User Manual for Coal India Retirees- Reimbursement of Medical Claims

In order to facilitate expeditious and easy submission of medical claims, an application has been developed by UTIITSL, the Bill processing agency appointed by CIL, for online submission of medical claims by Coal India Retirees under CPRMSE scheme. This will also enable faster processing times and online notification of any bill errors will further reduce processing time.

This manual guides the retiree on how to submit the bill electronically and also learn about how to respond or reply to queries raised against the claim.

Application URL :- https://cilbpa.utiitsl.com
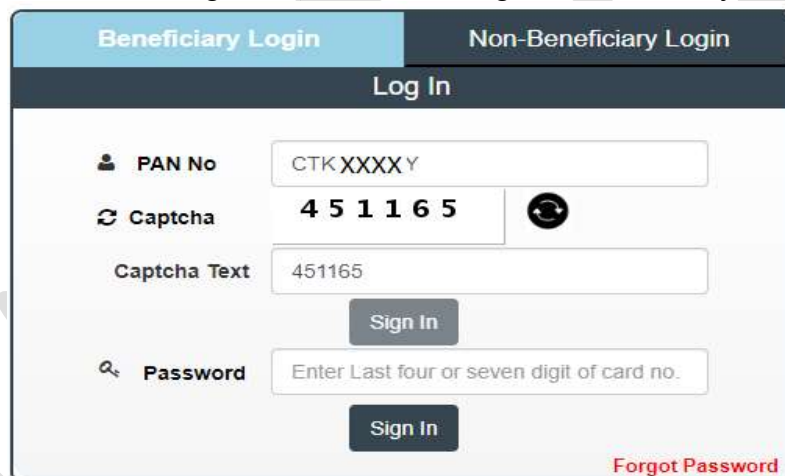
The home page will open on clicking the above URL.

1. Login to Portal

- For login click on the "**Beneficiary login**" tab and enter your PAN no and captcha value. Click on "**Submit**"
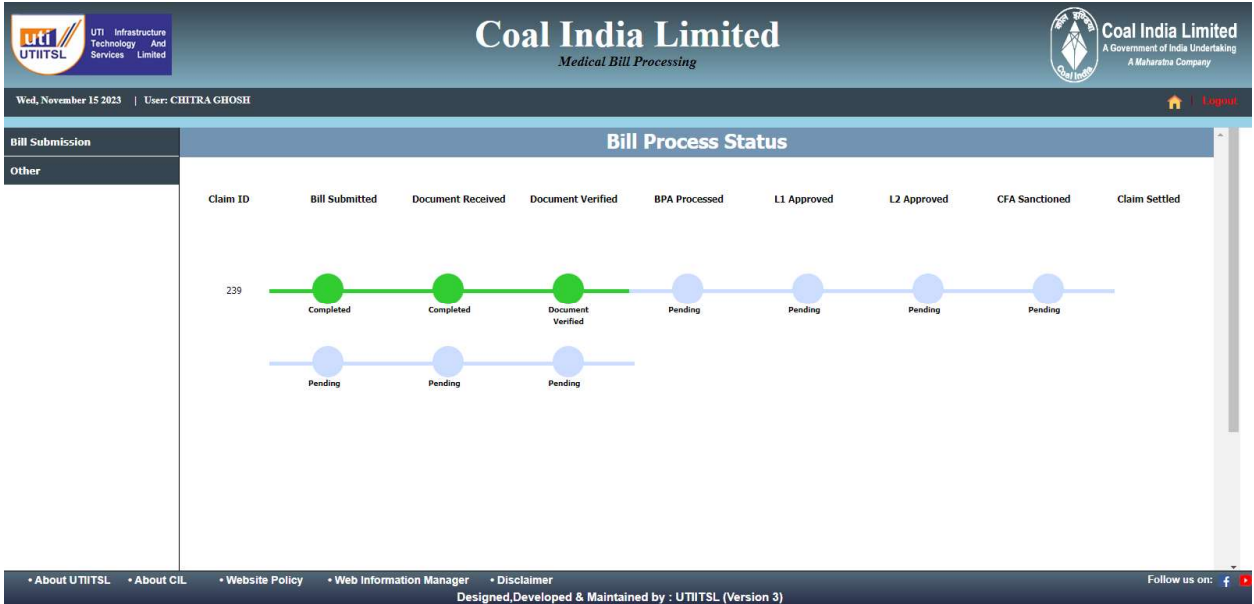
Beneficiary Login	Non-Beneficiary Login
Log In	

