USER REQUIREMENT: MEDICAL REIMBURSEMENT CLAIM MANAGEMENT SYSTEM

REVISION HISTORY

Date	Version	Description	Author
23-07-2022	1.0	MRC Claim Management System	IT Division IMS Department

Table of Content

About

This document describes about the user requirements of the "Medical Reimbursement Claim Management" portal based on the discussion with the stakeholders in the Insurance Medical Services department

1   Background / What is ESI?

Insurance Medical Services department is established in 1985 under the administrative control of Labour department, Government of Kerala. The department functions for the implementation of Employees State Insurance Scheme which is the country's first integrated multi-dimensional social security scheme for workers in the organized sector. ESI Scheme is a multidimensional Social Security Scheme in India, assigned the significant and socially useful task of providing comprehensive medical care services to the worker population and their dependents and protecting against certain eventualities that result in loss of wages or earning capacity. The scheme also takes care of physically disabled workers and their dependents with monetary support, where death or disablement has occurred due to employment injury or occupational disease.

About 12 Lakhs Insured Persons and their family members constitute the beneficiary chain of about 30 Lakhs in Kerala. Administration of medical care is the statutory responsibility of State Government and it is implemented through Insurance Medical Services Department. Medical facilities are provided through 9 Hospitals, 145 Dispensaries and one annexe in Government Chest Disease Sanatorium, Pulayanarkottah. Apart from these, the beneficiaries can avail services of 3 Hospitals directly run by ESI Corporation. Treatment under Allopathic, Ayurvedic and Homoeopathic system is provided to ESI beneficiaries.

The ESIC is the collector and custodian of funds; reimburse the expenditure to Government of Kerala in the agreed ratio 7:1 on the basis of audit certification from Accountant General on final account payment system.

1. Headquarters of Insurance Medical Services Department is at Thycaud, Thiruvananthapuram , under the administrative control of Labour & Rehabilitation (F) Department of Government of Kerala.
2. The Headquarters houses the office of the Director of Insurance Medical Services. The Joint Director also functions in the office of the Director of Insurance Medical Services.
3. There are 3 Regional Offices headed by Regional Deputy Directors at Kollam (South Zone), Ernakulam (Central Zone) and Kozhikode (North Zone), one Deputy Director (Ayurveda) and one Deputy Director (Homoeo) is also functioning in Thiruvananthapuram.
4. Medical facilities are provided through 9 State and 4 ESI Corporation ESI Hospitals, one ESI Annexe in Government Chest Disease Sanatorium, Pulayanarkottah and 145 full time dispensaries.

The management of the Medical Reimbursement Claim under the Insurance Medical Services was in necessity of management software in Organizing, tracking, verifying and initiating payment.

1.1. Purpose of this Document

In short, the purpose of this SRS document is to provide a detailed overview of a software product i.e. (Medical Reimbursement Claim Application) and its parameters and goals. This document describes the project's target audience and its user interface, hardware and software requirements.

To get the exact software requirement specification this document is trying to analyses the following matters in detail.

1.2. <u>Scope of this Project</u>

This Project aims to improve the efficiency and convenience of handling the Medical Reimbursement Claims of the Insured Persons and their dependents, in an effective way using electronic mechanism which should be integrated with all Government Portals, without compromising any Govt policies, rules and regulations. The main goal is set as timely process and finalizes the medical reimbursement claims as early as possible. To give maximum satisfaction to the Insured Persons (IPs) is one of the other aims of the project. By improving the management, tracking, verifying and initiating payment. The quality of the service to the IPs can be significantly improved.

Before discussing, what, why, where and how of this proposed application, it is necessary to understand a few terms and definition.

1.3. Terms and Definitions

(a) Insured Person (IP) : A person who is employed in private sector and enrolled with ESI Corporation of India through his employer

(b) Employer : An institution /company/ organization in private sector which is registered with ESI corporation of India, Employees of such institutions having a pay of Rs 2000/- are insured persons

(c) Beneficiary : An insured person or his dependants (father, mother, wife/husband/spouse and the children of IP) who are enrolled along with IP with ESIC corporation

(d) Insurance Number (IP NO): A nine digit unique number assigned to each employee registered with ESI Corporation of India. For all the communication and treatment , this IP No is necessary

(e) ESI Dispensary: This is the primary contact institution for IPs and beneficiaries for treatment, Reference and medical reimbursement. There are two types of Dispensaries in Kerala, Single doctor type and multi doctor type dispensaries. Single doctor type dispensaries have only one doctor and multi doctor type dispensaries have more than one doctor. Single type dispensaries work in Morning shift only and multi doctor type work in two shifts.

(f) ESI Hospital: These are the higher centres of ESI Dispensaries. These hospitals work in 24 hrs on shift basis and having in patient treatment facilities as well.

(g) Speciality (S) & Super Speciality (SS) Treatment: The medicine departments are basically classified as Speciality (S) & Super Speciality (SS) Treatment. Super speciality treatment includes Cardiology, Nephrology, Urology, Neurology, Oncology, Dermatology, Plastic Surgery while Speciality treatment includes Orthopaedics, General Surgery, Dental Medicine, Gynaecology, Ophthalmology

(h) Branch Office/ Local Office: The insurance Medical Services Department is run by State Government of Kerala but, as the ESI Scheme is belong to Central Government of India, they have several types offices in each states. The basic unit office of ESI Corporation is the Branch offices/ Local offices. They provide services like Entitlement Certificate, Eliglble Leave encashment etc. To the IPs.

(i) Entitlement Certificate: These are certificate issued by the ESI Corporation to the IPs which certifies the eligibility of IP to avail different medical benefits. The next section of this document speaks about the different kinds of medical benefits those IP and his dependants can avail from ESI Corporation. This certificate is issued in two times a year. One from Jan 1st to 30th June and the second certificate is from 1st July to 31st December of every year.

A copy of Entitlement Certificate is attached as **Annexure 1** in this document

(j) Medical Reimbursement Claim (MRC): For those medicines and services availed by an IP outside the ESI dispensaries, in certain defined conditions the IPs are eligible to reimburse expenses incurred

by submitting a set of documents to the dispensaries. The set of documents along with the bills of medicines and documents are called MRC bills,

(k) Application form: A Medical Reimbursement Claim by the IP is submitted along with a prescribed application form. Without this application form no MRC bills will be processed or reimbursed.

A copy of Application form is attached as **Annexure 2** in this document

(l) e-Pehchan Card : This a card that all IPs should be kept and produce whenever is needed. This card can be downloaded from ESI portal.

(m) Insurance Medical Officer (IMO): A medical officer i.e. a doctor who is in charge of an ESI dispensary. He/ She keeps the power to delegation pay the MRC bills having claim up to Rs 10000/- and to pass the bills having claims greater than Rs. 25000/-. The detailed delegation powers of authorities are explained in this document and this delegation are subjected to change time to time according to the department decision.

(n) Passing an MRC bill: is the process of sanctioning the eligible amount against an MRC bills submitted by the IP

(o) Clerical Staff/Ministerial Staffs: A clerk, Senior Clerk or any senior officer in the ministerial section of an office of an ESI Dispensary, an RDD office or DIMS office who is carrying out the clerical jobs on the received MRC bills.

(p) Ministerial Head: A Head Clerk, a Junior Superintendant, Senior Superintendant, Lay Secretary falls in this category.

(q) IMO/RDD/JD /Director(Claim Approving Authority):- An Insurance Medical Officer of a dispensary, a Regional Deputy Director of a zone, the Joint Director of the department and the director of the department are the claim sanctioning (approve claim)authorities of the department.

(r) Claimed Amount: This amount is the actual medical expenses incurred in the treatment of IP/ Dependants. This amount has to be clearly mentioned in the application form submitted along with the MRC bills

(s) Recommended Amount: This is the amount recommended by an IMO to pass in the submitted MRC claim. The IMO recommends this amount to his next higher authority after a scrutiny procedure. The next authority can either approve the amount recommended or reject the amount with a valid reason.

(t) Sanctioned Amount: Final eligible amount passed by an authority according to his delegation of powers, as per the ESIC Rules and Regulation. For example, the IMO decides an amount as recommended amount eligible to the IP against the MRC bill submitted. If this recommended amount is less than Rs. 10000/, the IMO himself can sanction the same amount. If the amount is greater than Rs 10000/- he forward the claim to his next authority that is having the financial delegation power to sanction the recommended amount.

