USER MANUAL



No. 42, 2nd Floor, Sakamma Tower 2, B Chikkanna Layout, Mahadevapura, Near Maheshwaramma Temple, Bengaluru – 560048, Karnataka. Phone: 080-41620330. Email: vedantechsolutions@gmail.com



Contents

Introduction	.3	
Overview	3	
EMS Login Page	3	
Home Page/Main Dashboard	4	
CHSS Dashboard		
Apply CHSS	5	
Steps to apply for the CHSS Claim		6
Approval flow		9
Approved Contingent Bills		13
Claims		14
Conclusion	.5	
Abbreviations1	.5	



Introduction

Expenses incurred in connection with clinical tests, diagnostic services, hospital expenses, Medicines, Nursing charges etc., will be reimbursed as per C.H.S.S. rules whenever employee claim for it. CHSS application is developed to facilitate the company employees to claim their medical expenses that spend for the employee as well as for their dependent family members.

It is developed by a team of well-versed developers who have experience in many latest technologies and solving application related issues. This application developed using the technologies such as Java, MySQL, JavaScript, HTML, CSS etc.

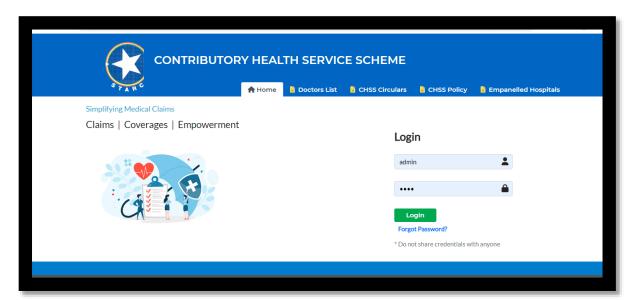
Overview

CHSS application provides facility to the employees, where they can apply to claim medical expenses to be reimbursed from the company. Which is sanctioned after the claim application undergo verification followed by approval by the authorized officers. This process is very simple apply and fast to reimburse the medical expenses which will be credited along with the salary.

This claims of all the employees will process within one month after applied by the employees before salary date of every month. Hence this application facilitate fast and easy claim of medical bills.

EMS Login Page

Login Page is the webpage where user enter his login credentials and login. This page also has access to various documents such as Doctors List, CHSS circular, CHSS Policy and Empaneled Hospitals list. This can be accessed even before login to the application as these are the basic details every employee need to know before applying for medical bills claim.





There are various users of the application such as Admin, Processing Officer, Verifying Officer, Authorizing Officer, CEO and User. Admin who has Master access to manage/control the application, provide access/deny, Add edit and delete options for any details, Update employee/family details etc.

Processing Officer (PO): An officer who first receive the claim application and send to the Verifying Officer. Also PO can return back to claimed employee if any details provided are not satisfactory or VO returns the application.

Officer also generate contingent bill which includes all the approved claim applications of all the employees who applied for that month and forward to the approval authority for their approvals. Only PO can return the contingent bill to the respective User if so again process starts from the beginning. If approval completes before due date claim sanction will be included in the contingent bill for that month otherwise claim will sanctioned in the next month only.

Verifying Officer (VO): Officer who verify the claim application received from the processing officer and forward back to processing officer if found unsatisfactory.

He also approve and send back the contingent bill received from the PO for his verification.

Authorizing Officer (AO): An officer who recommend the continent bill to the CEO for the final approval. He also return the bill to the PO directly. But as already said only PO will return to the claimed employee.

Chief Executive Officer (CEO): CEO is the final approval authority. Once he approved contingent bill is finally approved and sent for the sanction. CEO also can return the bill to the PO directly. PO may return to the User.

User: Employees of the company who are eligible to apply for the medical bill claim. They can apply for their any of the family members as well as for themselves and forward to the PO for the approval process.

Home Page/Main Dashboard

As soon as employee login to the application first lands in dashboard. This dashboard contains claim status and other information in statistical format Claim Summary in bar graph, Total amount claimed and settled in amount, Total applied, Pending and approved count and Pie chart of Total amount claimed vs Total amount settled.

