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Swiss Confederation



Federal Ministry
for Economic Cooperation
and Development



open**IMIS**

An open source Insurance Management Information System



Saurav Bhattarai (GIZ-S2HSP, Nepal)
Alicia Spengler (GIZ OpenIMIS, Germany)



Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

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Background

- Goal: UHC



- A viable way: Social Health Insurance



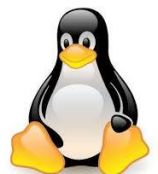
- Challenge: Administrative Burden



- Solution: Technology based MIS



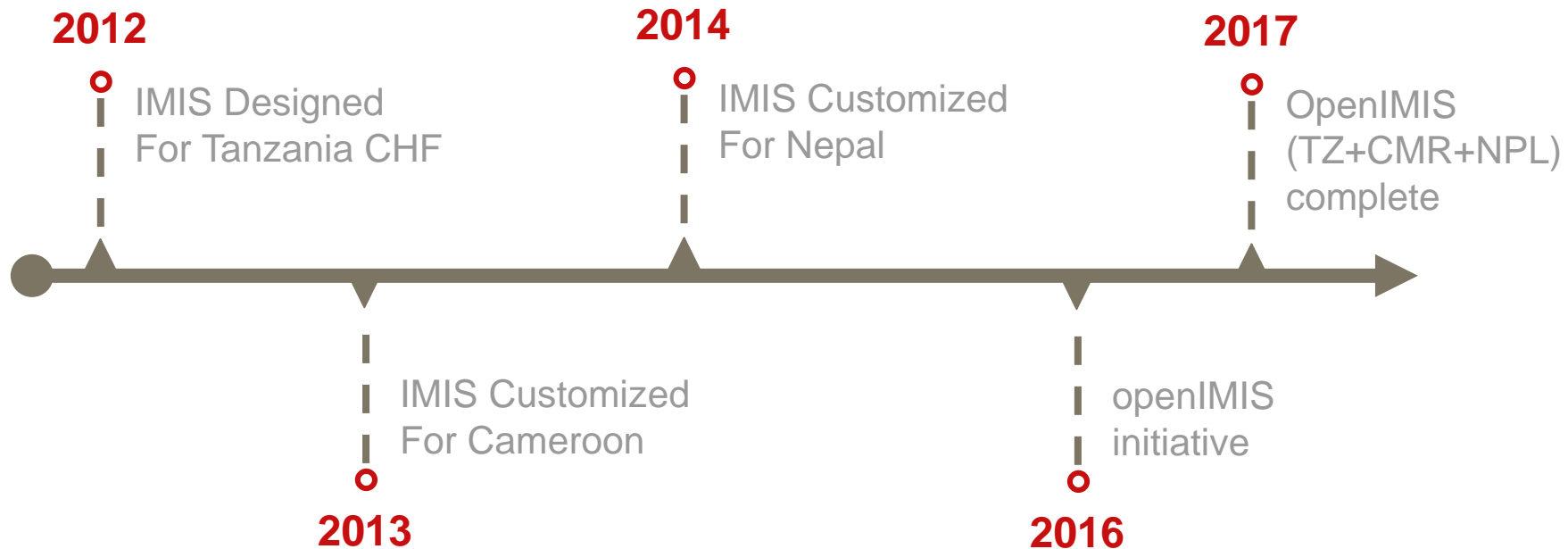
- Leverage knowledge: Open Source



Why Insurance MIS

- Insurance processes are complicated to manage
- Claims are only paid when providing transparent and evidence based billing
- In a data focused SDG era, a unique opportunity to incentivize health data reporting
- Patient level data available
- Opportunity to have up-to-date client registry

The evolution of openIMIS



IMIS

Designed for the CHF social health protection scheme in Tanzania

- Designed and developed by: Micro Insurance Academy (MIA) + SwissTPH + Exact Software
- Funded by SDC
 - Full copyright
 - Willing to offer other countries/schemes free of cost (including source code)
 - Condition: modifications to software should be shared with other countries/implementers

Major Business Processes

- Enrollment
- Verifications
- Claim Submission
- Claims review
- Client Feedback