(u) Proceedings /Sanction order of IMO/RDD/DIMS: This is an order by IMO/RDD/DIMS to execute by the treasuries to pay the sanctioned amount. Proceedings contain details of the IPs such as IP NO, Name, and Phone No. Sanctioned amount, Bank Account details etc.

Copies of 3 Sanction orders issued by 3 authorities (i.e. by an IMO, an RDD and the Director) are attached as **Annexure 3. Annexure 4 and Annexure 5** in this document

(v) Forwarding Letter: - As said above, if the recommended amount is greater than the financial delegation power of IMO, he forwards the MRC claim to the authority that is having the delegation power to sanction the amount. The MRC application submitted is forwarded with a letter is termed as a Forwarding Letter, and the Forwarding Letter must have the important details such as IP Name, IP No, File No, Date, Claimed Amount and recommended amount.

A copy of Forwarding Letter is attached as **Annexure 6** in this document

(w) Allotment: This is the fund allotted by the finance department to pay the MRC applications by the ESI dispensary, Regional Deputy Directorate or Directorate of Insurance Medical Services. The Finance Department of Kerala State allots the fund to the DIMS and DIMS disburse the allotment to RDDs and ESI Dispensaries against the allotment request. Normally allotment to disburse MRC claim are allotted in bulk, i.e. in one allotment the institutions can pass n number of MRC bills at a time.

(x) Treasury: are the institutions under the Treasury department of Kerala State Government. Accepting Revenue due to the Government, Payment of money to various departments for their plan and Non-plan expenditure, compilation of monthly accounts under Revenue and expenditure Heads and rendering the same to the Accountant General are the main functions of the Treasury Department.

(y) BiMS (Bill Information and Management System) : Bill Information and Management System (B*i*MS) is an e-Bill portal for Claim Settlements by Drawing and Disbursing Officers (DDOs). The DDOs can prepare online contingent bills and e-Submission to treasury through B*i*MS.

(z) CSV file for BiMS Application : As said above, the MRC allotment come in bulk, n number of submitted in one contingent bill. BiMS application software needs a csv file format containing payees details along with such contingent bills. This .csv file is required to be generated from the proposed MRC software.

An example of a csv is attached as **Annexure 7** in this document

(aa)Drawing and Disbursing Officer (DDO): The officer in the ESI dispensary or Regional Deputy Directorate or Directorate of Insurance Medical Department who is capable of Drawing funds from the Treasuries and disburse to the payees.

Institution	DDO
ESI Dispensary	Insurance Medical Officer
Regional Deputy Directorate	Regional Deputy Director
Directorate of IMS Dept	Director

(bb)   **eOffice File Management System**:- The web application software by the Government for managing files in the whole department under the Government. It helps the departments a seamless, fast and efficient file movement in the Government System. This keeps a complete track record of a file entered into the system. The public can track the status of his/her file from anywhere anytime using the eOffice file status option.

(cc) Receipts, Receipt Number, Receipt Date: All MRC applications received at either ESI Dispensary or Regional Deputy Directorate or Directorate of Insurance Medical Services are termed as MRC Receipt. It gets a number from the receiving authority clerk and is termed as Receipt Number. Receipt date is the date reception of the MRC bill. This complete process will be done in the eOffice file management System.

(dd)   **File and File Number**: All MRC applications received at different section of ESI Dispensary or Regional Deputy Directorate or Directorate of Insurance Medical Services are termed as MRC file. It gets a number from the section clerk. The section clerk can assume the same Receipt number as the file number. Now, these files are generated in eOffice. This is also done in the eOffice file management system

(ee)MRC Register: - Is a register kept in every office section where MRC applications are handled. Once an MRC bill is taken for processing, the important details of the bill are entered into the register

A copy of a page of an MRC Register of an ESI Dispensary is attached as **Annexure 8** in this document

(ff) Section of an Office: The division of a ministerial office where one or more clerical staffs works. These sections are assigned with certain duties of the office. Eg:- Establishment, Accounts, General, Inward, Despatch, Fair Copy etc.

(gg) Check List: A list of Perquisites that are necessary to process a submitted MRC bill. Eg :- bill vouchers should be countersigned by the doctor, whether enclosed discharge summary or not etc.

A copy of a page of an MRC Register of an ESI Dispensary is attached as **Annexure 9** in this document

(hh)   **Sanctioning Authority**: - In the department sanction of the medical reimbursement is claims are done a medical officer in the various levels of delegation. In the dispensary, for a claim under the power of delegation of the IMO(currently Rs.10000/-) . level it is done by the Insurance Medical Officer. For claims under the power of delegation Regional Deputy Director (RDD) the sanctioning authority is RDD. (Currently between Rs.10000 and Rs.25000). For claims above Rs.25000 and less than Rs. 75000 the Joint Director of the department is assigned them. For claims between Rs.75000 and Rs.300000 the Director of the department is assigned the power of delegation. For all claims above the delegation of Rs.300000/- special sanction is obtained from the Labour and skills department of Govt of Kerala.

Sl No	Claims Type	Sanctioning Office	Sanctioning Authority	Lower Delegation	Upper Delegation
1	Normal/ Speciality	ESI Dispensaries	Insurance Medical Officer	----------	Rs.10000/-
2	Normal/ Speciality	Office of the Regional Deputy Director	Regional Deputy Director	Rs.10001/-	Rs.25000/-
3	Normal/ Speciality	Directorate of Insurance Medical Services	Joint Director	Rs.25001/-	Rs.75000/-

4	Normal/ Speciality	Directorate of Insurance Medical Services	Director	Rs.75001/-	Rs.300000/-
5	Normal/ Speciality	Govt Secretariat	Additional Chief Secretary ,Labour and Skills Department	Rs.300000/-	----------------
6	Super Speciality	Office of the Regional Deputy Director	State Medical Officer	--------	----------

(ii) **IP on Rule 61 :** Those Insured Persons retired from their employment can pursue their ESI scheme by enrolling them in the Rule 61 channel. The monthly subscription of those IPs are paid by themselves.

(ii) Claim after Death: - When a claim is submitted after the death of an IP, the claim will be processed after the collection of additional documents from the dependant of the IP. Claim will be processed and the sanctioned amount will be credited to the account of the nominee of IP.

2. Why, Where, What – Of the Proposed MRC Software

2.1. What are MRC and the MRC processing?

The definition MRC is there in 1.1. (j) above in this document. The whole process starts from the submission of an MRC application by an IP and ends with the payment of fund to the bank account of the corresponding IP along with the proper maintenance of proper records is the MRC Processing.

2.2. What is to be automated/ Converted in to electronic means

The process starting from the submission of an MRC claim at the ESI Dispensary ending with the payment or rejection with a valid reason of the same has to be automated with all track records, registers and reports.

2.3. For Whom this proposed software would be Beneficial

1. **Employees of IMS Department**: - Since their effort and time are going to be saved
2. **IPs and their Dependants: -** they are going to get their sanctioned claim amount in a faster time than ever.
3. **The Government** : - The fund allotment for the payment of claims are going to be utilised in an effective and faster way, the problem of unutilised fund will be narrowed.

2.4. Why the process is to be automated.

The process is now carried out through a manual process. This process is consuming a lot of man power, time, includes repetitive steps and is so hard to keep big bundles of records and registers. By automating the current manual process by using latest technologies the Government can save time, effort and cost effectively and efficiently.

2.5. Where is to be implemented

This software has to be implemented in all the institutions of ESI under the State Government of Kerala, where the manual MRC process is currently carrying out. That is, All ESI dispensaries across Kerala, O/0 the RDD North Zone, , O/0 the RDD North Zone, O/0 the RDD Central Zone, O/0 the Deputy Director South Zone, O/0 the Deputy Director Homeo, O/0 the Joint Director and The Directorate of Insurance Medical services department.

The organizational structure and the detailed institution wise picture is given below.