☺ PAN No   Enter PAN No

↻ Captcha   4 5 1 1 6 5   🔄

Captcha Text   Captcha Text

Sign In

Forgot Password

- Enter last 4 Digit of Card no or 7 digit card for newly issued CARDS

Beneficiary Login	Non-Beneficiary Login
Log In	

☺ PAN No   CTK XXXX Y

↻ Captcha   4 5 1 1 6 5   🔄

Captcha Text   451165

Sign In

🔑 Password   Enter Last four or seven digit of card no.

Sign In

Forgot Password

- Enter the password and click **SIGN-IN**"

- On successful login following screen will appear
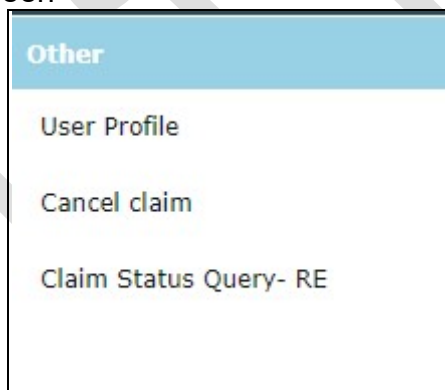
In the home screen pending claim dashboard will appear. This dashboard provide the current status of the claims submitted by the beneficiary.

The Left side panel of the screen is menu bar. For Beneficiary there are 2 menu options available that is

- Bill Submission
- Others.

2. **Others Menu** :- On Click on this menu following submenu will be displayed on screen –

- User Profile- The details of the Beneficiary.
- Cancel Claim – To cancel the wrongly uploaded claims
- Claim Status queryRE- Claim Dashboard – to Check the complete information of claim.

2.1 **User Profile –** On click of this menu following screen will appear on screen

Beneficiary Details					
Beneficiary Card No:	6001317	Beneficiary Name:	CH GHOSH	Vendor Id:	E55000258
Grade:	E-7	Designation:	DY.GENERAL MANAGER	Membership Type:	Double
Entitle For:	General	DOB:	01-01-1970	Age:	0
PAN NO.:	CTKIXXXX	Gender:	Male	Address:	
City:		Pin:	721101	Mobile No:	8653750241
Email Id:	0	Aadhaar No:	354354333454	Revised Medical Card Download:	

Dependent Details
Divyang Child Details
Nominee Details
Documents

SUBMIT

Beneficiary Details - Beneficiary information will be displayed in this section .
Following information is allowed to change in this section -
   Address, city, pin , Mobile no and   Email ID

Rest of the fields are non editable. In case of any change then beneficiary need to contact the CIL Admin for modification.

Dependent Details – Dependent details

Dependent Details					
Dependent Name:	Soma Guha	DOB:	09-09-1969	Age:	53
PAN No:	0	Gender:	Female	Relationship:	Wife
Mobile No:	7738235179	Email Id:	c.shantisagar@utiitsl.com		