Need for OpenIMIS

Open source
AGPL Licenced

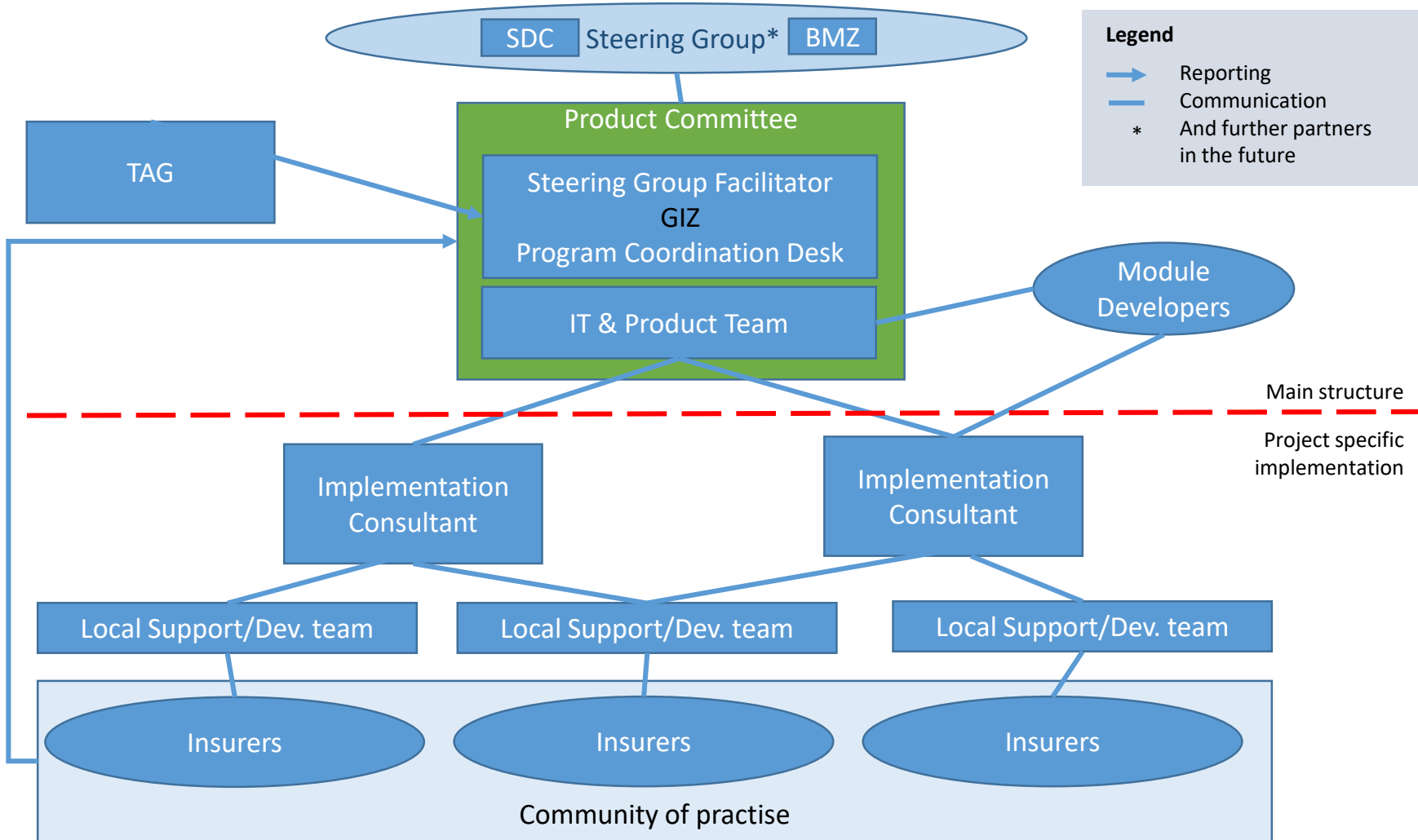
OpenIMIS
www.openimis.org

GLZ & OpenIMIS

Partnership between SDC and GDC for OpenIMIS initiative

- Development of Master Version
- Technical design of OpenIMIS
- Transition from IMIS -> OpenIMIS, including initial development
- Support bilateral programming in countries where GDC / SDC has health as main topic
- Coordinate Community of Practice
- Develop guidelines, SOP, training formats