2.5.1. Institutions under IMS Department

2.5.2. Organizational Structure
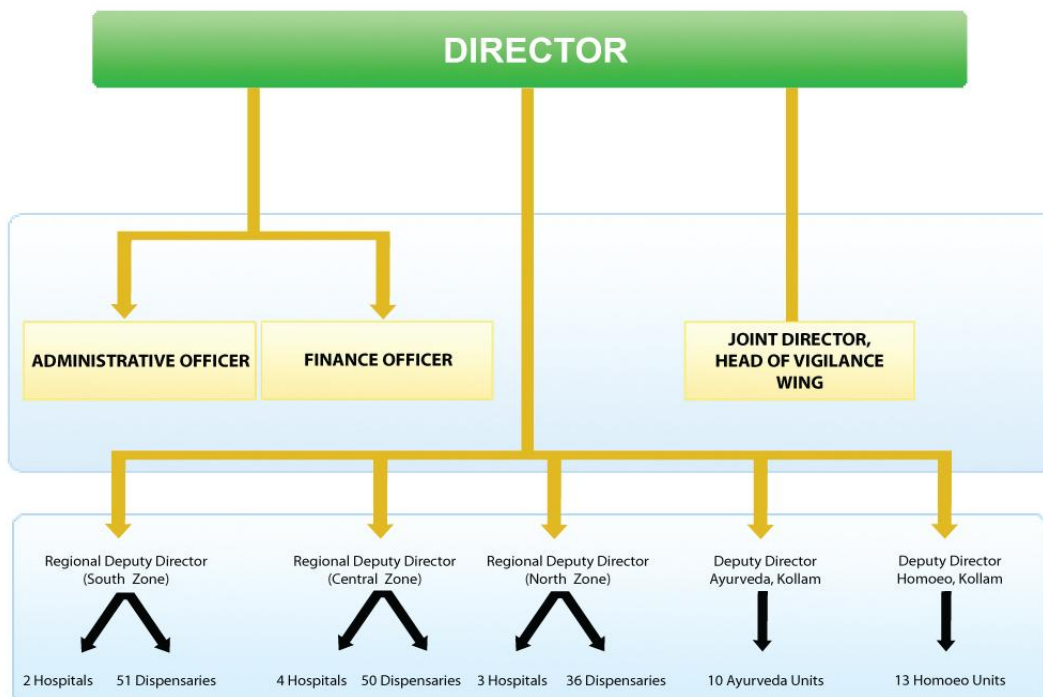
There are two kinds of institutions are there under the department. One is Administrative Offices and Service Delivery institutions.

2.5.3. Administrative Offices

Under IMS department there are 4 Administrative offices are running. One is the **Directorate of Insurance Medical Services (DIMS office)** situated at Thiruvanathapuram and 3 Regional Deputy Directorates dispersed at 3 different geographical locations, Kollam, Eranakulam and Kozhikode. These are termed as **Regional Deputy Directorate South Zone, Regional Deputy Directorate Central Zone and Regional Deputy Directorate North Zone respectively**. The head of DIMS office is Director of Insurance Medical Services and 3 Regional Deputy Directorates are headed by Regional Deputy Directors.

To administer, and manage Ayurveda and Homeo segments of ESI, there are two offices functioning at Kollam district. They are **Deputy Directorate of Ayurveda and Deputy Directorate of Ayurveda.**

Joint Director, reports to The Director keeps the power to approve or rejects Medical Reimbursement Claims of bigger amounts and hence the office of the joint Director also plays a vital role in the proposed software.

2.5.4. ESI Hospitals

The medical care to the ESI beneficiaries is provided through ESI Hospitals. The following are the medical services delivered to the beneficiaries. The hospitals works round the clock time.

- o Out Patient Treatment

- o Emergency Treatment (Causality)

- o Inpatient Treatment

- o Ambulance

- o Laboratary facility

- o X Ray

- o Surgery

- o Pharmacy

There are nine hospitals running under the IMS department across Kerala. They are

1. ESI Hospital Alappuzha
2. ESI Hospital Eranakulam
3. ESI Hospital Feroke
4. ESI Hospital Mulankunnathkavu
5. ESI Hospital Olarikkara
6. ESI Hospital Palakkad
7. ESI Hospital Peroorkkada
8. ESI Hospital Thottada
9. ESI Hospital Vadavathoor

As an IP does not claim any medical reimbursement at the hospitals hence this document would not cover the ESI Hospitals in specific. There is no need to implement the Proposed MRC software in ESI hospitals.

2.5.5. ESI Dispensaries

There are 145 Dispensaries running all over the state of Kerala. The main services and facilities available to the ESI beneficiaries are as follows

✓ Outpatient Treatment

✓ Pharmacy

✓ Medical Reimbursement claim settlement

✓ Medical Reimbursement Claim Forwarding

✓ Laboratory facility

These 145 dispensaries are dispersed in all the 14 districts of Kerala State. They are listed as below. ESI dispensaries are basically two types. They are Single Doctor Type and Multi Doctor Type. In Single doctor type there will be only one doctor and in multi doctor type there will be more than one. Single Doctor Type dispensaries work 8.AM to 1 PM while Multi Doctor type works from 8 AM to 6 PM.

Apart from allopathic treatment ESI provides Ayurveda and Homeopothy treatments through dispensaries. Such units are working along with the below mentioned ESI Dispensaries.

All the dispensaries will handle medical reimbursement processes and hence this document will cover the MRC process carrying out at the dispensaries in details.

The below is the list of all the 145 Dispensaries across Kerala State under the three Regional Deputy Directorates i.e North, Central and South

3.4.5.1 ESI DISPENSARY LIST, KERALA STATE

	Dispensaries Under North Zone RDD		
SL NO	Dispensary Name	Single	Multi
1	ESI Dispensary Chakkorathukulam		YES
2	ESI Dispensary Chalappuram		YES
3	ESI Dispensary Chemancherry	YES	
4	ESI Dispensary Cheruvannur I		YES
5	ESI Dispensary Cheruvannur II		YES
6	ESI Dispensary Chungam	YES	
7	ESI Dispensary Eranjippalam		YES
8	ESI Dispensary Kainatty	YES	
9	ESI Dispensary Kunnathupalam	YES	
10	ESI Dispensary Mavoor	YES	
11	ESI Dispensary Puthiyara		YES
12	ESI Dispensary Mukkam	YES	
13	ESI Dispensary Chittoor	YES	
14	ESI Dispensary Kanjikkode	YES	
15	ESI Dispensary Ottappalam	YES	
16	ESI Dispensary Palakkad		YES
17	ESI Dispensary Parli		
18	ESI Dispensary Shornur	YES	
19	ESI Dispensary Walayar	YES	
20	ESI Dispensary Azhikode	YES	
21	ESI Dispensary Chonadam	YES	
22	ESI Dispensary Dharamadam	YES	
23	ESI Dispensary Kannur		YES
24	ESI Dispensary Kuthuparamba	YES	

25	ESI Dispensary Mangattuparamba	YES	
26	ESI Dispensary Melechovva	YES	
27	ESI Dispensary Pappinisseri	YES	
28	ESI Dispensary Payyannur	YES	
29	ESI Dispensary Thaliparamba	YES	
30	ESI Dispensary Valapattanam		YES
31	Esi Dispensary Kasargod	YES	
32	ESI Dispensary Kalpetta	YES	
33	ESI Dispensary Malappuram	YES	
34	ESI Dispensary Manjeri	YES	
35	ESI Dispensary Kottakkal	YES	
36	ESI Dispensary Perinthalmanna	YES	
37	ESI Dispensary Nilambur	YES	
38	ESI Dispensary Kuttippuram	YES	
39	ESI Dispensary Vazhakkad	YES	
	Zone Total	**39**	
Dispensaries Under Central Zone RDD			
40	ESI Dispensary, Aluva		YES
41	ESI Dispensary, Angamaly	YES	
42	ESI Dispensary, Athani	YES	
43	ESI Dispensary, Binanipuram	YES	
44	ESI Dispensary, CSEZ, Kakkanad	YES	
45	ESI Dispensary, Edappally	YES	
46	ESI Dispensary, Ernakulam No.1		YES
47	ESI Dispensary, Ernakulam No.2		YES
48	ESI Dispensary, Fort Kochi		YES
49	ESI Dispensary, Kalamassery		YES
50	ESI Dispensary, Karimughal	YES	
51	ESI Dispensary, Koonammavu	YES	
52	ESI Dispensary, Muvattupuzha	YES	
53	ESI Dispensary, North Paravur	YES	
54	ESI Dispensary, North Vazhakkulam	YES	
55	ESI Dispensary, Njarakkal	YES	
56	ESI Dispensary, Perumbavoor		YES
57	ESI Dispensary, Thoppumpady		YES
58	ESI Dispensary, Tripunithura	YES	
59	ESI Dispensary, Udyogamandal	YES	
60	ESI Dispensary, Kattappana	YES	
61	ESI Dispensary, Thodupuzha	YES	
62	ESI Dispensary, Alagappanagar		YES
63	ESI Dispensary, Aloor	YES	
64	ESI Dispensary, Chalakkudy	YES	
65	ESI Dispensary, Chavakkad	YES	
66	ESI Dispensary, Irinjalakkuda		YES
67	ESI Dispensary, Karuvannoor	YES	
68	ESI Dispensary, Koratty	YES	
69	ESI Dispensary, Kunnamkulam	YES	

