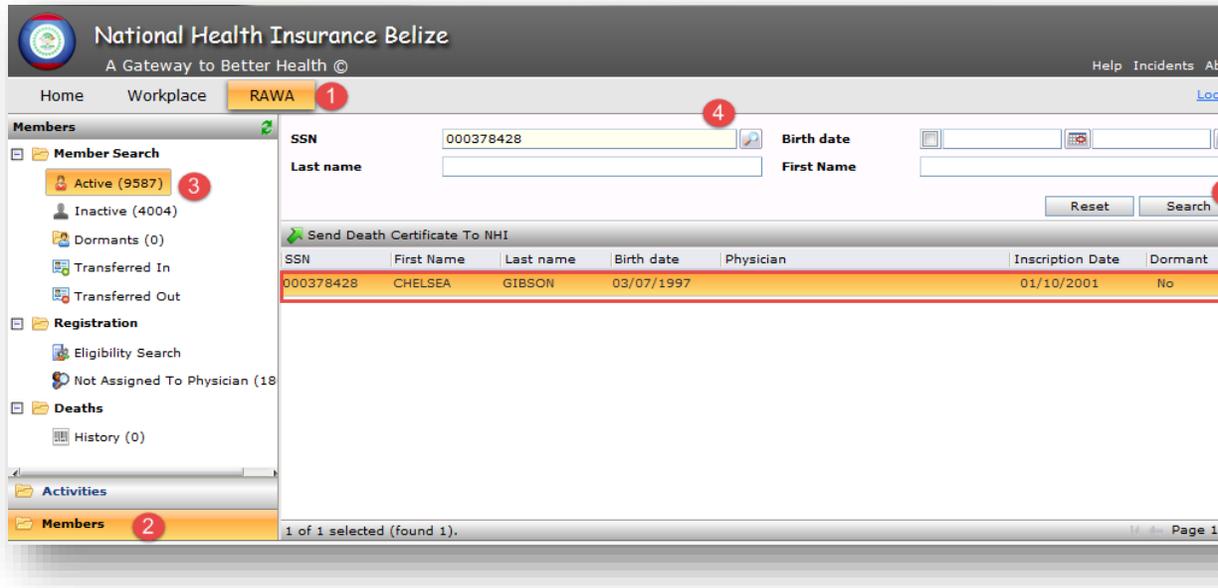


Figure 9.1: Conducting a membership search in the Active Section

9.2 How-To Conduct a membership search in the Active Section in TeleRAWA

- c. To conduct this search, go to: **TELERAWA/Patients/ Active**.
- d. Enter search criteria-such as patient's SSN exactly as seen in the card and click search button.

RAWA Testing Bot [GP]
 Receptionist
 MATRON ROBERTS
 Dashboard
 Patients
 Encounters
 Request
 List of Referrals
 Death Certificate
 Registers

Persons

Active Inactive

SSN: [] Filter: [] Search [X] [Y]