OpenIMIS Governance



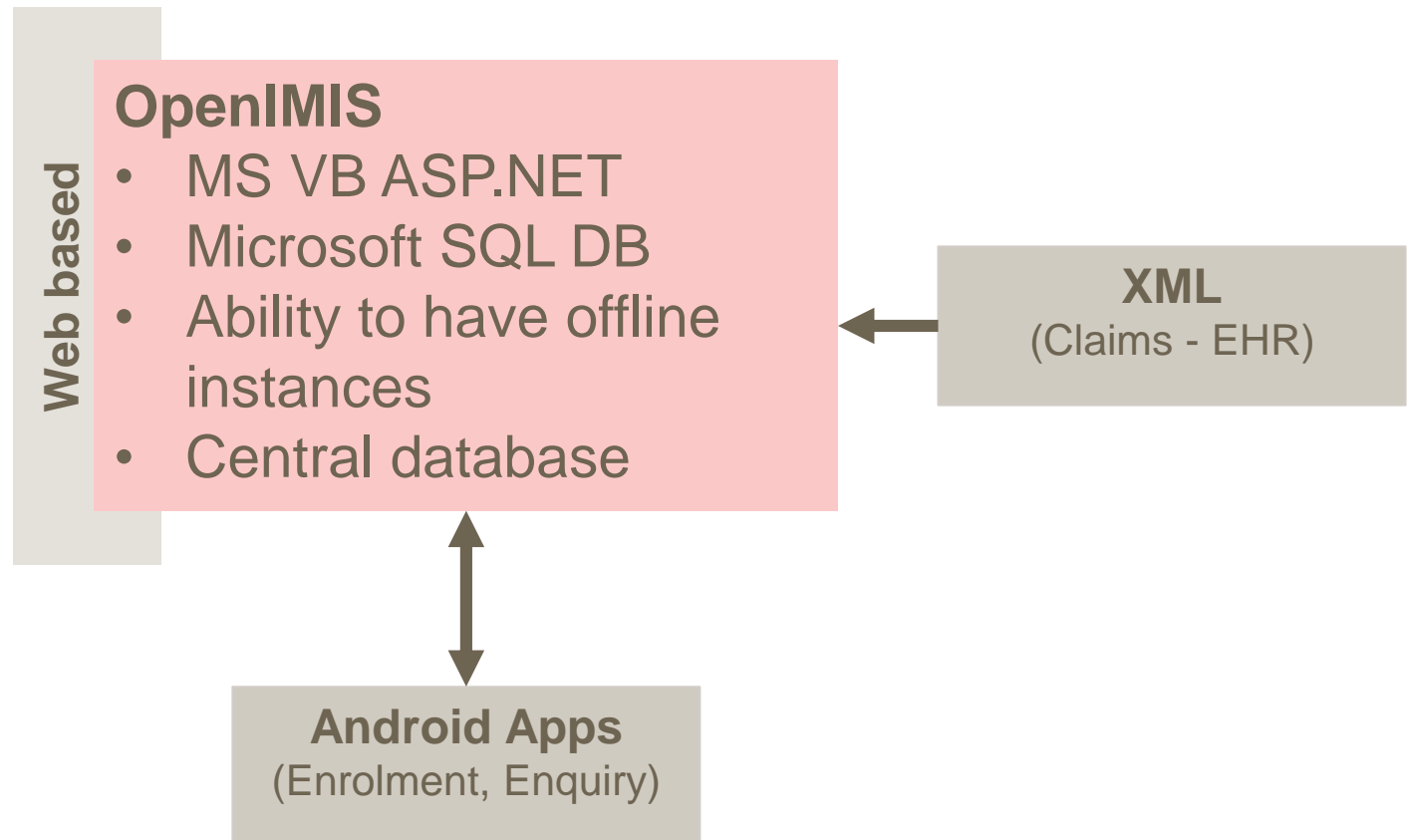
Collaboration

- Technical
 - Technical Advisory Group
 - Community of developers
- Operational
 - Country specific Implementations
 - Community of practice
 - Country specific requirements
- Financial (Steering Group)

Next Steps

- Development
 - Reengineering
 - Monolithic -> modular design
 - Integration with other tools
 - New features
- Community Setup
 - Community of developers
 - Community of users
- Implementation Toolkit

openIMIS Tech Specs



openIMIS Functions

- Scheme design
- Enrolment
- Verifications
- Claim Submission
- Claims review
- Client Feedback

Functions – Scheme Design

- Family or Single person
- Payment modalities
 - Single Payments / Installments
 - Cost sharing (Employers, Govt., etc)
- Benefit package customization
 - Services, drug availability
- Different pricelists (for different levels of facility)
- Multiple policies per beneficiary



Enrolment

The diagram illustrates a database system architecture. It features a server (represented by a grey tower) and a database (represented by a blue cylinder). A user (represented by a grey silhouette) is connected to the server via a thick brown arrow pointing upwards. The server is connected to the database via a thick brown arrow pointing downwards. The database is connected to the 'Ins. Office' (represented by a grey trapezoid) via a thick brown arrow pointing upwards. The 'Ins. Office' is connected to the user via a thick brown arrow pointing downwards. The entire diagram is set against a light blue background.

Enrolment App

[illegible]

Beneficiary





KOICA
Korea International
Cooperation Agency

संयुक्त राष्ट्र संघको सहभागी बल
आफ्नो र आफ्नो देशको विकासको लागि काम गर्ने

Verifications

- To be done at all points of care
- Web based – enter insuree number
- Android – scan QR code
- Photo
- Remaining balance (benefit package)
- Expiry



Claims Submission


- Typical scenario [no EHR solution]
 - Claims begin on paper (carbon copies)
 - After patient visit, facility enters it into openIMIS
 - IF EHR present -> XML Imports
- Android Application
- Web-based
- Rich dataset – Diagnosis (ICD), Services provided, Drugs/Items provided