70	ESI Dispensary, Kuttanellur	YES	
71	ESI Dispensary, Mala	YES	
72	ESI Dispensary. Mulamkunnathukavu	YES	
73	ESI Dispensary, NSR Olarikkara		YES
74	ESI Dispensary, Ollur		YES
75	ESI Dispensary, Poonkunnam		YES
76	ESI Dispensary, Wadakkanchery	YES	
77	ESI Dispensary, Aroor	YES	
78	ESI Dispensary, Beach Ward	YES	
79	ESI Dispensary, Chengannur	YES	
80	ESI Dispensary, Cherthala		YES
81	ESI Dispensary, Ezhupunna	YES	
82	ESI Dispensary, Factory Ward		YES
83	ESI Dispensary, Karimulakkal	YES	
84	ESI Dispensary, Kayamkulam		YES
85	ESI Dispensary, Mannar	YES	
86	ESI Dispensary, Mavelikkara	YES	
87	ESI Dispensary, Muhamma	YES	
88	ESI Dispensary, Palamel	YES	
89	ESI Dispensary, Pathirappally	YES	
90	ESII Dispensary, Pathiyoor	YES	
	Zone Total	**51**	
Dispensaries Under South Zone RDD			
91	ESI Dispensary Attingal	YES	
92	ESI Dispensary Balaramapuram		
93	ESI Dispensary Chackal		YES
94	ESI Dispensary Karamana		YES
95	ESI Dispensary Kazhakkootam	YES	
96	ESI Dispensary Kovalam	YES	
97	ESI Dispensary Kilimanoor	YES	
98	ESI Dispensary Madavoor	YES	
99	ESI Dispensary Navaikulam		YES
100	ESI Dispensary Nedumangad	YES	
101	ESI Dispensary Neyyatinkara	YES	
102	ESI Dispensary Peroorkkada		YES
103	ESI Dispensary Anchal		YES
104	ESI Dispensary Asramam		YES
105	ESI Dispensary Chathannur		YES
106	ESI Dispensary Chavara		YES
107	ESI Dispensary Kadakkal	YES	
108	ESI Dispensary Kalluvathukkal		YES
109	ESI Dispensary Keralapuram		YES
110	ESI Dispensary Kilikollur		YES
111	ESI Dispensary Kottarakkara		YES
112	ESI Dispensary Kottiyam		YES
113	ESI Dispensary Kulasekharapuram		YES
114	ESI Dispensary Mylom	YES	

115	ESI Dispensary Mulavana		YES
116	ESI Dispensary Mynagappally		YES
117	ESI Dispensary Nedumbana		YES
118	ESI Dispensary Parippally		YES
119	ESI Dispensary Pattathanam	YES	
120	ESI Dispensary Pattazhi	YES	
121	ESI Dispensary Perinadu	YES	
122	ESI Dispensary Pooyappally		YES
123	ESI Dispensary Poruvazhy		YES
124	ESI Dispensary Punalur		YES
125	ESI Dispensary Puthur	YES	
126	ESI Dispensary Ramankulangara		YES
127	ESI Dispensary Sadanandapuram		YES
128	ESI Dispensary Soornad	YES	
129	ESI Dispensary Thodiyur	YES	
130	ESI Dispensary Thrikkovilvattam		YES
131	ESI Dispensary Thrippalazhikam		YES
132	ESI Dispensary Vilakkudy	YES	
133	ESI Dispensary Enath		YES
134	ESI Dispensary Kadamabanadu		YES
135	ESI Dispensary Thiruvalla	YES	
136	ESI Dispensary Pathanamthitta	YES	
137	ESI Dispensary Ettumanoor	YES	
138	ESI Dispensary Kanjirappally		YES
139	ESI Dispensary Kottayam		YES
140	ESI Dispensary Sachivothamapuram	YES	
141	ESI Dispensary Pala	YES	
142	ESI Dispensary Vadavathoor		YES
143	ESI Dispensary Vaikkom	YES	
144	ESI Dispensary Vellore	YES	
145	ESI Dispensary Changanacherry	YES	
	Zone Total	**55**	
	TOTAL DISPENSARIES	**145**	

2.6. <u>How & What are to be Done</u>

In order to understand what the requirements of the department in detail are, it is required to identify the stake holders of the proposed MRC software first. Then we need to understand the current workflow and then to the Business Requirement Analysis.

2.6.1. Direct Stake Holders

a.   The Director of IMS

The Director of the Insurance Medical Services as the head of the department and hence, is the deciding authority who keeps financial and administration powers is key stake holder of the project

b.   The Regional Deputy Director

The Regional Deputy Directors are benefited since their office time is going to be saved in a better and effective way.

c.   The Insurance Medical officer

The Insurance Medical Officers of dispensaries are benefited since their office time is going to be saved in a better and effective way. The queries regarding claims coming from the IPs and dependants are going to be eliminated.

d.   Clerks of IMS Department

The big effort of the clerks in processing claims, preparing proceedings, preparing contingent bills are minimised by a big margin and hence they are also a key stake holder

e.   The IT Division

The IT division helps the department in handling technical areas of the proposed software project. The IT division prepares the detailed Software Requirement Specification, collecting estimates from TSPs. The IT division also ensures the proper installation, testing, training and support from the software vendor. IT division is a key stake holder of the proposed software

f.   The financial Section of the Department

Once the Total Solution Provider is selected according to the Technical examination by the IT Division, the financial approval has to be issued by the finance department of the department. Finance Officer (FO) and other officers in the department constitute the financial section. They are also a key stake holder of the proposed MRC software

g.   Insured Person

An Insured person is the key stake holder of this department and the ESI Scheme. An employee is added to this scheme by registering in to the ESI Scheme .Registration of employee is the process of his entry in the insurable employment for identification to provide the benefits under the Act which are related to the contributions paid by the employer on behalf of each of the insured

persons.. The Employer before taking into employment shall register the insurable employee on-line. The employer will generate Temporary Identification Certificate (TIC).The TIC is valid only for 30 days. If Aadhar number is seeded in TIC, it will become e-pehchan (Permanent Identification Certificate).

The insured person and his family are entitled to the Medical Benefit from the very first day of his/her joining the insurable employment. A person who is just covered under the scheme for the first time ineligible for primary and secondary medical care for self and family for three months. If he/she continues in insurable employment for three months or more, the benefit is admissible till the beginning of the corresponding benefit period. If the insured person is in ESI coverage for at least 2years from the date of Online Registration, contributed for not less than 156 days and IP is eligible for Sickness Benefit in any one of the contribution period and is suffering from any of the 34 specified long term diseases, the medical benefit is admissible till the incapacity lasts or up to 730 days during a period of 3 years for self and family.

Further, If the insured person is in ESI coverage for at least 2 years from the date of Online Registration, contributed for not less than 156 days before the date of diagnosis and IP/IW is eligible for Sickness Benefit in at least two contribution period then he along with his family members will be eligible for getting super specialty treatment. The complete details of the IP as database will be the key data of the proposed software.

h. Dependants of an IP

The father, mother, Spouse and the children not aged above 25 years are included in the list of dependants of the IP. Normally, Persons working under the State/ Central PSU, Pensioners are not eligible to be a dependant.

i. The Government of Kerala

The Government of Kerala is allotting fund to the department to distribute against MRC applications submitted. This fund allocation is done by the finance department of Kerala. The Government is also a direct stake holder of the proposed MRC software

j. The Treasury Department Of Kerala Govt

The Treasury Department of Kerala is allotting fund to the department but the actual payment of the allotted amount in money is done by the treasury. The concerned organization under the Insurance Medical Services department is issuing orders to the treasury to disburse the MRC expenses to the treasury, and the treasury makes the payment to the IPs

k. The ESI Corporation of India

The ESIC is the collector and custodian of funds; reimburse the expenditure to Government of Kerala in the agreed ratio 7:1 on the basis of audit certification from Accountant General on final account payment system.

2.6.2. Indirect Stake Holders

a. The Public
The public other than the IPs and dependants are benefited by this proposed software .