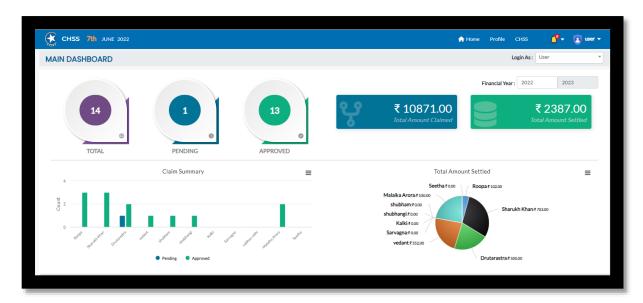
This details are based on the current financial year by default and can be viewed any financial year data by selecting the required year.

Both claim summary bar graph and Pie chart of Total amount claimed vs Total amount settled can be downloadable in various formats like JPG, PNG, SVG, CSV, XLS, and View in table etc.

This main dashboard contents are visible to all the users/employees with respect to their CHSS claim. And pie chart for amount approved for each claim.

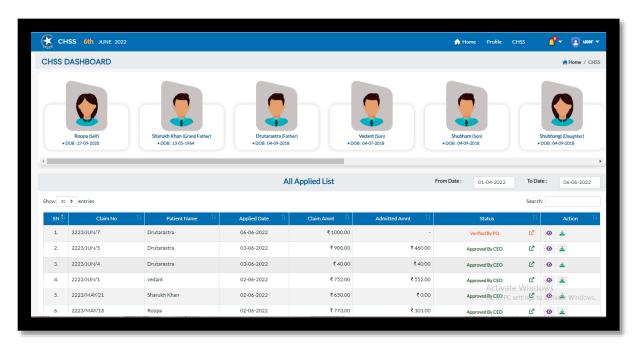


For E.g.: If employee applied for both Father and Son, how much money approved for father and son will display in this pie chart.



CHSS Dashboard

CHSS dashboard will have the list of all the registered family members of the logged In user. Below there is a list of all the applied CHSS claims with status of the claim financial year wise. Every claim will have actions such as 'View', 'Download', Edit etc.



Apply CHSS

Navigation: CHSS>Click on any family member>Apply

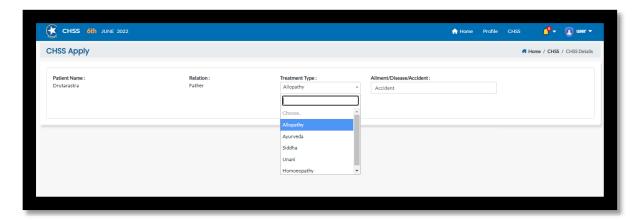


On clicking any family member if any previously applied for the selected member will display in the list.

Steps to apply for the CHSS Claim

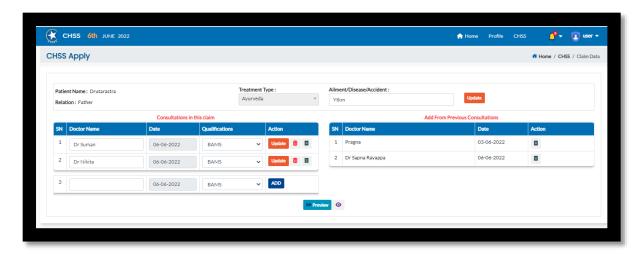
Step 01: Add treatment type and cause for the treatment

Click on family member and click on Apply. New page opens to fill the details. Select treatment type cause for the treatment such as Disease, Ailment or Accident etc... Treatment types are Allopathy, Ayurveda, Siddha, Unani and Homeopathy. After filling the details click 'Save' button. Navigate to second page with 'Claim created successfully' flash message.



Step 02: Add Doctor's details

This page will have Update button to edit the treatment type and cause of the treatment. Below that doctor details should be added such as doctor name, consulted date and doctor's qualification. Click on 'Add' button will save the doctor's details with some actions 'Update', 'Delete' and 'Add Bills'.