SSN	Person Name	Territory	Gender	Birth date
000488340	HILLMERT HARRIS	Belize City South Side	Male	29/06/1952
000013122	MELONE BRUCE	Belize City South Side	Female	17/09/1998
000042429	AMANDA MIDDLETON	Belize City South Side	Female	06/09/2015
000043410	IKIDA ALVAREZ	Belize City South Side	Female	16/09/2003
000044339	JAYDEANNI WELCOME	Belize City South Side	Female	06/02/2016
000044395	GREGORY MCKOY JR.	Belize City South Side	Male	04/09/2015
000027792	ERLUTHI CHEN	Belize City South Side	Female	28/08/2014
000027923	DANIEL ROS JR.	Belize City South Side	Male	31/05/2017
000027936	SKYISHA BRIGASTER	Belize City South Side	Female	14/01/2017
000027984	SHALINI SLODHER	Belize City South Side	Female	18/05/2013
000027973	LAFADIA WILLIAMS	Belize City South Side	Female	15/05/2017
000027974	LERONE WILLIAMS JR.	Belize City South Side	Male	15/05/2017
000027941	LESLY TUT SAQUI	Belize City South Side	Female	16/01/1999
000027949	JACOB REINA	Belize City South Side	Male	07/08/2017
000027955	JESUS WILLIAMS	Belize City South Side	Male	07/05/2017
000027971	ELLIAN MARTINEZ	Belize City South Side	Male	12/07/2017
000027987	DELMY GARCIA	Belize City South Side	Female	05/08/2012
000028079	JEN-AURIE BAIRD	Belize City South Side	Female	16/01/2012
000028085	JAHZAE PITTS	Belize City South Side	Female	19/08/2016
000028119	KEYON BUEANA	Belize City South Side	Male	11/10/2001
000028250	YINY PEREZ LARIOS	Belize City South Side	Female	13/01/1988
000028312	JORDAN MARTINEZ	Belize City South Side	Male	30/08/2017
000028319	DYLAN MADRID	Belize City South Side	Male	01/07/2016
000028337	EDWIN ARGUETA	Belize City South Side	Male	26/09/2017
000028384	CRISTIAN TONAR AGUILAR	Belize City South Side	Male	07/09/2014
000028426	JASON HAMILTON	Belize City South Side	Male	26/10/2017
000028448	JERELINA BOLON	Belize City South Side	Female	01/10/1999

Figure 9.2: Conducting a membership search in the Active Section

9.3 How-To Conduct a membership search in the Inactive Section in RAWA

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

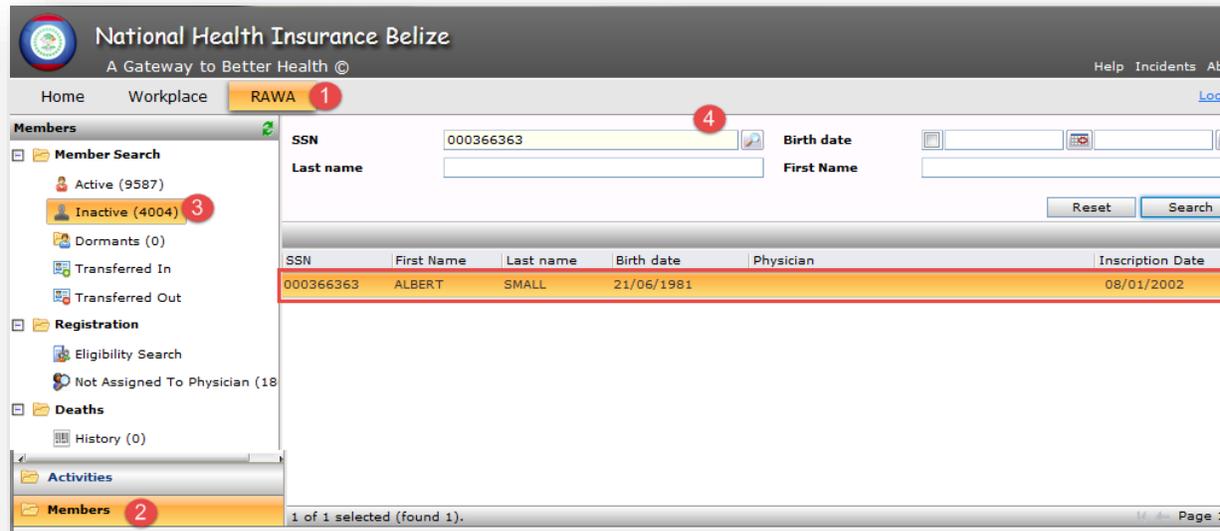


Figure 9.3: Conducting a membership search in the Inactive Section

9.4 How-To Conduct a membership search in the Inactive Section in TeleRAWA

- c. To conduct this search, go to: **TELERAWA/Patients/ Inactive.**
- d. Enter search criteria, such as patient's SSN exactly as seen in the card and click search button.