Following information is allowed to change in this section –
   Mobile no and Email ID
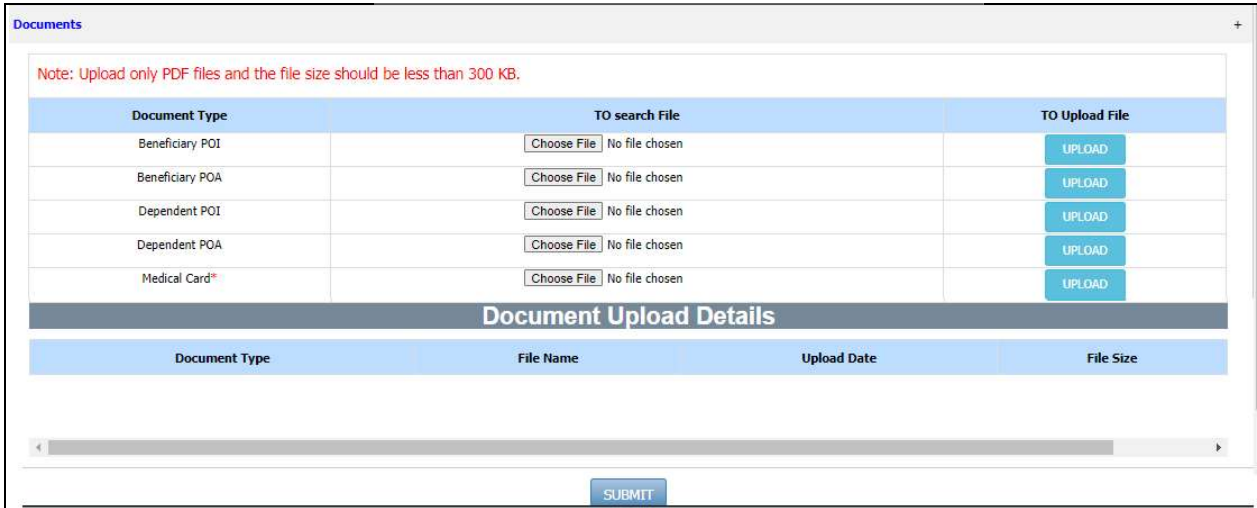
Rest of the fields are non editable. In case of any change the beneficiary need to contact the CIL Admin for modification.

Divyang Child and Nominee details are view only section that is beneficiary is not allowed to change any details through portal. In case of any change beneficiary need to contact CIL Admin

Divyang Child Details								
Name	DOB	Age	PAN NO	Gender	Relationship	Mobile No.	Email Id	Aadhar No
RAHUL	01-01-2012	11	0	Male	DIVCHILD1	0	0	0

Nominee Details								
No Nominee Details Found								
Nominee for	Nominee Name	DOB	Age	Gender	Relationship	Mobile No.	Email Id	Aadhar No

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Documents – This section is to upload the relevant document with respect to change in fields.
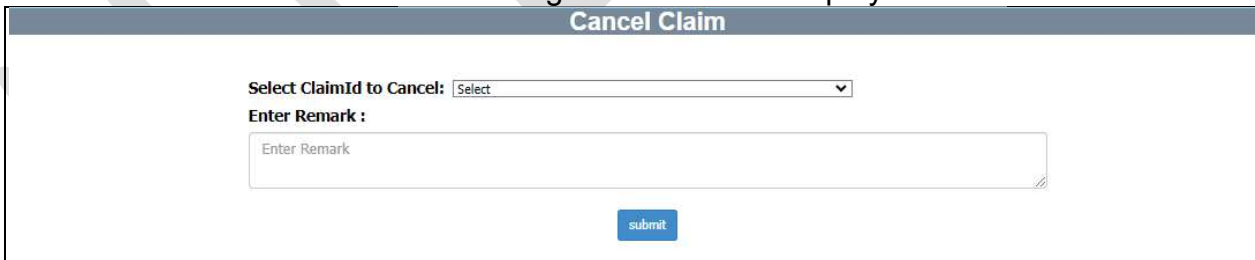
Document List:- Its contains valid list of document which need to be uploaded for any change.

Process flow for change in details – Beneficiary need to check and edit the required field → then upload required document if any in document section → press submit.

After successful submission the details moved to CIL admin for approval.

2.2 **Cancel Claim –** Through this menu the beneficiary can cancel the claims which are wrongly created .
On click of this menu following screen will be displayed

Fields Description-
 Select ClaimId to Cancel- it's a drop downlist of claim id generated by beneficiary but not submitted. That is incomplete claims.