More than one consulted doctor details can be added at once and Update doctor details is disabled once bill details are added.

On right hand side all the previously added doctor details will display. If same doctor is consulted second time then user can add bills to that doctor only and submit.



Preview option is available to view the added details at any time.

Step 03: Add Hospital details

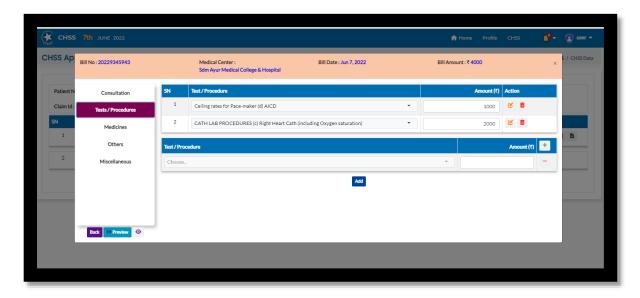
After adding doctor details under action items of Doctor Details click "Add bills' to add hospital details. Here it is required to provide hospital name/diagnostic centre name, Bill/receipt number, Bill date.

Step 04: Add Bill details

User will add all type of bills he received in the hospital during the treatment. This bills are categorized into different sections namely,

- 1. Consultation
- 2. Tests/Procedures
- 3. Medicines
- 4. Others
- 5. Miscellaneous

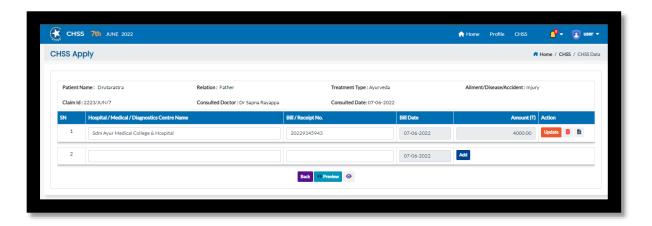
Based on the treatment and hospital obtained bills will be mentioned by the user.

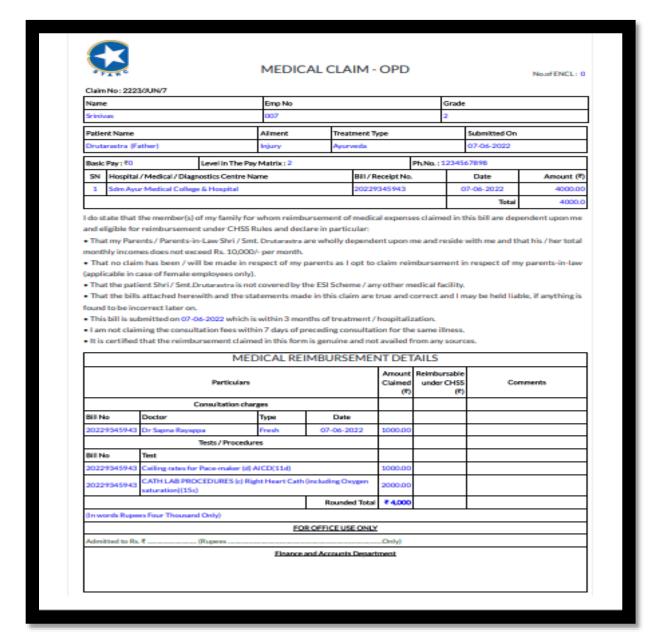


Step 05: Preview bill details

User can preview bill details at any point of time by clicking on the preview option available at the bottom of every page while adding claim details. This is an optional step but helps in viewing for correctness of the entered details.