RAWA Testing Bot [GP]
 Receptionist
 MATRON ROBERTS

Dashboard
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Persons

Active Inactive

SSN Name Search X Y

SSN	Person Name	Territory	Gender	Birth date
000571987	GILBERT AMAYA	Belize City South Side	Male	14/11/1966
000366346	LOURRAINE ELLIS	Belize City South Side	Female	22/07/1911
000366363	ALBERT SMALL	Belize City South Side	Male	21/06/1981
000182533	MAURA RAMIREZ	Belize City South Side	Female	29/01/1966
000113854	SHIRLEY RAMIREZ	Belize City South Side	Female	10/09/1964
000182074	ELIAS RAMOS	Belize City South Side	Male	16/02/1951
000184762	SHIANA TURTON	Belize City South Side	Female	11/09/1975
000069330	LORANCO TUL	Belize City South Side	Male	09/11/1974
000176935	CRISTINA UCAN	Belize City South Side	Female	05/06/1978
000091588	DANIEL FRYETT	Belize City South Side	Male	23/04/1964
000070907	ERLINDA LUSHER	Belize City South Side	Male	11/12/1971
000039271	ELIDA PEREZ	Other	Female	02/03/1965
000035291	MICHAEL COYE	Belize City South Side	Male	13/01/1947
000079143	DANZEL COOPER	Belize City South Side	Male	14/05/1963
000018237	EDMAN COOPER	Belize City South Side	Male	03/05/1925
000062482	SHERMODEAN BAINTON	Belize City South Side	Female	16/10/1972
000184235	RUDOLPH WESTBY	Belize City South Side	Male	04/02/1928
000034994	MARJORIE WORRELL	Belize City South Side	Female	22/11/1956
000184859	JOHN HENRY	Belize City South Side	Male	04/06/1982
000091192	GREGORY SALDIVAR	Belize City South Side	Male	08/01/1954
000276320	DENFIELD MARTINEZ	Belize City South Side	Male	16/03/1984
000007218	GEORGE MOORE	Belize City South Side	Male	13/03/1952
000178946	ANNIE MYLES	Belize City South Side	Female	04/02/1945
000182986	JASON GROSOD	Belize City South Side	Male	04/01/1980
000284951	ROMAN REQUEENA	Belize City South Side	Male	03/08/1981
000197670	RICHARD YOUNG	Belize City South Side	Male	12/04/1985
000011465	NORLAND FLOWERS	Belize City South Side	Male	08/02/1964
000182585	ELVIS LOGAN	Belize City South Side	Male	28/07/1963
000091854	JULIO MIRANDA	Belize City South Side	Male	23/09/1958
000366529	EDWIN RODRIGUEZ	Belize City South Side	Male	09/12/1997
000366527	FELIPE RODRIGUEZ	Belize City South Side	Male	13/07/1996

Figure 9.4: Conducting a membership search in the Inactive Section

9.5 How-To Conduct an Eligibility Search in RAWA

- 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.