Enter remarks:- Remark field to enter the reason for marking cancel in system.

Process steps – Select the claim ID from down list → Enter remark → then press submit.--> system will display the confirmative message → press confirm to complete the transaction.

Cancel Claim

Select ClaimId to Cancel: 244

Enter Remark :

wrongly entered

submit

Confirm!

Are you sure you want to submit the claim ?

Confirm | Cancel

Success!Claim Canceled successfully.

Select ClaimId to Cancel: 244

Enter Remark :

wrongly entered

submit

2.3 **Claim Status queryRE** – This is claim dashboard . Through this screen beneficiary can check the claim status, processing remarks etc.
On click of screen following page will open.

Find Claims

Enter Claim Id : Enter claim Id

Display Claim

Enter the claim id and press display claim .

Claim Status Query Details

ClaimID : 244		**Patient Name :** CHITRA GHOSH	
Patient Type : OPD/Day Care		**Beneficiary Name :** CHITRA GHOSH	
Age : 0		**Beneficiary ID :** 6001317	
Relation :		**Claim Status :**	

Beneficiary Details | Bill Details | Card History | Audit Remarks | Documents | Audit Trails

Beneficiary Details

Vendor Code : E55000258		**Date Of Birth:** 01-01-1970	
Grade : E-7		**Designation :** DY.GENERAL MANAGER	
Employee code : 0		**Date of Retirement :** 30-09-1995	
Date of Issue Of Card : 01-05-2012		**Entitle :** General	
Address :			

There are six tab menus and each tab contains respective details.

Beneficiary can check and see the details, current status and Bill processing agency remarks after checking of bill.
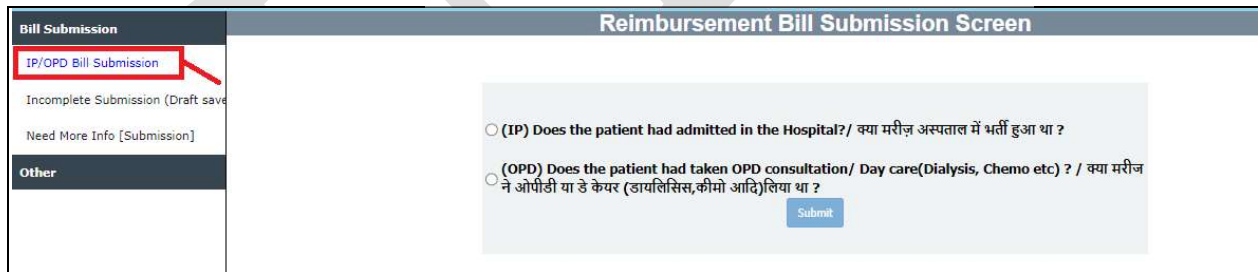
3. Bill Submission :- The reimbursement bills will be submitted through this screen .
- Click on "**Bill Submission"** the following options drop down.

  - IP/OPD Bill Submission
  - Incomplete Submission (Draft Saved)
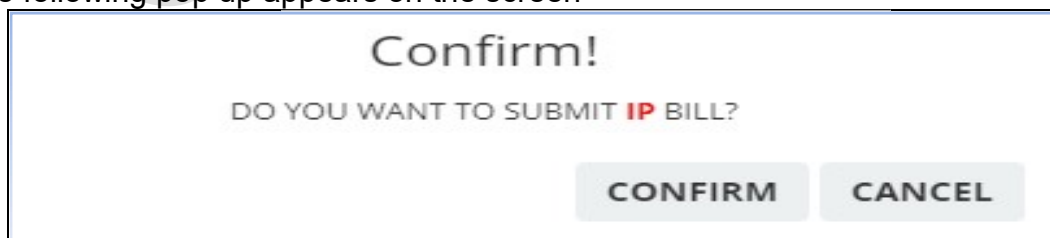 - Need more Info(Submission)

3.1 IP/OPD Bill Submission

- Click on "**IP/OPD Bill Submission**"

- Select the **IP or OPD** Radio button as desired and click on "**Submit**"
The following pop up appears on the screen

- Click on **CONFIRM".** Beneficiary and their dependent detail appear on screen

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○ (IP) Does the patient had admitted in the Hospital?/ क्या मरीज़ अस्पताल में भर्ती हुआ था ?