2.6.3. Business Requirement Analysis

ESI (Employee State Insurance) is a scheme, run by central Govt to provide medical insurance to the employees, who work in private companies. The ESI Scheme is designed and operated by the Central Govt and necessary medical assistance of ESI insured persons of each state are shared by each States of India. This medical assistance by the states includes complete medical care to the patients insured with ESI Scheme through the ESI Dispensaries and hospitals. Of course, these medical assistance deals with the MRC bills submitted by the IPs. Here this document starts the detailed business requirement analysis

These ESI Smart Medical Reimbursement Claim Management System requirements are based on the needs of the ESI Organizations of Kerala State.

2.7. Existing Manual MRC procedure Step By Step

In the existing system the following procedure happens in the process of the Medical Reimbursement

At the ESI Dispensary

Steps

i. IP Submits MRC bills to the dispensary

ii. Clerk of the dispensary examines the bill and if any errors or missing documents the clerk returns the MRC back to the IP→ Step iii. If everything finds fine then enters details in Distribution register, bill is now a Receipt has a receipt number and date→ Receipt goes to concerned Section →Go to Step iv

iii. IP corrects the bills according to the instructions received and then resubmit the bills. →Go to Step ii again

iv. Section Clerk receives the Receipt as hard copy of the MRC Bills. He enters details of the bill to the MRC register. Now, the Receipt is a file and the clerk may keep the same receipt number as the file number or he puts a new numer as file number. Then Details are entered in the MRC register is as follows. At the time of MRC application reception the first three columns are filled by the clerk.

Recipt No	Receipt Date	IP No	IP Name	Claimed Amt	Sanctioned Amt	Sanctioned Date	Sanctioned Order

v. The Section clerk forwards the bills to the Insurance Medical Officer of the Dispensary. He further scrutinizes the MRC bill and put a **"Recommended amount"** on the bill, the bill then gets back to the section clerk.

vi. The section clerk categorizes the speciality bills according to the claim amounts in to three categories

      a. Recommended Amount less than or equal to Rs 10000 – Dispensary Level

      b. Recommended Amount from Rs 10001 to Rs 25000 - RDD Level

      c. Recommended Amount greater than Rs 25000 - JD/Director Level

vii. Section Clerk of the Dispensary will do the following procedure on each category of bills

      a. **For Category A type MRC** applications clerk of the Dispensary prepares a list of claims those can be paid with the balance of allotment which is allotted to the particular ESI Dispensary BiMS. According to this list the clerk also prepares a Proceedings of IMO and submits all back to the IMO. The IMO examines the documents and If finds any error he returns the file to the clerk. Clerk rectifies the errors and submits back to the IMO. Finally, IMO sanctions the procedure. The clerk then prepares a Contingent bill in the BIMS applications and forwards the same to the IMO through BIMS. The IMO examines the contingent bills and approves the same and submitting the bill to the treasury. The Treasury pays the funds according to the proceedings to the bank accounts of the IPS → Section clerk records these MRC as paid → putting the details on the notice board for the IPs to know the status. . →End

      b. **For Category B type MRC** applications the clerk of the dispensary prepares list of MRC claims of all bills of category B and according to the list he/she prepares a **Forwarding Letter to RDD** and submits all these as file to the IMO. IMO approves the forwarding letter and then the clerk enters details, despatch Register and then forwards the MRCs along with Forwarding Letter to **Regional Deputy Directorate of his Zone**. → Records the despatch details in the MRC Register →End

      c. **For Category C type MRC** applications the clerk of the dispensary prepares list of MRC claims of all bills of category B and according to the list he/she prepares a Forwarding Letter as well and submits all these as file to the IMO approves the Forwarding Letter approves the Forwarding Letter. The clerk records all the file details into the despatch Register and then forwards the MRCs along with Forwarding Letter to **Directorate**

of IMS department (DIMS).→ Records the despatch details in the MRC Register →End

At the Respected Regional Deputy Directorate

viii. The inward section of RDD office receives the MRC application from the ESI Dispensary. Here the MRC is again becomes a Receipt .The inward clerk puts Receipt No and Date in the eOffice system and then forwarded to the MRC Section

ix. MRC **Section Clerk Of Regional Deputy Directorate** examines the bill and if any errors or missing documents the clerk returns the MRC bill back to the ESI dispensary with the consent of RDD. .If everything finds fine then →Go to Step xi

x. The Dispensary Clerk accepts the returned file and rectifies the corrections pointed by the RDD and sends back the MRC to RDD→. Go to Step xi.

xi. MRC **Section Clerk Of Regional Deputy Directorate** accepts the bill and assigns File Number and Date of reception in the eOffice file system and enters the bills details to the MRC register. Details entered in the MRC register is as follows. At the time of MRC application reception the first five columns are filled by the clerk.

Recipt No	Receipt Date	IP No	IP Name	Claimed Amt	Sanctioned Amt	Sanctioned Date	Sanctioned Order

xii. The section clerk forwards the MRC to the Regional Deputy Director.

xiii. The RDD further scrutinizes and if finds everything fine the MRC and puts a "**Sanctioned amount**" on the bill. If found any errors the MRC bills goes back to the section clerk and then back to the dispensary. →Step x

xiv. MRC **Section Clerk Of Regional Deputy Directorate** prepares a list of claims those can be paid with the balance of allotment which is allotted to the particular Regional Deputy Directorate.   According to this list the clerk also prepares a Proceedings of RDD and submits all to the RDD. The RDD examines the documents and If finds any error he returns the file to the clerk. Clerk rectifies the errors and submits back to the RDD. Finally, the RDD sanctions the proceedings. The clerk then prepares a Contingent bill in the BIMS applications and forwards the same to the RDD through BIMS. The RDD examines the contingent bills and approves the same and submitting the bill to the treasury. The Treasury pays the funds according to the proceedings to the bank accounts of the IPS. He marks the files as closed in the eOffice →End

At the JD Office /Directorate

xv. **The inward section of office of the JD** receives the MRC bill from the ESI Dispensary. The inward clerk puts Receipt No and Date in the eOffice System and then forwarded to the MRC Section

xvi. **MRC Section Clerk of DIMS office** examines the bill and if any errors or missing documents the clerk returns the MRC bill back to the ESI dispensary →Go to Step xviii

xvii. If the section clerk finds everything fine then →Go to Step xix

xviii. The Dispensary Clerk accepts the returned file and rectifies the corrections pointed by the JD, gets the approval from his IMO and sends back the MRC to JD office→. Go to Step xvi.

xix. **MRC Section Clerk of JD Office** assigns File Number and Date of reception in the eOffice file system and enters the bills details to the MRC register. Details entered in the MRC register is as follows. At the time of MRC application reception the first five columns are filled by the clerk.

Recipt No	Receipt Date	IP No	IP Name	Claimed Amt	Sanctioned Amt	Sanctioned Date	Sanctioned Order

xx. MRC section clerk of JD office then forwards the MRC bill to the **JD**

xxi. **JD** Scrutinizes the MRC Bills and if finds everything fine the MRC and puts a "**Sanctioned amount**" on the bill. These bill goes back to the section clerk. If found any errors the MRC bills goes back to the section clerk and then back to the dispensary. →Step xviii

