

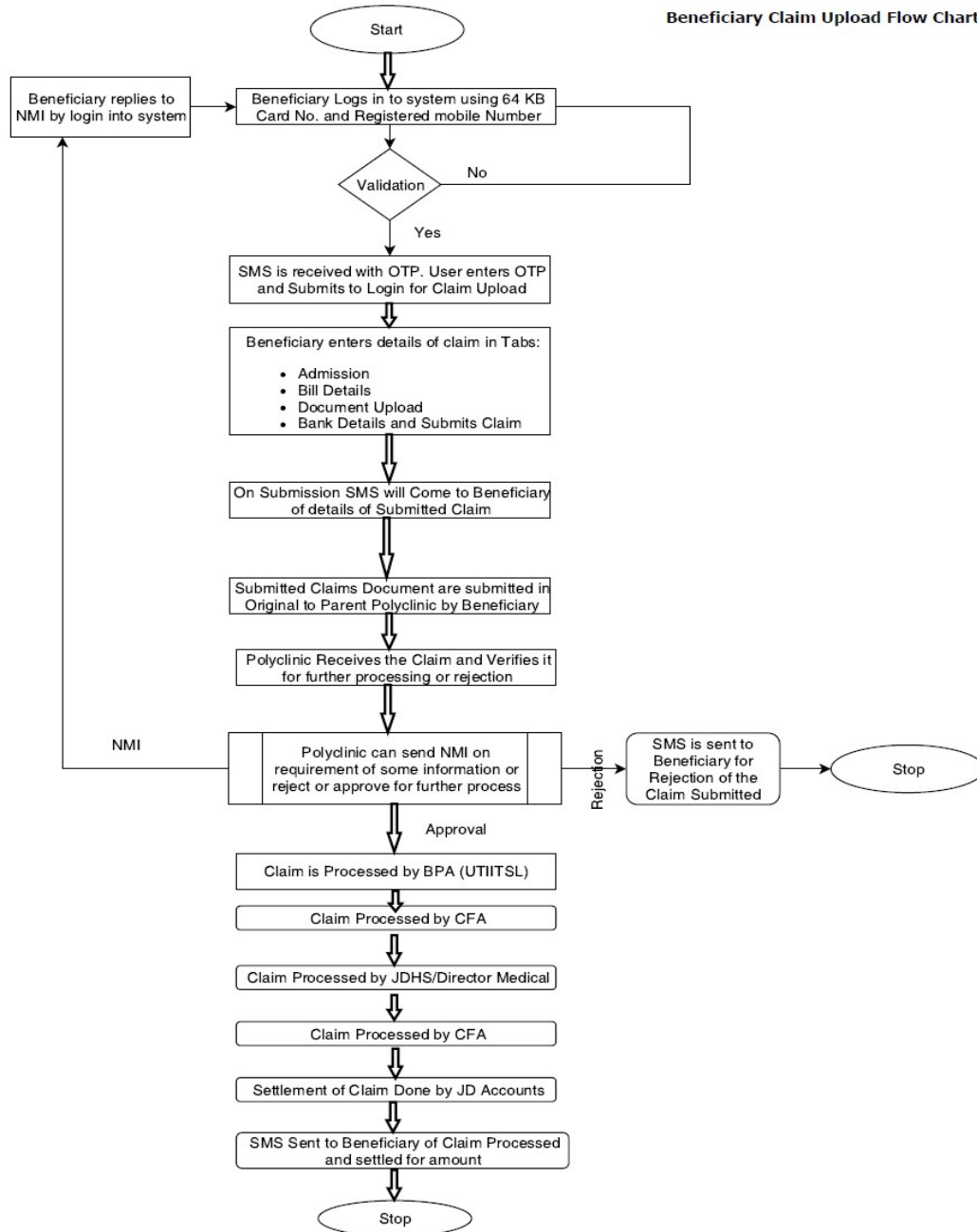


UTI Infrastructure
Technology And
Services Limited

यूटीआई इन्फ्रास्ट्रक्चर टेक्नोलॉजी एण्ड सर्विसेज लिमिटेड
(भारत सरकार की एक कंपनी)

UTI Infrastructure Technology And Services Limited
(A Government of India Company)

Beneficiary Claim Upload Flow Chart



CIN: U65991MH1993GOI072051

पंजीकृत कार्यालय: प्लॉट नं 3, सेक्टर-11, सीबीडी बेलापुर, नवी मुंबई - 400614
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CMMI ML5 (High Maturity) Appraised and ISO/IEC 27001:2013, ISO/IEC 20000-1:2011, ISO 9001:2015 Certified Company

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INSTRUCTION FOR USERS FOR UPLOADING OF INDIVIDUAL REIMBURSEMENT CLAIM ON BPA PORTAL OF ECHS

1. Introduction

ECHS beneficiaries should be able to submit their reimbursement claims online through the Bill Processing Agency (BPA) Site (www.echsbpa.utiitsl.com). Beneficiaries can submit reimbursement claims for IPD, OPD, and NA medicines on this URL.