◉ (OPD) Does the patient had taken OPD consultation/ Day care(Dialysis, Chemo etc) ? / क्या मरीज ने ओपीडी या डे केयर (डायलिसिस,कीमो आदि)लिया था ?

Submit

Benificiary Details

Beneficiary Name	Gender	Relation
CHITRA GHOSH	Male	SELF
RAHUL	Male	DIVCHILD1
RAJ	Male	SPOUSE

- Click on the Beneficiary name who has taken the treatment.
  On selection again a confirmative message will appear on screen

Confirm!

Do you want to generate Claim form for Patient **CHITRA GHOSH**

CONFIRM   CANCEL

- Press then confirm button to confirm the patient and then the Reimbursement screen is displayed.

First Patient details need to be filled. After adding the invoice details the other two tab menu will be enable for document upload that is " Upload Invoice" & " Supporting documents" . By default these two tab menu are disable and red in color.

- Scroll down to patient details section and enter the treatment period
  It is period when the patient had taken the treatment.

- Scroll down to the "Claims Details" section

Select the city first – It's a dropdown list of cities
Based on city selection empanelled hospital list name will appear on Name of Hospital field.
If the patient had taken the treatment in non empanelled hospital then select "Others" .

Name of City	SELECT
	SELECT
	Hyderabad
	Khordha
	NASHIK

Name of City	Khordha
Name of Hospital	SELECT
	SELECT
	APOLLO GLEANGLES HOSPITAL,Kolkata
	CALCUTTA MEDICAL RESEARCH INSTITUTE,Kolkata
	DESUN HOSPITAL & HEART INSTITUTE,Kolkata
	KOTHARI MEDICAL CENTRE,Kolkata
	MEDICA SUPERSPECIALTY HOSPITAL,Kolkata
	R G STONE UROLOGY AND LAPAROSCOPY HOSPITAL,Kolkata
	ROTARY NARAYANA NETRALAYA,Kolkata
	RUBY GENERAL HOSPITAL,Kolkata
	VASAN EYE CARE HOSPITAL,Kolkata
	OTHER

In case of treatment taken in non empanelled hospital and on selection of "Others", following fields will appear on screen-

Name of City	Khordha	
Name of Hospital	OTHER	ADD
Enter Hospital Name	Enter City and Area Name	
	Khordha	

Hospital Name and hospital city need to be entered where the treatment is taken.

- After selecting the hospital or entering the hospital name click on " ADD "button.