Claim Management

Health Facility Code

Claim Admin

Claim Code

CHF ID 

Start Date End Date

Diagnosis

Diagnosis 1 Diagnosis 2

Diagnosis 3 Diagnosis 4

☒ Emergency

☐ Referral

☐ Other

Item Service

0 0

New Claim Post this Claim

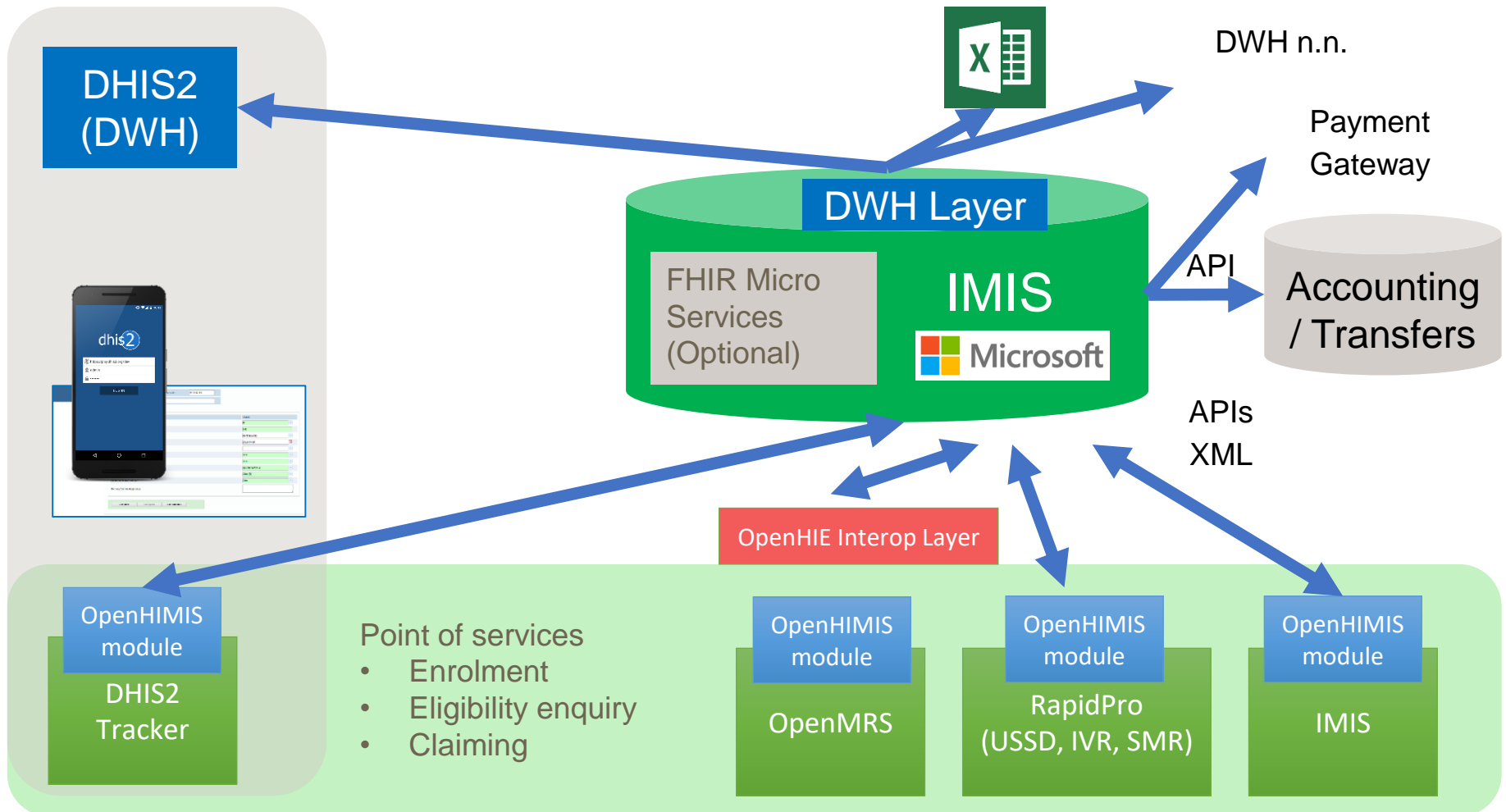
Claims Review

- Central reviewing mechanism
- Basic screening based on insuree profile and scheme definition
- Reviewers have ability to filter claims
 - By Value
 - Random sampling
 - Divergence from agreed pricing
- Payment advice based on claims review

Feedback

- Client feedback on service quality (Insurance + Health Service)
- Linked to claims
- Home visits
- Card scanning required

System architecture



Opportunities for engagement

- Module development
 - Apps
 - Claims
 - Data Warehousing
- APIs – connection with other HIS
- Reengineering the core
- Technical Advisory Group