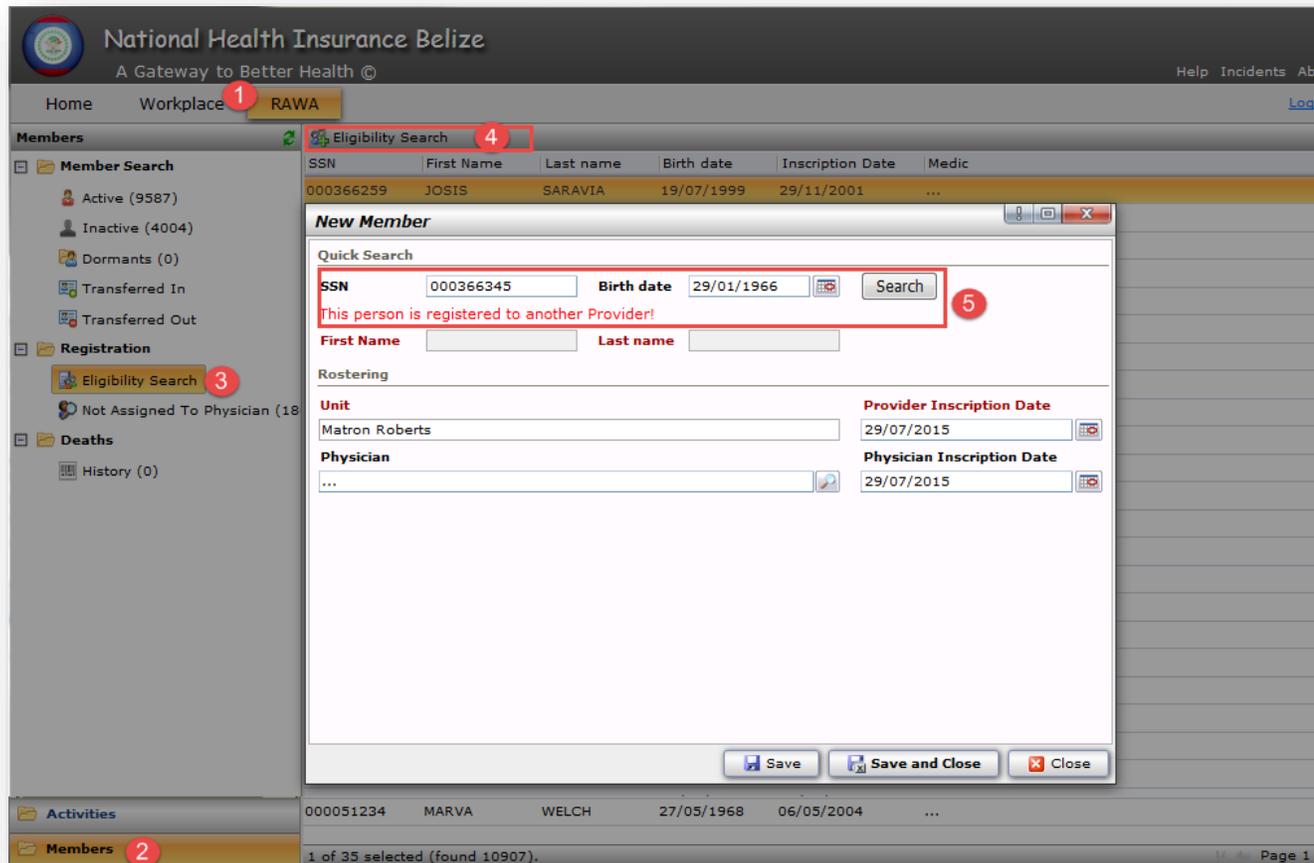


Figure 9.5: Conducting an Eligibility Search in RAWA

9.6 How-To Conduct an Eligibility Search in TeleRAWA

- a. To conduct this search, go to: **TeleRAWA /Dashboard/**
- 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.