This system will affect two groups of users. The first is the beneficiary of the system, while the second is the polyclinic user (OIC).

2. INSTRUCTIONS FOR THE BENEFICIARY USER

Beneficiaries can upload their reimbursement claims themselves and submit a hard copy of their claim documents to the Parent Polyclinic.

- (a) In Patient Bills (Where patient has undergone Admission in the Hospital for treatment)
 - (b) OPD Bills (OPD Consultation)
 - (c) NA Medicine / Pharmacy Bills
3. The beneficiary must upload the claim by themselves in accordance with the following requirements:
- (a) All documents need to be scanned properly and are clearly readable with all available details on the documents.
 - (b) All documents have to be in the form of PDF format only.
 - (c) The size of a single file should not be more than 2 MB.

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4. Mandatory documents and other documents for various types of beneficiary claims are mentioned against each below as per ECHS claim procedure.

(a) IPD Reimbursement

- ECHS Card Copy
- Emergency certificate from Hospital
- EIR (Emergency Intimation Report)
- Discharge Summary
- Contingent Bill
- Final Bill with detailed break up
- Reports
- Copy of cancelledcheque. Required only first time the claim is uploaded
- Advance payment receipt for above one lakh claim amount
- Case Specific documents (if any)

(b) OPD Reimbursement

- ECHS Card Copy
- Prescription for investigation
- Sanction letter for Investigation
- Bill
- Reports
- Copy of cancelledcheque. Required only first time the claim is uploaded

(c) NA / Pharmacy Reimbursement

- ECHS Card Copy
- Prescription
- Bill
- Copy of cancelled cheque. Required only first time the claim is uploaded
- NA Certificate

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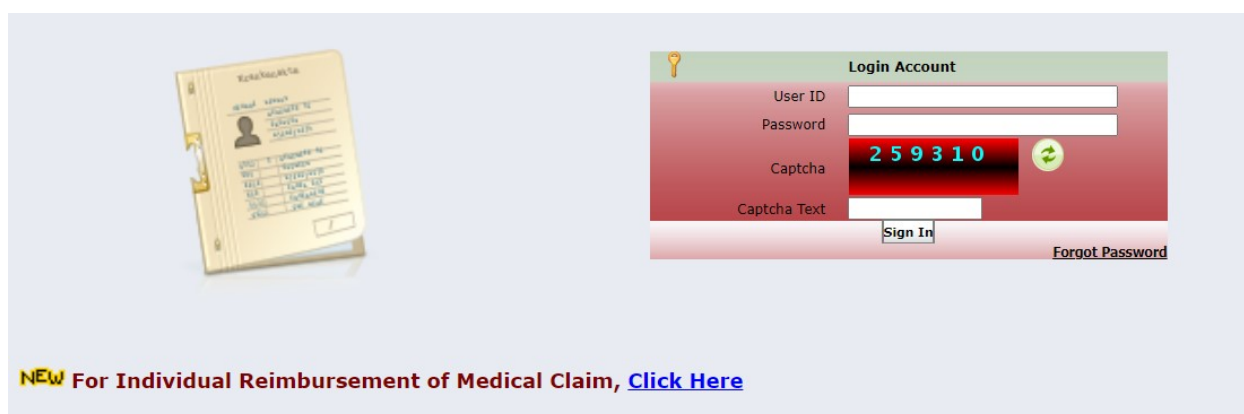
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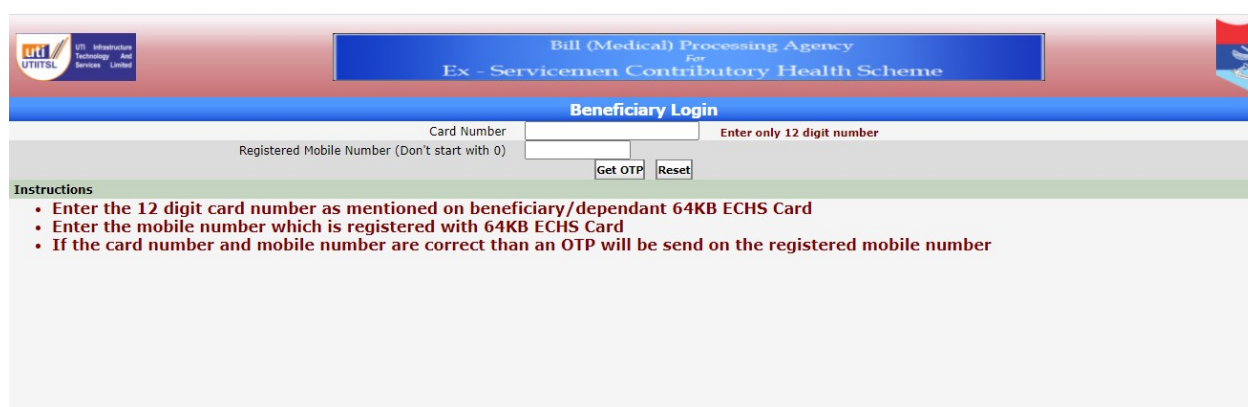
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5. In order to upload the Claim in the system a scanned copy of all the documents in pdf format of file size less than 2 MB should be kept handy.
6. After having the scanned copy of all the documents following are the steps to upload the Claim in the system:
 - Visit the Website <https://www.echsbpa.utiitsl.com>
 - Click the link