Name of City	Khordha	
Name of Hospital	APOLLO GLEANGLES HOSPITAL,Kolkata	ADD
Remark		
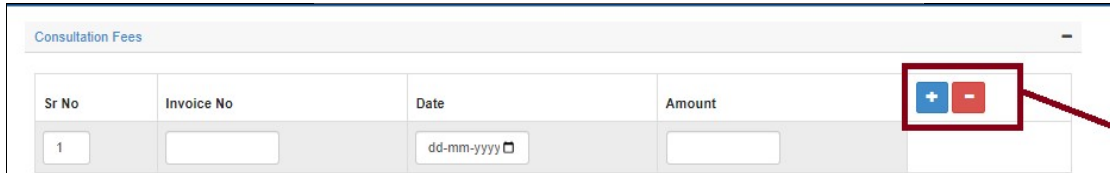
- Click on "ADD", the invoice details screen is displayed on the screen
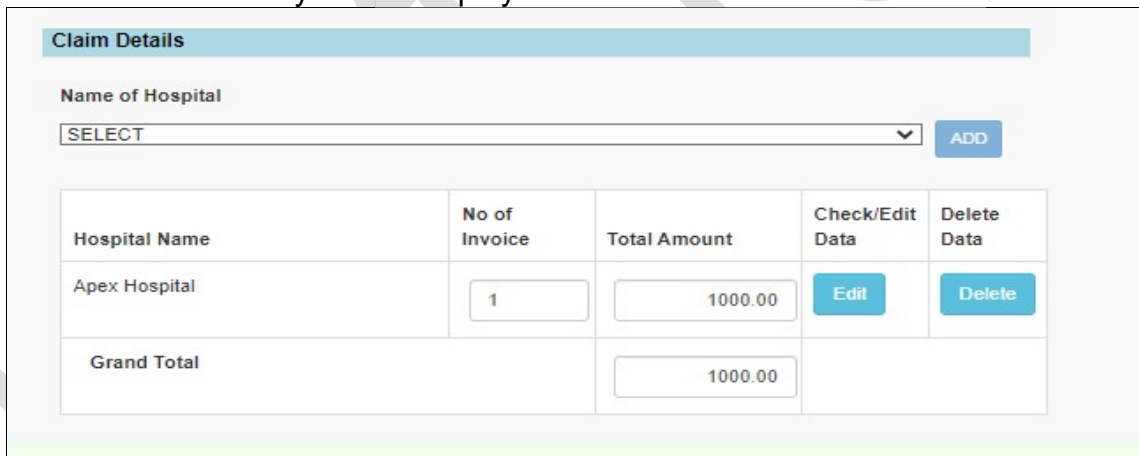
Consultation Fees	+
Injection Administration Fees	+
Medicines Purchased from Market	+
Pathological/Other Tests	+

OK

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- Click on "**+**"sign to open the respective menu head.
  Atleast one menu head needs to be filled.
- Click on "**+**"against Consultation Fees to feed in details of the Consultation bill.

- Enter the Invoice number,Invoice date and Invoice amount.
- In case of multiple invoices, click on "**+**"
- To delete wrongly entered invoice details click on "**–**"

- After entering details of all invoices- Medicines, Injection, Pathological tests, press the **OK** button.

- The invoice summary will be displayed.

- In case of any change in invoice details click on the **Edit** button. If wrongly entered then click on the**Delete** button.
- Duplicate entries are not allowed that is for that section amount should be clubbed for same invoice

  For such case single entry need to be done while adding all the amount
- Same invoice in different section is allowed

- Invoice date should be within the Treatment period or else system will through error as

- In case if added hospital more details need to be added then press the edit/add button

  If wrong hospital detains entered then same can be deleted by pressing the delete button.

- To upload the invoice copy, click on second tab "**Upload Invoice**"

- The following details are displayed.

Patient Details	Upload Invoice	Supporting Documents

Invoice Details

**Note: Upload only PDF files and the file size should be less than 10 MB.**

Guidelines For Document Upload

Hospital Name	Invoice No	Invoice Date	Invoice Amount	TO search File	TO Upload File
APOLLO GLEANGLES HOSPITAL-Kolkata	123	04-07-2023	1000.0	Choose File No file chosen	UPLOAD
APOLLO GLEANGLES HOSPITAL-Kolkata	123	05-07-2023	500.0	Choose File No file chosen	UPLOAD

Document Upload Details

Invoice No	File Name	Upload Date	File Size	Delete File

- Click on "**Choose file"**, select the file to upload,Click on"**Upload"**

- On successful upload a message will pop up on the screen.

invoice_1233.pdf File Uploaded Successfully

OK
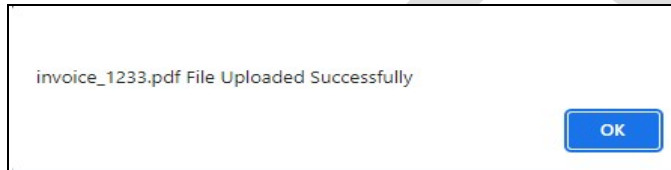
- Click on "**OK**". The uploaded file will be listed on the screen

Invoice Details

Hospital Name	Invoice No	Invoice Date	Invoice Amount	TO search File	TO Upload File
Apex Hospital-Gurgoan	1233	2023-03-08	1000.0	Choose File invoice_1233.pdf	UPLOAD

Document Upload Details

Invoice No	File Name	File Size	Delete File
1233	invoice_1233.pdf	1131	Delete File

- In case any wrong file is upload click the delete button.