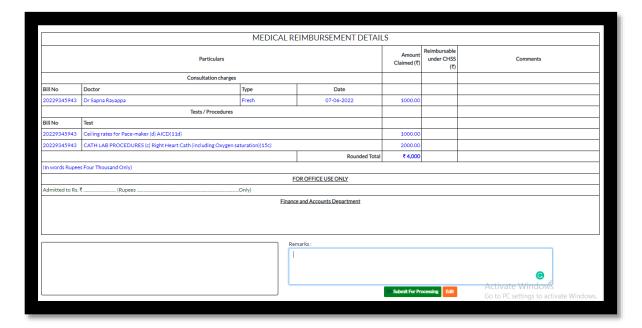


Step 06: Preview and forward



This is similar to preview but at the end of the page there is an option to forward for the approval authority by writing any remarks and clicking 'Submit for Processing' option.

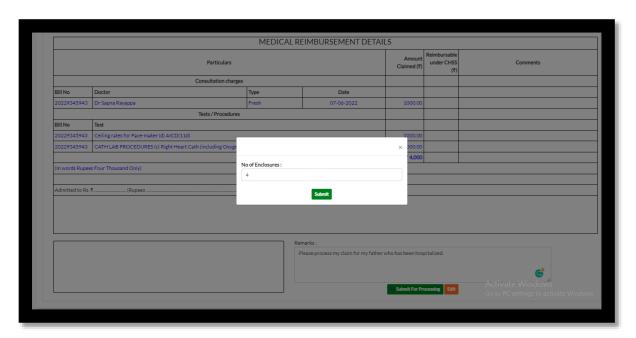
User can even edit at the last moment for any changes or modification by clicking on 'Edit' option.



Approval flow

• User Forward the claim application

User/employee will forward the claim application by mentioning the number of enclosures that he is going to submit physically. This enclosures includes test reports, Bills, Prescriptions, medicine list, surgery/treatement details etc whatever he may mention in the claim form.





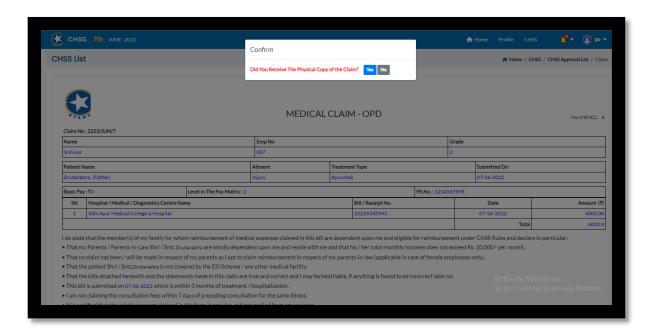
Processing Officer verify the claim application

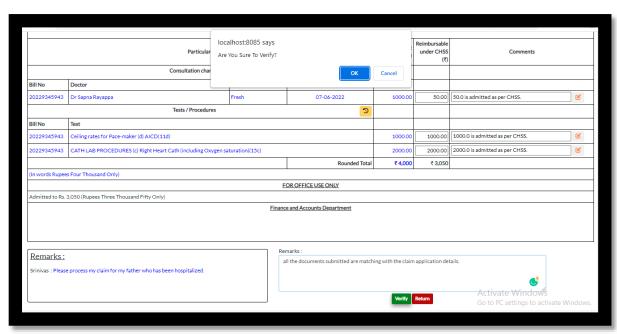
Processing Officer receive all the enclosures physically before receiving/forwarding the claim application to the verifying officer

Whenever PO opens the claim application to verify he has to click on 'Yes' for the prompt message "Did You Receive the Physical Copy of the Claim?" otherwise application will not open to view and verify.

Here PO can write his remarks after verification of physical documents and based on that PO will verify or return back to the claimed User. On clicking 'Verify' button will forward to the verifying officer.

PO can edit the sanction amount before forwarding to the verifying Officer. It is allowed in some cases to increase or decrease the claim amount.