- After clicking the link following screen will come. Enter the Card No. and Mobile number registered with 64 KB Card to get OTP and login.



Beneficiary Login

Card Number Enter only 12 digit number

Registered Mobile Number (Don't start with 0)

Instructions

- Enter the 12 digit card number as mentioned on beneficiary/dependant 64KB ECHS Card
- Enter the mobile number which is registered with 64KB ECHS Card
- If the card number and mobile number are correct than an OTP will be send on the registered mobile number

- Enter the OTP received on mobile number.

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- After login click the Member Claim> New Claim as shown in the Screen below.
Select the type of Reimbursement and submit

Menu	Type of Reimbursement
Member Claims	<input checked="" type="radio"/> Out-Patient <input type="radio"/> Pharmacy <input type="radio"/> In-Patient
New Claim Claims Pending for Submission NMI Claims	<input type="button" value="Submit"/>

- Following screen appears with the Patient Details as pre-filled which cannot be modified. Click on the Tab OPD Details/IPD Details/Pharmacy Details as per the reimbursement type selected in the previous screen.

Member Claims	Claim ID / Patient Name	New Member Claim	Claim Type	Out-Patient
New Claim Claims Pending for Submission NMI Claims	Patient Details OPD Details Bill Details ESM Bank Details			
Card Details				
* Card ID		XXXXXXXXXX	* Service No.	XXXXXXXXXX
* Name Of ESM		XXXXXXXXXX	* Rank	Hony Sub Lt (IN)
* Service		Navy	* Category	Semi-Private
* Card Type		Pensioner		
Personal Information				
* Relation with Card Holder		Spouse	Gender	Female
* Patient Name		KAMALA VERMA	* Age	64
* Address		NEW COLONY BARROD		
* City		BEHROR	Pincode	301020
* State		Rajasthan	Email	XXXXXXXXXX@MAIL.COM
* Mobile (Don't start with 0)		XXXXXXXXXX OR	Phone	

- Click the OPD Details Tab and fill details of Bill Details, and ESM Bank details.

Menu	Member Bill Submission
Member Claims	Claim ID / Patient Name New Member Claim Claim Type Out-Patient
New Claim Claims Pending for Submission NMI Claims	Patient Details OPD Details Bill Details ESM Bank Details
<input type="button" value="Help"/>	
Type Of Claim Out-Patient	
Hospital/Diagnostic Center Name	
OPD Visit Date	
Reason Of OPD Visit	