- **Invoice upload is mandatory. All invoices should be uploaded for verification by UTIITSL**
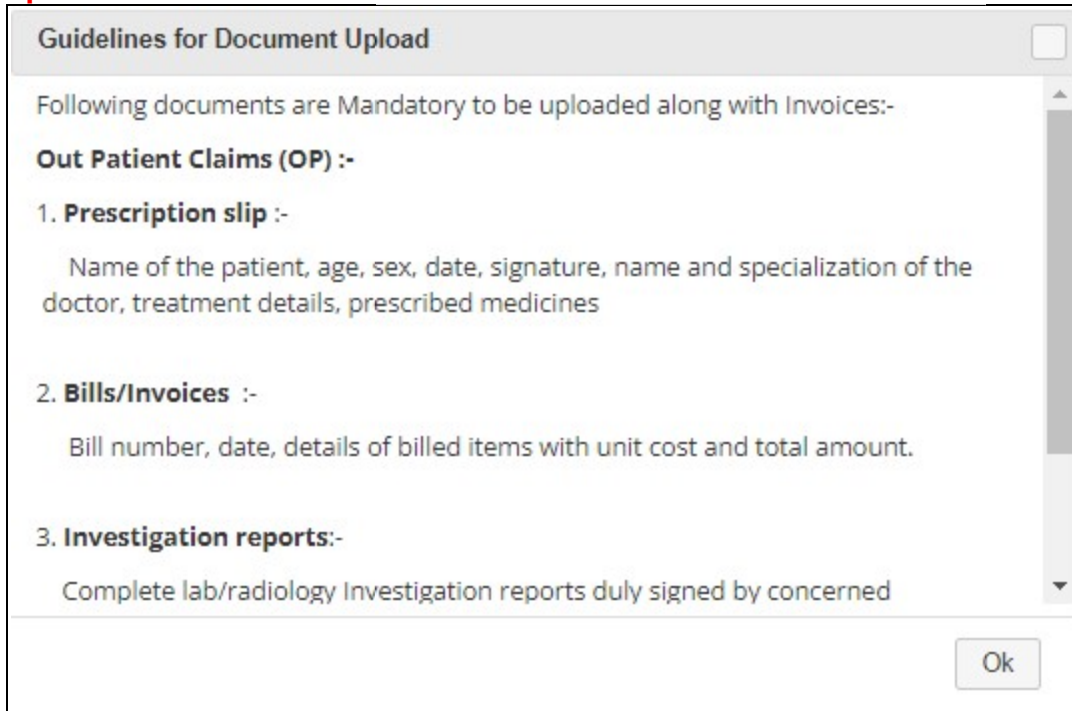- To upload the invoice copy, click on Third tab "**Supporting document**"

Patient Details	Upload Invoice	Supporting Documents

Additional Document Details

Note: Upload only PDF files and the file size should be less than 10 MB.

Document Type	TO search File	TO Upload File
CII Card*	Choose File No file chosen	UPLOAD
Referral Document	Choose File No file chosen	UPLOAD
Doctor Prescription*	Choose File No file chosen	UPLOAD
Lab/Investigation Reports	Choose File No file chosen	UPLOAD