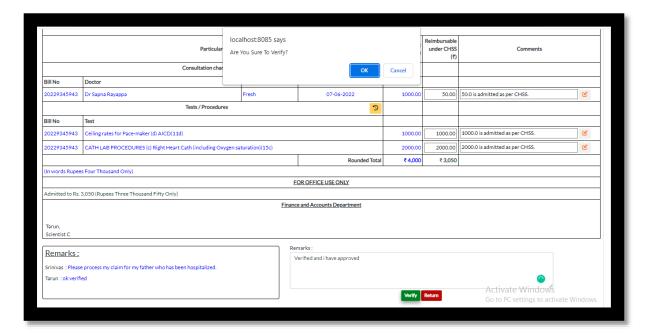




Verify by Verifying Officer

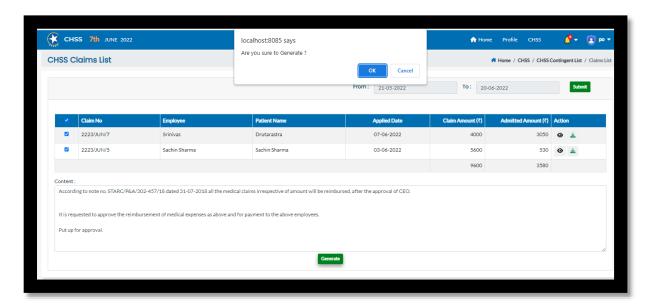
All the claim applications forwarded by processing officer will be received by verifying officer. VO will write her/his remarks on that claim application and click verify or return buttons. If VO verifies it will send to the processing officer to generate contingent bill. If returns application will return to the processing officer followed by User.

PO may re-forward to the VO without sending to the User or return back to the User and again process repeats'. VO also can edit the sanction amount before approving like PO.



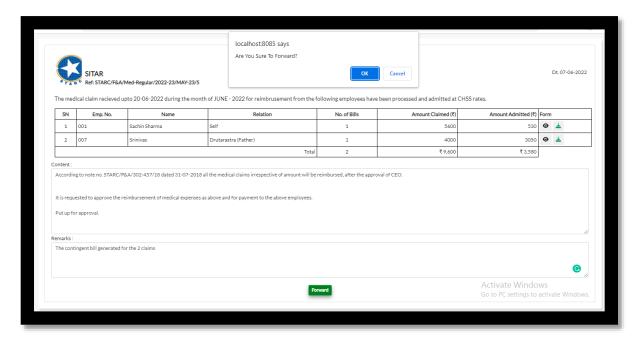
Generate Contingent Bill and forward for approval

Navigation: CHSS>Pending Contingent Bills>Generate Contingent Bill>Generate
Only PO will have the access to generate contingent bills for the approved/verified claims. Contingent bill is a collection of all approved claim applications for the current month.





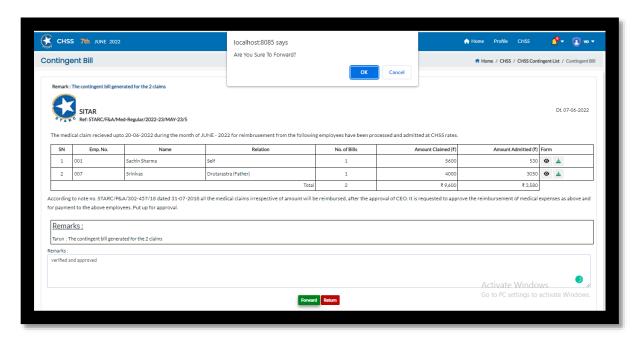
After generating contingent/summary bill, PO have to forward that to the Verifying Officer for the approval.



VO verification

VO once he open the notification he can view and download the application before forwarding or return the bill.

If VO forward the bill will send to the AO for his approval and if he returns will send to the PO. PO may send back to User for any corrections. If PO send back to User again approval process starts from the beginning from claim approval.