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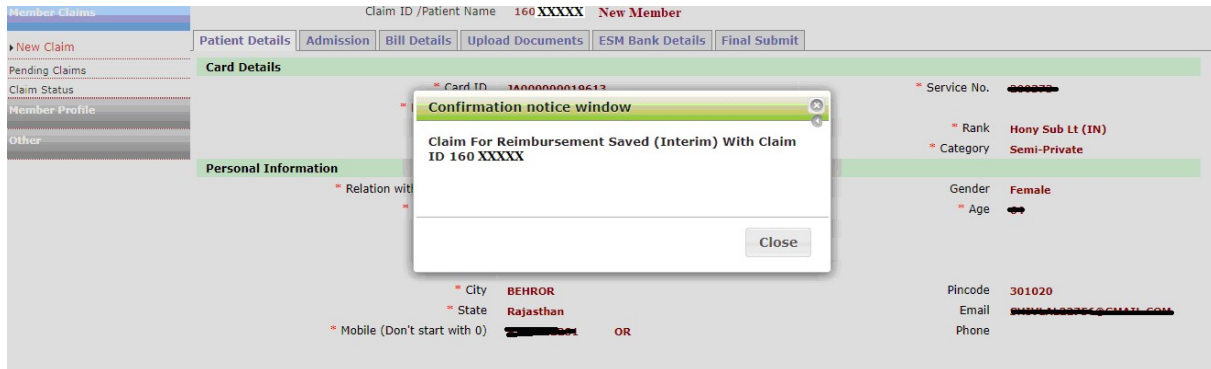
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Once all the details are filled user has to click the button “Save and Continue”. This click will save the claim with Interim Claim ID.

➤ Following screen will appear:



➤ The claim is saved after the above process and claim submission can be resumed after login again as given above. And Click Pending Claims under Menu Member Claims. On clicking the Claim ID it will open the same page for uploading the pending claim.

Menu		Member Reimbursement Pending								
Member Claims		Current Page								
		Sr.	ID	Region	Hospital	Patient	Type	Claim Amt	Mobile No.	Days
New Claim		Re-imbursement								
Pending Claims		1	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
Claim Status		2	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
Member Profile		3	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
Other		4	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
		5	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
		6	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
		7	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0
		8	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	100	XXXXXXXXXX	0
		9	160 XXXXX	Jaipur	Echs Polyclinic - Behror	Kamala Verma	Emer.	0	XXXXXXXXXX	0

➤ Go to Upload Document Tab and upload the required documents for the claim to be processed. All supporting documents need to be uploaded here without missing any document.

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Member Claims	Claim ID /Patient Name	XXXXXXXXXXXX	Claim Type	Out-Patient		
New Claim	Patient Details	OPD Details	Bill Details	Upload Documents	ESM Bank Details	Final Submit
Claims Pending for Submission						Help
NMI Claims	<input type="radio"/> * ECHS Card Copy 1 <input type="radio"/> * Prescription Slip 1 <input type="radio"/> Sanction/Waiver letter <input type="radio"/> * Bill Details 1					
	<input type="radio"/> * Medical Reports 1 <input type="radio"/> * Cancelled Cheque (Reimbursement) 1 <input type="radio"/> Contingent Bill <input type="radio"/> Others 1					
	<input type="button" value="Choose File"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload (File size limit)"/>					
	Sr	Document Type	File Name	File Size	Date	
	1	ECHS Card Copy	16086674_S_ECHS Card.pdf	43 KB	20/08/2021 10:05:37	
	2	Medical Reports	16086674_S_Medical Reports.pdf	43 KB	20/08/2021 10:05:44	
	3	Prescription Slip	16086674_S_Prescription Slip.pdf	43 KB	20/08/2021 10:05:52	
	4	Cancelled Cheque (Reimbursement)	16086674_S_Cheque.pdf	43 KB	20/08/2021 10:05:59	
	5	Bill Details	16086674_S_Bill.pdf	43 KB	20/08/2021 10:06:08	
	6	Others	16086674_S_EIR.pdf	43 KB	20/08/2021 10:09:23	

- After this click the tab ESM Bank Details and enter the account details. The account details needs to be filled for the first time for a card holder. For next submission of the claim it will be pre-filled and if the user wants to modify it they can do by clicking the check box for changing the bank details.

Menu	Member Bill Submission
Member Claims	Claim ID /Patient Name XXXXXXXXXXXX
New Claim	Patient Details
Claims Pending for Submission	OPD Details
NMI Claims	Bill Details
	Upload Documents
	ESM Bank Details
	Final Submit
	Help
	<input type="checkbox"/> Tick the box for changing the bank details
	Bank Name: Axis Bank Branch: Vashi IFSC Code: UTIB0000072 MICR Code: 400000722 Name As Appearing In Bank Account: XXXXXXXXXXXX Account Number: XXXXXXXXXXXX Confirm Account Number: XXXXXXXXXXXX

- After filling all the details go to the Final Submit tab. Download the contingent bill in the pre-filled format and take the print out of it to be submitted with Hard Copy of the original bill to the Polyclinic. Read the disclaimer and select the check box and Click Final Submit button to submit the claim fully and note the Claim ID for checking its status.