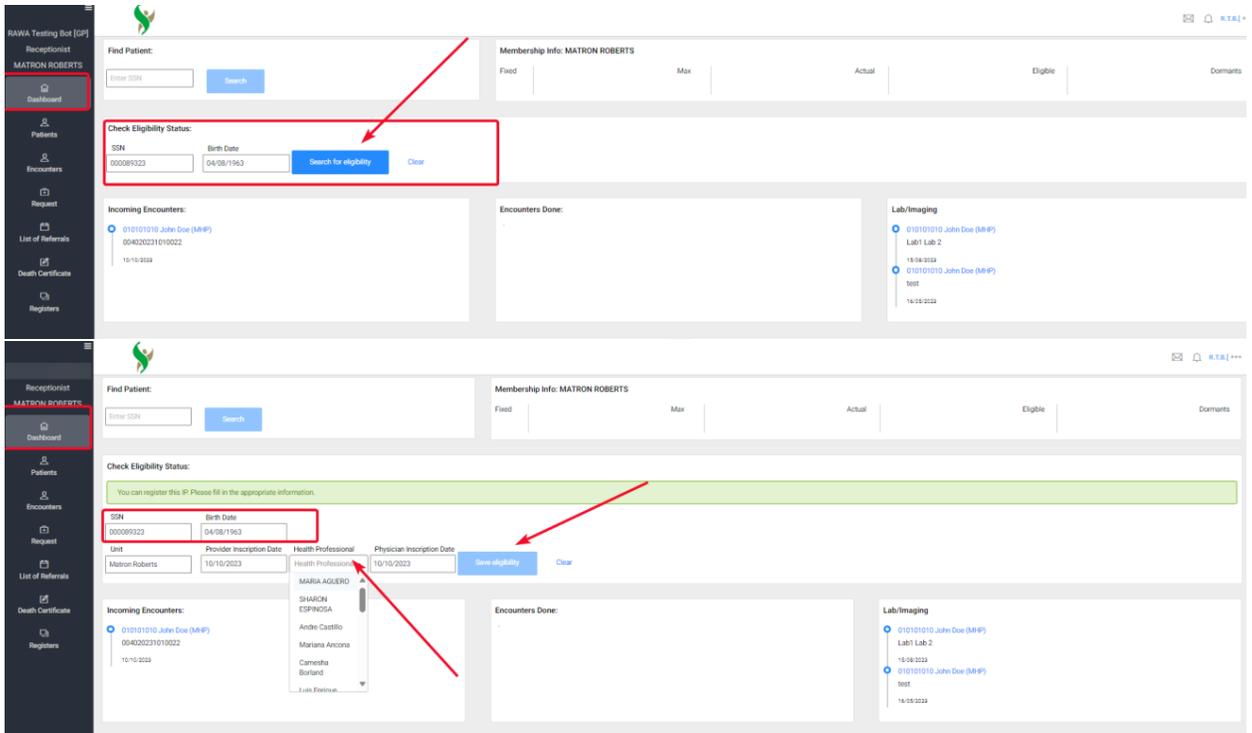


Figure 9.6: Conducting an Eligibility Search in TeleRAWa

9.7 How-To Create an activity in RAWA

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

The screenshot displays the RAWA system interface. At the top, there are navigation tabs: Home, Workplace, and RAI (1). Below this is the 'Activities' section with options: Search person (3), Draft (1250), and Active (9811). A search bar contains the SSN '000378522' (4) with 'Reset' and 'Search' buttons. Below the search bar is a table with columns: SSN, BirthDate, Full Name, Sex. The table contains one row: 000378522, 28/07/1979, GAYNOR, RICHAF, Female. A 'New Activity' button (5) is visible. The 'Edit Record' window (6) is open, showing a form with the following fields and values:

Draft	<input checked="" type="checkbox"/> Yes	Is Doctor Consultation	<input checked="" type="checkbox"/> Yes
Encounter Form N	<input type="text"/>	Date Of Activity	29/07/2015
Visit Type	<input checked="" type="radio"/> First Visit <input type="radio"/> Follow Up	Appointment Time	29/07/2015 20:40
Visit Reason	Check Up	Emergency	<input type="checkbox"/> No
SSN	000378522	Insured	NHI
	RICHARDS GAYNOR	New Born	<input type="checkbox"/> No
	Age: 36. Sex: Female.	Is Member	<input type="checkbox"/> No
		Cross Border Visit	<input type="checkbox"/> No
Health Professional	NHI-GP-0173; Vivian Macias; General Practitioner		
Provider Unit	Matron Roberts		

At the bottom of the 'Edit Record' window are 'Save and Close' and 'Close' buttons. The bottom status bar shows '1 of 1 selected (found 1)' and 'Page 1'.

Figure 9.7: Creating an activity

9.8 How-To Create an activity in TeleRAWA

- To conduct this step, go to: **TeleRAWA /Dashboard.**
- Enter patient's SSN in the search criteria and click search button.
- If the search is successful, the patient's profile is presented.
- Click the "Check In" button and complete the input of the required information
- Ensure to choose the appropriate template
- Ensure to choose the appropriate medical professional and nurse
- Click submit

Note:

Choosing the appropriate template, allows the doctor to add the relevant clinical notes and referrals. Failure to choose a template, will prevent the doctors from entering medical notes and referrals .