i. **MRC Section Clerk of DIMS office** prepares a list of MRC bills marked with "**Sanctioned Amount**" those can be paid with the balance of allotment which is allotted to the DIMS Office.   According to this list the clerk also prepares a Proceedings of Director and submits all to the Director. The Director examines the documents and If finds any error he returns the file to the clerk. Clerk rectifies the errors and submits back to the Director. Finally, the Director sanctions the proceedings. The clerk then prepares a Contingent bill in the BIMS applications and forwards the same to the Director through BIMS. The Director examines the contingent bills and approves the same and submitting the bill to the treasury. The Treasury pays the funds according to the proceedings to the bank accounts of the IPS. . He marks the files as closed in the eOffice →End
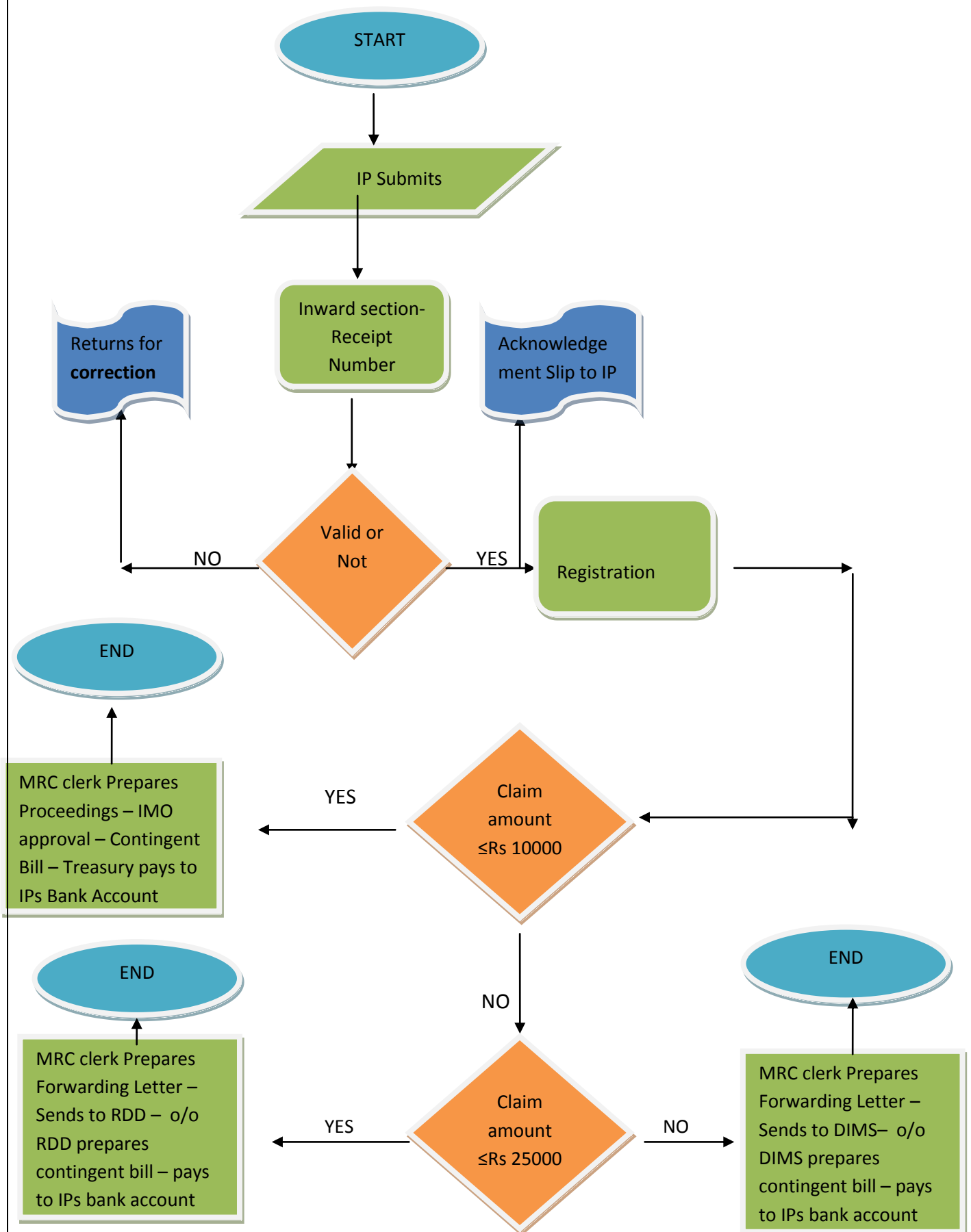
2.8. Flow Chart of Current Manual Procedure

```
                              START

                               ↓

                           IP Submits

                               ↓

Returns for          Inward section-          Acknowledge
correction           Receipt                  ment Slip to IP
                     Number

                               ↓

                     ◇ Valid or Not ◇
        NO ←─────                    ─────→ YES   Registration

  END

MRC clerk Prepares
Proceedings – IMO        YES        ◇ Claim amount ≤Rs 10000 ◇
approval – Contingent  ←─────
Bill – Treasury pays to
IPs Bank Account
                                        NO
                                        ↓
  END                                                              END

MRC clerk Prepares                                    MRC clerk Prepares
Forwarding Letter –      YES                  NO       Forwarding Letter –
Sends to RDD – o/o    ←───── ◇ Claim amount ─────→    Sends to DIMS– o/o
RDD prepares                   ≤Rs 25000 ◇            DIMS prepares
contingent bill – pays                                contingent bill – pays
to IPs bank account                                   to IPs bank account
```

3. __Process Work Flow__

Diagram 1

Insured Person	Claim Submission Acknowledgement Intimation
Dispensary Clerk/ RDD office Clerk/ DIMS clerk	Registration → Claim Scruitny → Errors if Any — Invalid / valid
IMO	Scruitny → Sanction → Amount <10000 — (A) NO
Regional Deputy Director	YES
Joint Director	
Director	
Government	
Treasury	Payment → End
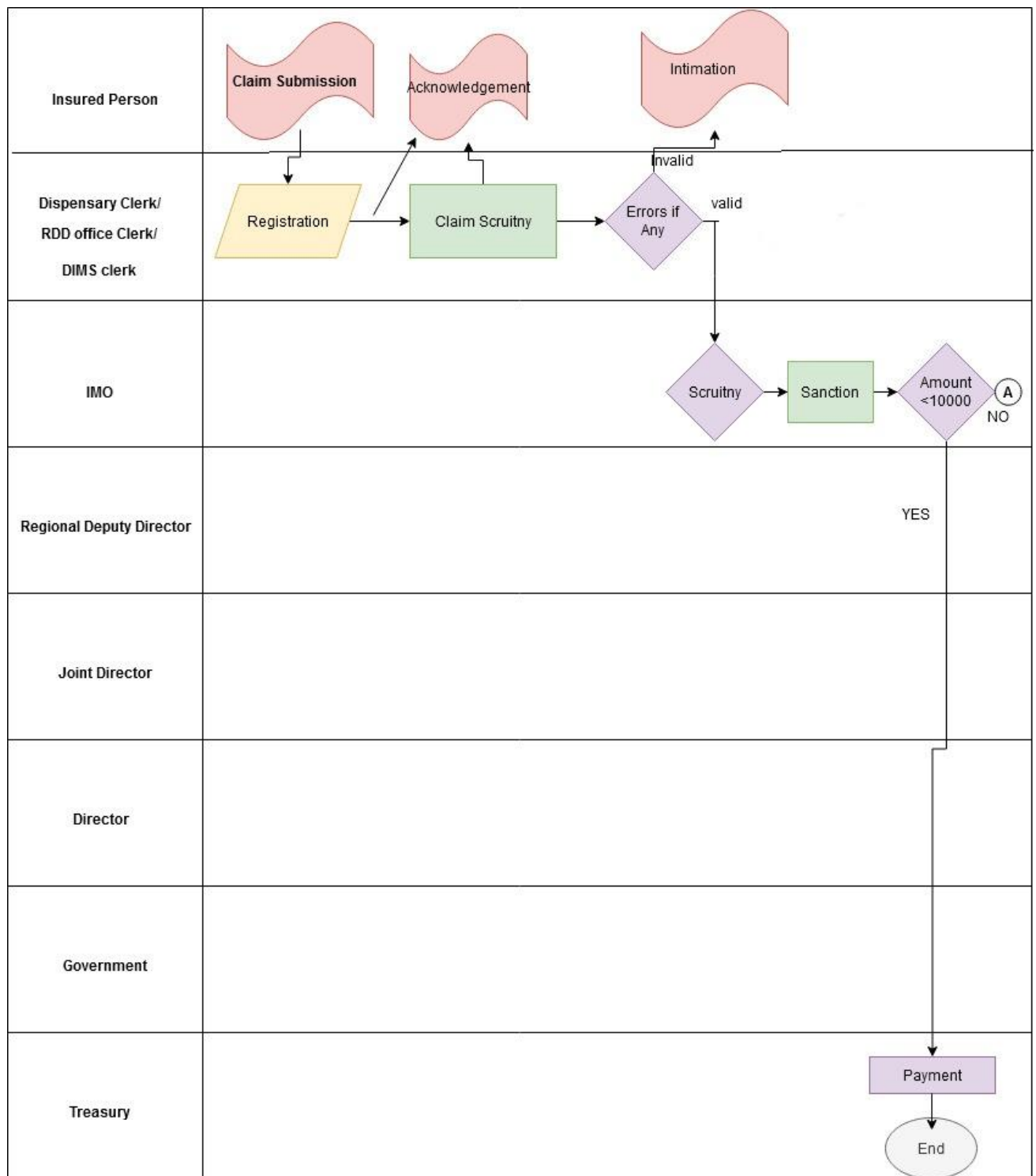
To be continued in diagram2 below....