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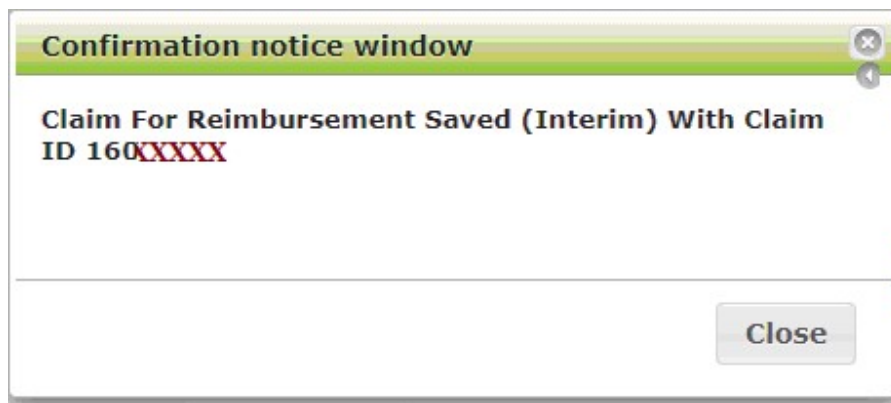
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Menu		Member Bill Submission	
Member Claims	Claim ID / Patient Name XXXXXXXXXXXX	Claim Type	Out-Patient
New Claim	Patient Details OPD Details Bill Details Upload Documents ESM Bank Details Final Submit		
Claims Pending for Submission	<input type="checkbox"/> By clicking on this box I agree to the terms and condition mentioned below I hereby certify that the above information and the documents uploaded are true and correct to the best of my knowledge. I understand that a false statement or any forged documents may lead to rejection of the claim submitted for reimbursement.		
NMI Claims	<div style="text-align: center;"> Download Contingent Bill </div> <p>For downloading the pre-filled Contingent Bill</p> <p>1) Download the contingent bill and take printout of it 2) Fill up the relevant details 3) Submit the hard copy of the contingent bill to the polyclinic.</p> <div style="text-align: center;"> Final Submit </div>		


➤ A final message will come on screen like this.



To check the status of the Claim:

Go to www.echsbpa.utiitsl.com/ECHS and click Beneficiary Claim Status

Menu	
External Links	
Ex-Servicemen Health Scheme	
ECHS SOP	
Beneficiary Claim Status	
Hospital Details	
Beneficiary Login	



Login Account

User ID

Password

Captcha

Captcha Text

[Sign In](#)

[Forgot Password](#)

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Enter the Service No. and Claim ID, CAPTCHA Text and Submit.

Beneficiary Reimbursement Claim Status Query	
* Service Number	<input type="text"/>
Criteria	<input checked="" type="radio"/> Claim ID <input type="radio"/> Card ID
* Claim ID	<input type="text"/>
Captcha	<div>777530</div>
* Captcha Text	<input type="text"/>
<input type="button" value="Submit"/>	

- * Indicated mandatory fields
- Please note that search will be based on the service number and card number as entered by polyclinic at the time of submission of claim

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INSTRUCTION FOR POLYCLINIC USER (OIC POLYCLINIC)

The Polyclinic user (OIC Polyclinic) will receive the documents of the claims submitted online by the beneficiary for the reimbursement. After the receipt of the claim document the documents need to be verified in the system against the hard copy submitted and soft copy uploaded in the system. The Contingent bill submitted in Hard Copy along with the Claim documents need to be scanned and digitally signed and uploaded in the claims documents during the verification and upload of the claim. On successful verification the claim will move to the Bill Processing Agency (UTIITSL) for the processing of the claim, if Need More information is required in the submitted document then user will select the status as "Need More Info" and enter the related remark and submits the claim and, rejected bills will stop there itself and beneficiary will be informed through SMS for the rejection of the Claim submitted.

User will go the link Member Claim> Receive Document. Enter the Claim ID and Member Card number (Only numeric part) and search or if Claim ID is not known click blank search (searching without entering anything). This will give the list of the Claim(s). User has to select the claim and submit for receiving the claim. User will go to the link Member Claim > Receipt of Claim and generate the receipt of the claim by entering the Claim ID. This receipt acknowledgement will be given to the beneficiary on receipt of the claim of the bills.