The screenshot displays the TeleRAWA interface. The top section shows the 'Find Patient' search area with a text input containing '010101010' and a 'Search' button. Below this is the 'Check Eligibility Status' section with fields for SSN and Birth Date, and a 'Search for eligibility' button. The 'Incoming Encounters' section lists an encounter for 'John Doe (MHP)' on 10/10/2023. The 'Encounters Done' section is currently empty. A 'Change Requests' section is visible at the bottom.

The bottom portion of the screenshot shows the patient profile for 'John Doe (MHP)'. The profile includes personal information (SSN, DOB, Age, Sex, Territory) and PCP membership information (Matron Roberts, effective Aug 21, 2019). A 'Check in patient' button is highlighted with a red box. Below the profile is a list of encounters with the following data:

Type	SSN	Visit date	Encounter number	Provider	Reason	Is member	Draft
	010101010	10/10/2023	004020231010022	Matron Roberts	Check Up	SS	SS
	010101010	19/09/2023	004020230919002	Mental Health Pilot	Tele-Consultation		
	010101010	15/08/2023	004020230815004	Matron Roberts	Chronic	SS	SS
	010101010	09/01/2023	004020230109003	Mental Health Pilot	Tele-Consultation		
	010101010	09/12/2022	004020221209001	Mental Health Pilot	Tele-Consultation		
	010101010	21/10/2022	004020221010001	Mental Health Pilot	Tele-Consultation		
	010101010	12/08/2022	004020220812002	Mental Health Pilot	Tele-Consultation		
	010101010	30/03/2022	004020220330008	Matron Roberts	Check Up	SS	
	010101010	24/03/2022	004020220324010	Matron Roberts	Check Up	SS	
	010101010	24/03/2022	004020220324014	Matron Roberts	Check Up	SS	

The 'Check in patient' button is highlighted with a red box, and a red arrow points to it from the right. The 'Check in patient' button is a green button with white text. The 'Check in patient' button is located in the 'General Patient Information' section of the patient profile.

New Encounter

Template

Telephone Consultation Form
Follow up consultation

Important: Choose the right template:
 - Choose the follow up consultation for a normal visit to the clinic
 - Choose the Telephone Consultation when applicable

Submit

Choosing the appropriate template, allows the doctor to add the relevant clinical notes and referrals.
 Failure to choose a template, will prevent the doctors from entering medical notes and referrals.

9.9 How-To Create an activity for emergency situations in RAWA

- 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**"