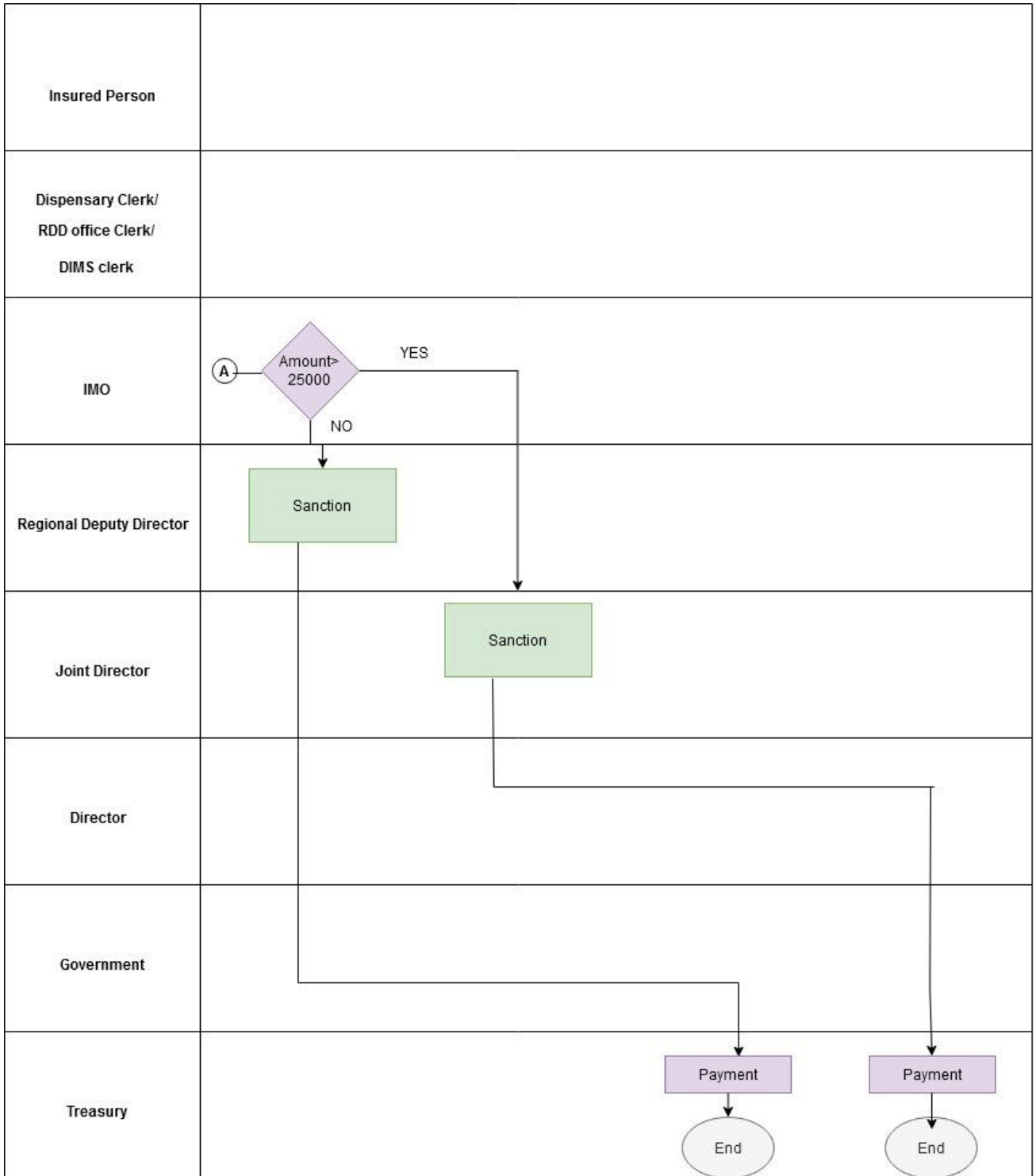|	
Insured Person	
Dispensary Clerk/ RDD office Clerk/ DIMS clerk	
IMO	(A) ─── ◇ Amount> 25000 ──YES── │ NO
Regional Deputy Director	[Sanction]
Joint Director	[Sanction]
Director	
Government	
Treasury	[Payment] → (End) [Payment] → (End)

Diagram 2

4. MRC EXACT USER REQUIREMENTS

Users

All users should be created in correct hierarchy, should keep organizational structure, and designation of the user in the department.

i. **Logins Required** :
   a. Ministerial Clerk
   b. Ministerial Head
   c. Insurance Medical Officer
      And "Forgot User name / Password??" option
      Reset Password using Mobile/ Email by receiving Security OTP
      Retrieve user name with the help of registered email /mobile number

ii. **Login Profile Management**
   a. Change Self Password with OTP reception
   b. Change Mobile Number by using OTP
   c. Change Email by using OTP

iii. **User Privileges: all users need to reset their passwords according to constraints on their first login.**

   Insured Persons: a. should be able to track their submitted claim status by search options using IP No and/or Mobile number
         b. Should be able to give a feed back/complaint on the proposed application

   Ministerial Clerks: Change self password, self mobile number, self email address, IP data entry, IP data edit, claim entry, claim edit, Check list satisfied or not check forward to ministerial head.

   Can manage the claims of the concerned section of the dispensary

   Ministerial Heads: Change self password, self mobile number, self email address, IP data entry, IP data edit, claim entry, claim edit, Check list satisfied or not check forward to IMO / RDD/ JD / Director depends upon the office where the claim is getting processed.

   Can manage claims of the sections under the ministerial Head

   IMO/RDD/JD/Director : Change self password, self mobile number, self email address, IP data entry, IP data edit, claim entry, claim edit, Check list satisfied or not check forward to IMO / RDD/ JD / Director depends upon the office where the claim is getting processed. And Claim Process, Recommend / Pass Amount, Approve claim / Reject claim, forward the claim back to the Section ministerial clerk of his office.

   Important:-

   IMO – Can Manage all the claims of his dispensary

   RDD – Can Manage All the claims of all dispensaries of his Zone

   JD/Director – Can Manage all the claims of al zones

   Administrator User: Create new user, set a default auto generated password according to constraints given, list and print user & passwords , Delete Existing user, Edit existing user, create organisation, edit

organization, delete organization, Mange user privileges when gets a promotion, transfer or demotion. Transfer user from one office to another office

User Password Constraints: A combination of minimum 7 of alphabets-number-symbol combination-minimum one upper case, minimum one lower case, minimum one digit, minimum one symbol.

Stake Holder Users with mode of information available

Office	Availability of Application (Yes / No)	Name and Functions of the Software Application	Manual Data
Director of Insurance Medical Services	Yes	Approving /Sanctioning /Updating of claim amounts, IP data entry, claim entry	Remarks if any
Joint Director of Insurance Medical Services	Yes	Approving /Sanctioning /Updating of claims Amounts IP data entry, claim entry	Remarks if any
Regional Deputy Director Insurance Medical Services	Yes	Approving /Sanctioning /Updating of claims Amounts, IP data entry, claim entry	
Office Of *Director of Insurance Medical Services*	Yes	Processing of the claims received from the ESI Dispensary above the delegation of the IMOs and RDDs	
Office Of the Regional Deputy Director Insurance Medical Services	Yes	Processing of the claims received from the ESI Dispensary	
Insurance Medical Officer	Yes	Sanction of the claims received in the ESI Dispensary inside the delegation of IMO, (Delegation is now Rs.10000/-)	
Office of the Insurance Medical Officer , ESI Dispensary	Yes	Registration of the insured person to the portal, Claim entry to the portal.	All required fields for Registration of IPs, Claim of data entry.
Insured Persons	Yes (Tracking of Claims)	Insured persons can track the medical reimbursement claim and know the status of the claim by searching with IP No/Mobile No	

4.1. MRC- Portal User requirements at Dispensary Level

i.   Data Entry

   Portal should be capable of registering new insured Persons by having a user registration form, Provisions of claim registration, Consolidate claims and initiating payment which should have the following modules.