(a) Receiving of Documents

Click the link Member Claim> Receive Documents and enter the search button after entering the details or blank search. List of submitted beneficiary claims will be listed. Select the Check Box and enter the remark and status to receive the claim.

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Menu	Document Receiving
Intimation	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig a.1

Intimation	Claim List Filter		Current Page				
Activities	Sr.	Claim ID	Hospital	Card ID	Patient Name	Select	Received On
MIS Reports	Re-imbursement						
Reimbursement	1	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Member Claims	2	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Receive Documents	3	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Document Verification	4	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
Other	5	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
	6	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
	7	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
	8	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
	9	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
	10	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received
	11	16 XXXXX	Echs Polyclinic - Behror	JA000000019613	Member Name	<input type="checkbox"/>	Not Received

Fig a.2

(b) Verification of Documents

This allows the user to open the documents by clicking on the File Name of the document, select verify, and select remarks for all documents.

Menu	Member Document Verification
Intimation	Current Page
Activities	Claim ID <input type="text"/>
MIS Reports	Card Id (just enter the number) <input type="text"/>
Reimbursement	<input type="button" value="Search"/>
Member Claims	
Receive Documents	
Document Verification	
Other	

Fig b.1

CIN: U65991MH1993GOI072051

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Intimation	Verification List Current Page				
	Sr.	Claim ID	Hospital	Card ID	Patient Name
Activities	Re-Imbursement				
MIS Reports	1	16086595	Echs Polyclinic - Behror	JA000000019613	Kamala Verma
Reimbursement					
Member Claims					
Receive Documents					
Document Verification					
Other					

Fig b.2

Menu	Member Bill Submission				
	Verification List Document Verification Current Page				
Intimation	Claim ID / Patient Name 16 XXXXX Member Name				
Activities	Patient Details	Verify Docs	Admission	Bill Details	ESM Bank Details
MIS Reports	Download All The Uploaded Documents				
Reimbursement	Sr.	Doc.Type	File Name	Verify	Remarks
Member Claims	1	ECHS Card Copy	16086595_S_ECHS_Card_Copy.pdf	<input checked="" type="checkbox"/>	Select Remarks
Receive Documents	2	Bill Details	16086595_S_Hospital_Bill.pdf	<input type="checkbox"/>	Select Remarks
Document Verification	3	Discharge Summary	16086595_S_Hospital_Discharge_Summary.pdf	<input type="checkbox"/>	Select Remarks
	4	Cancelled Cheque (Reimbursement)	16086595_S_online_bill_processing.pdf	<input type="checkbox"/>	Select Remarks
	5	Medical Reports	16086595_S_Hospital_Lab_Reports.pdf	<input type="checkbox"/>	Select Remarks
	Status Select Status				
	Remarks				

Fig b.3

Menu	Member Bill Submission	
Intimation	Verification List Current Page	
Activities	Claim ID / Patient Name XXXXXXXXXXXX Claim Type Out-Patient	
MIS Reports	Patient Details Verify Docs OPD Details Bill Details ESM Bank Details	
Reimbursement	Card Details	
Member Claims	* Card ID XXXXXXXXXXXX	* Service No. XXXXXXXXXXXX
Receive Documents	* Name Of ESM XXXXXXXXXXXX	
Document Verification	* Service Navy	* Rank Hony Sub Lt (IN)
Other	* Card Type Pensioner	* Category Semi-Private
	Personal Information	
	* Relation with Card Holder Spouse	Gender Female
	* Patient Name XXXXXXXXXXXX	* Age 64
	* Address NEW COLONY BARROD	
	* City BEHROR	Pincode XXXXXXXXXXXX
	* State Rajasthan	Email XXXXXXXXXXXX MAIL.COM
	* Mobile (Don't start with 0) XXXXXXXXXXXX	Phone
	Status Select Status	
	Remarks	

Fig b.4

CIN: U65991MH1993GOI072051

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यूटीआई इन्फ्रास्ट्रक्चर टेक्नोलॉजी एण्ड सर्विसेज लिमिटेड
(भारत सरकार की एक कंपनी)
UTI Infrastructure Technology And Services Limited
(A Government of India Company)

Select the status (Approved, Need More Info or Rejected) and enter the remarks, then submit the claim verification.

If approved, it will go to the BPA (UTIITSL) for processing, for Need More info it will go to the beneficiary with the remarks, however, if rejected, it will stop here and an SMS will be sent to the beneficiary informing them about the rejection.

***** End*****

CIN: U65991MH1993GOI072051

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