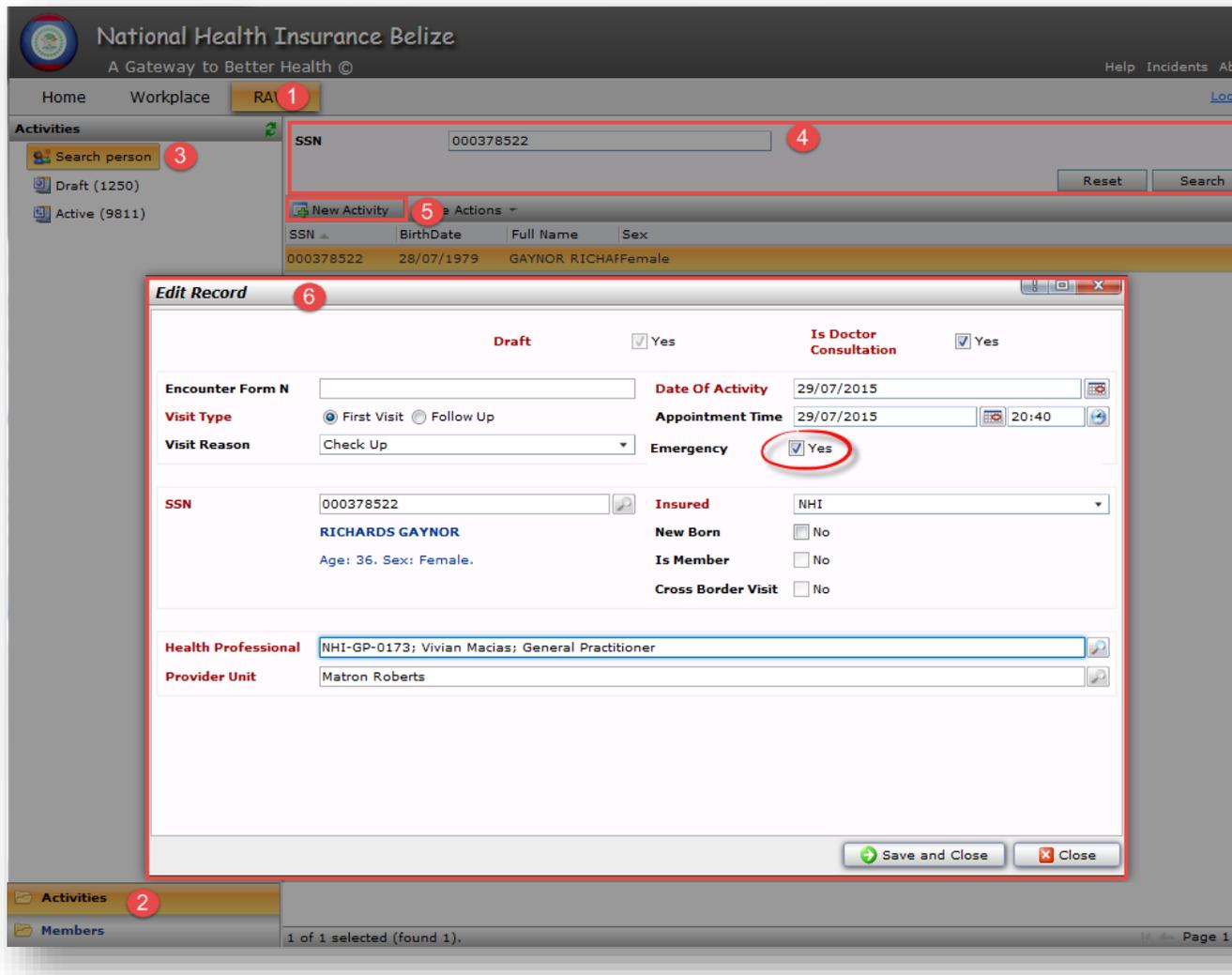


Figure 9.5: Creating an activity for emergency situations

9.9.1 How-To Create an activity for emergency situations in TeleRAWA

- To conduct this step, go to: **TeleRAWA /Dashboard.**
- Enter patient's SSN in the search criteria and click search button.
- If the search is successful, the patient's profile is presented.
- Click the "Check In" button and complete the input of the required information
- Ensure to choose the appropriate template
- Ensure to choose the appropriate medical professional and nurse.
- Put a check mark on the Field "**Emergency**"
- Click submit

RAWA Testing Bot [GPF]

Receptionist
MATRON ROBERTS

Dashboard

Patients

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Name: John Doe (MWF)
SSN: 010101010
Sex: Female
DOB: Aug 21, 1990
Age: 33
Territory: Belize City South Side

PCP Membership Information:
Matron Roberts
Aug 21, 2019
RAWA Testing Bot [GPF]

Check in patient

General Patient Information

Encounters

Chronic Conditions Registry

Outcome Indicators Monitoring

Allergies Registry

Pregnancies

Screening Registry

Lab/Imaging results

Referrals

Medications

View all Patients

New Encounter

Template: Telephone Consultation Form

Teleconsultation

Proof of patient consent: [Dropdown]

Proof of Patient: [Dropdown]

Doctor consultation

Reason of visit: Chronic

Reason comments: [Text Area]

Type of visit: [Dropdown]

Emergency visit
 In-person

Provider: Matron Roberts

Communication initiated via: [Dropdown]

Crossborder visit

Insurance: NHI

Appointment date: 10/10/2023 09:56 AM

Date of Activity: 10/10/2023

Health Professional: RAWA Testing Bot [GPF]
Nurse: JANNIEN BURGESS

Submit

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Annex 10: Common abbreviations and acronyms

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

Figure 10.1: Common abbreviations and acronyms



National Health Insurance
City of Belmopan, Belize
2024