- To check what are the document required click on " **Guidelines for Document upload** "
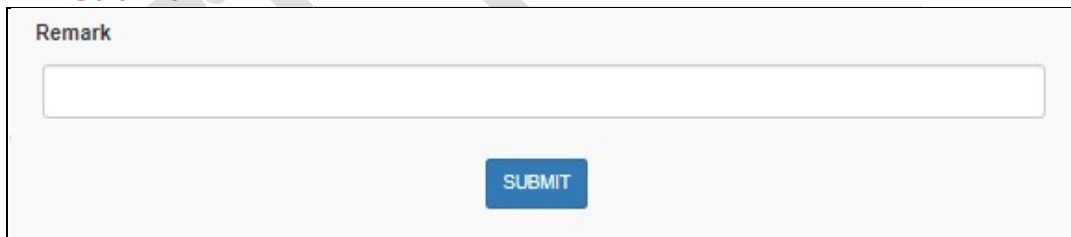
Guidelines for Document Upload

Following documents are Mandatory to be uploaded along with Invoices:-

Out Patient Claims (OP) :-

1. **Prescription slip** :-

   Name of the patient, age, sex, date, signature, name and specialization of the doctor, treatment details, prescribed medicines

2. **Bills/Invoices** :-

   Bill number, date, details of billed items with unit cost and total amount.

3. **Investigation reports**:-

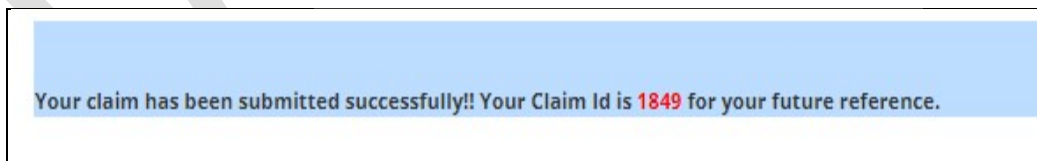   Complete lab/radiology Investigation reports duly signed by concerned

   [Ok]

- To complete the process, go to patient details tab again and enter the remark and click on "**Submit** ".

Remark

[   ]

[SUBMIT]

The following message will appear along with the Claim id

Your claim has been submitted successfully!! Your Claim Id is **1849** for your future reference.

Claim ID is a unique number generated through system.

6. "**Incomplete Submission (Draft saved) :-** This provision is provided to reduce the data re-entry effort.Auto save is enabled in the Bill submission screen . In the event of application get closed or there is an interruption in the internet connection, the partially entered data can be retrieved by clicking on this option and bill submission/invoice uploading can be continued.

- To retrieve partially updated claims click on "**Incomplete submission Save as draft**" .

  All pending/ partially entered claims will appear on the screen

Bill Submission					
IP/OPD Bill Submission	**Show Pending OPD Bill Submission List**				
	Claim Id	**Patient Type**	**Beneficiary Code**	**Beneficiary Name**	**Patient Name**
Incomplete Submission (Draft save	2121	OP	3245	Debasish Guha	Debasish Guha
Need More Info [Submission]	2151	OP	3245	Debasish Guha	Soma Guha
	2152	OP	3245	Debasish Guha	Soma Guha
Upload Invoice	2153	OP	3245	Debasish Guha	Soma Guha
Other					
	Pages: 1				

- Click on the claim id to open the claim, and complete the claim submission.

7. Need More Info [Submission] :- In case of any shortfall of documents in submitted claim or any further clarifications are required by UTIITSL to process the claims, UTIITSL will raise queries on these claims. These claims are classified as Need More Info(NMI) claims and will be listed under the NMI option of the Bill Submission Menu. The beneficiary should reply to the NMI query within a stipulated time period as defined by CIL.

- Click on **"Need More Info (Submission)"**

- List of claims where NMI is raised will appear on screen –

Bill Submission				
IP/OPD Bill Submission	**NMI Details**			
	Claim Id	**Benificiary Id**	**Benificiary Name**	**Benificiary Type**
Incomplete Submission (Draft save	2002	3244	Gopal Biswas	OPD
Need More Info [Submission]				
Other	Pages: 1			

- Click on the "**claim id**", to get the details of the claim

- To check the reason of NMI, check the NMI remark field in said screen. Beneficiary can edit the invoice details and can upload the additional invoices supporting to justification given for NMI.

- UTIITSL will process the bills once the required information is updated in system

End