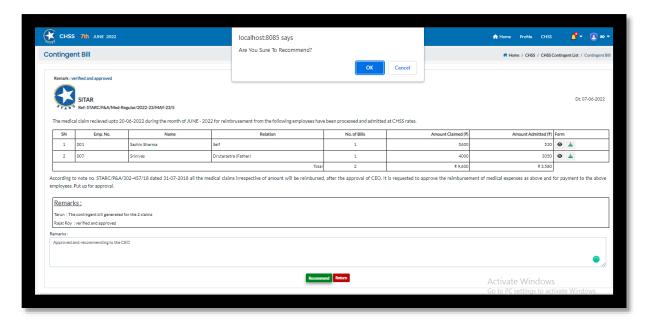


AO approval

AO will go through the bill he received and decide to recommend or to return back. He writes his remark before sending. If click on 'Recommend' will forward to the CEO



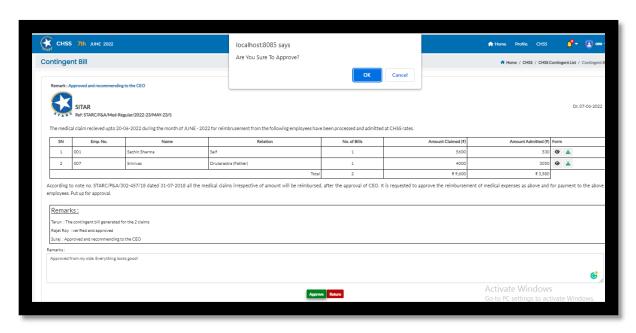
and if returns will send back to the PO. PO may send back to User based on the remarks given by the AO or forward to VO by his latest remarks.



CEO approval

Once AO recommend the bill, will send to the CEO. CEO is the final approving personnel to sanction the claim bill amount to the employees. Once CEO approved bill will send to PO under approved bills. If CEO returns will send to PO.

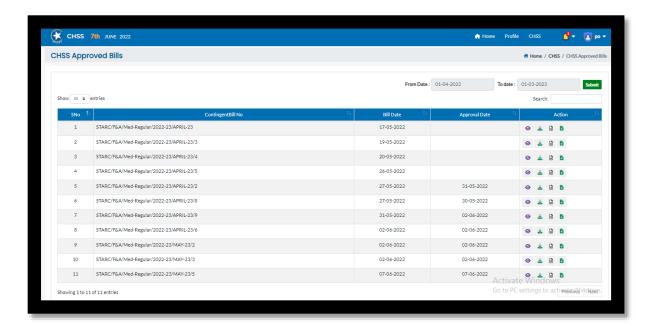
Note: If anybody returns the contingent bill will directly send back to the processing Officer (PO). PO has the authority to send back to claimed employee or again forward for the approval with some changes.



Approved Contingent Bills

Navigation: CHSS>Approved Contingent Bills (PO login only)



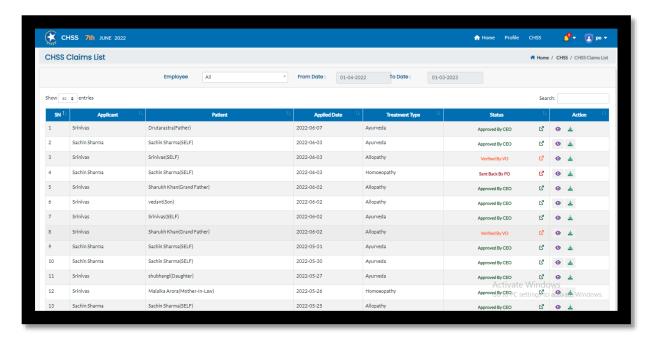


All the contingent bill once approved by CEO will display in this list. This list is available for processing officer only.

Claims

This list will have all the claims of all the employees with latest status. Available for viewing and downloading each claim. This list only available for processing officer.

Filter option is also available to filter employee wise by selecting required employee name from the dropdown.





Conclusion

This application simplified the process of medical bills reimbursement for the company employees. For approval authority it is hectic free and easy to process the application in a short duration. CHSS application is easy to implement and simple to manage. It is very convenient and time

Abbreviations

AO: Auhtorizing Officer

CHSS: Contributory Health Service Scheme

PO: Processing Officer

VO: Verifying Officer

CEO: Chief Executive Officer

.....END.....