IP Data Entry & Data Search

   a.   IP NO *
   b.   IP Name*
   c.   Address Of IP*
   d.   Gender (choose options M/F/others)*
   e.   Date of Birth Of IP (with Calender)*
   f.   Contact Mobile Number of IP*
   g.   Entitled Period *
   h.   Adhaar Number
   i.   Employer Details
   j.   Bank Account Number
   k.   IFSC code Of Bank
   l.   Bank name
   m.   Branch Name

*Mandatory Fields

ii.   IP Data Search and Edit
   a.   Search with IP NO
   b.   Search with Mobile Number
   c.   Search with Name and date of birth combination
       & Edit all the above fields

iii.   Claim Entry and Claim Edit

   a.   Whether self or dependant Treatment*
   b.   If dependant, Name, Age & Relationship with IP*
   c.   Name of disease *
   d.   Treated hospital name*
   e.   Period of Claim*
   f.   Claim Amount*
       A claim number should be allotted in the claim entry process and should be made visible to the user
       All saved claims will be there with IMO

iv.   Claim Search & Edit

   a.   Search with IP No (all claims by this IP should be displayed and user can select and edit any of them)
   b.   Search with claim No
       All fields of the claim entry details should be made editable

v.   Claim Processing (sanctioning / recommend a claim amount/ rejection) (IMO User)
   a.   Claim Search with Claim No:
   b.   Check Perquisites are satisfied or not against the Check List
   c.   If not reject option – With a field to enter reason for rejection
   d.   If yes, recommend an eligible amount

e. Categorize claim according to recommended amount
f. Approve claims if amount less than or equal to Rs 10000.
g. Approved claims should be got back to the clerk
h. Generate Forwarding Letter to RDD if recommended amount less than equal to Rs. 25000/-
i. Generate Forwarding Letter to DIMS if recommended amount greater than Rs. 25000/-
j. Option should be there to list of approved claims in two options
   ✓ Month wise Approved claims
   ✓ Total Claims approved

(Display should have IP NO, Name, claimed amount, approved amount, and at the end of the list, there should be a row of total number of claims, total claimed amount and total approved(sanctioned amount))

k. Option to generate proceedings for the selected approved claims – Print proceedings
l. Option create csv file of list according to selection of user→ save csv file to local drive
m. After the payment of the claims, through external BiMS application user should have an option to make approved claims in to paid claims status (option to add paid date)
n. Options to list and print paid claims (IP NO, Name of IP, claimed amount, sanctioned amount – paid date)
o. Option to list and Print of all Forwarded claims to higher authority (IP NO, Name, Claimed amount, recommended amount, forwarded date) – Month wise listing, Custom period wise listing and printing option.

vi. Reports needed at Dispensary (Month wise and period wise search option)
   a. MRC Register – Annexure
   b. List of Approved claims
   c. List of Forwarded claims
   d. List of paid claims
   f. List of Rejected /Returned claims

4.2. MRC- Portal User requirements at RDD Level

i. Data Entry (Same as in Dispensary Level)

Portal should be capable of registering new insured Persons by having a user registration form, Provisions of claim registration, Consolidate claims and initiating payment which should have the following modules.

IP Data Entry & Data Search (same as that of Dispensary)
a. IP NO *
b. IP Name*
c. Address Of IP*
d. Gender (choose options M/F/others)*
e. Date of Birth Of IP (with Calender)*
f. Contact Mobile Number of IP*
g. Entitled Period *
h. Adhaar Number
i. Employer Details
j. Bank Account Number
k. IFSC code Of Bank
l. Bank name
Branch Name**Mandatory Fields**

ii. IP Data Search and Edit (same as that of Dispensary)

d. Search with IP NO
e. Search with Mobile Number
f. Search with Name and date of birth combination
   & Edit all the above fields

vi.   Claim Entry and Claim Edit (same as dispensary)

    g. Whether self or dependant Treatment*
    h. If dependant, Name, Age & Relationship with IP*
    i. Name of disease *
    j. Treated hospital name*
    k. Period of Claim*
    l. Claim Amount*
    A claim number should be allotted in the claim entry process and should be made visible to the user

vii.   Claim Search & Edit (same as dispensary)

    c. Search with IP No (all claims by this IP should be displayed and user can select and edit any of them)
    d. Search with claim No
    All fields of the claim entry details should be made editable

viii.   Claim Processing (sanctioning / recommend a claim amount/ rejection) RDD User

j. Claim Search with Claim No:
k. Check Perquisites are satisfied or not against the Check List
l. If not reject option – With a field to enter reason for rejection or Return. → Rejection letter Print
m. If yes, recommend an eligible amount
n. Approve, Reject or Return with reasons for correction
o. Approved claims should be got back to the clerk

p. Option should be there to list of approved claims in two ways
          ✓ Month wise Approved claims
          ✓ Total Claims approved

       (Display should have IP NO, Name, claimed amount, approved amount, and at the end of the list, there should be a row of total number of claims, total claimed amount and total approved(sanctioned amount))
q. Option to generate proceedings for the selected approved claims – Print proceedings
r. Option create csv file of list according to selection of user→ save csv file to local drive
s. After the payment of the claims, through external BiMS application user should have an option to make approved claims in to paid claims status (option to add paid date)
t. Options to list and print paid claims (IP NO, Name of IP, claimed amount, sanctioned amount – paid date)
u. Option to list and Print of all Forwarded claims to higher authority (IP NO, Name, Claimed amount, recommended amount, forwarded date) – Month wise listing, Custom period wise listing and printing option.

vi. Reports needed at RDD (Month wise and period wise search option)
    a. MRC Register – Annexure
    b. List of Approved claims
    c. List of Forwarded claims
    d. List of paid claims
    f. List of Rejected /Returned claims
    g. Dispensary wise list of
        i. received MR Claims
        ii. Paid Claims
        iii Rejected Claims

4.3. MRC- Portal User requirements at JD/Director Level

v. Data Entry

Portal should be capable of registering new insured Persons by having a user registration form, Provisions of claim registration, Consolidate claims and initiating payment which should have the following modules.

IP Data Entry & Data Search (same as dispensary)

a. IP NO *
   a. IP Name*
   b. Address Of IP*
   c. Gender (choose options M/F/others)*
   d. Date of Birth Of IP (with Calender)*
   e. Contact Mobile Number of IP*
   f. Entitled Period *
   g. Whether Rule61 or Not*
   h. Adhaar Number
   i. Employer Details
   j. Bank Account Number
   k. IFSC code Of Bank
   l. Bank name
   m. Branch Name

*Mandatory Fields

ix.   IP Data Search and Edit (same as dispensary)
   g. Search with IP NO
   h. Search with Mobile Number
   i. Search with Name and date of birth combination
      & Edit all the above fields

x.   Claim Entry and Claim Edit (same as dispensary)

   m. Whether self or dependant Treatment*
   n. If dependant, Name, Age & Relationship with IP*
   o. Whether claim after the death of IP**,** if yes nominee details
   p. Diagnosis / Treatment details *
   q. Treated hospital name*
   r. Period of Claim*
   s. Claim Amount*
      A claim number should be allotted in the claim entry process and should be made visible to the user

xi.   Claim Search & Edit (same as dispensary)

   e. Search with IP No (all claims by this IP should be displayed and user can select and edit any of them)
   f. Search with claim No
      All fields of the claim entry details should be made editable

xii.   Claim Processing (sanctioning / recommend a claim amount/ rejection)

g. Claim Search with Claim No:
h. Check Perquisites are satisfied or not against the Check List
i. If not reject option – With a field to enter reason for rejection or Return. → Rejection letter Print
j. If yes, recommend an eligible amount
k. The application should decide to either approve the claim at Dispensary level according to the delegation power of IMO. If yes Approve option
l. Approved claims should be got back to the clerk
m. Option should be there to list of approved claims in two options
- ✓ Month wise Approved claims
- ✓ Total Claims approved

(Display should have IP NO, Name, claimed amount, approved amount, and at the end of the list, there should be a row of total number of claims, total claimed amount and total approved (sanctioned amount))
n. Option to generate proceedings for the selected approved claims – Print proceedings
o. Option create csv file of list according to selection of user→ save csv file to local drive
p. After the payment of the claims, through external BiMS application user should have an option to make approved claims in to paid claims status (option to add paid date)
q. Options to list and print paid claims (IP NO, Name of IP, claimed amount, sanctioned amount – paid date)
r. Option to list and Print of all Forwarded claims to higher authority (IP NO, Name, Claimed amount, recommended amount, forwarded date) – Month wise listing, Custom period wise listing and printing option.

vi. Reports needed at RDD (Month wise and period wise search option)
   a. MRC Register – Annexure
   b. List of Approved claims
   c. List of Forwarded claims
   d. List of paid claims
   f. List of Rejected /Returned claims
   g. Dispensary wise list of
      i. received MR Claims
      ii. Paid Claims
      iii Rejected Claims

5. MRC Other User Requirements

7.1 Dashboard

A dashboard display statistics of the MRC is a mandatory for the proposed application. The data will be collected by the government to display in https://dashboard.kerala.gov.in. This portal shall have facility to view the data analytics with standard graphical representations such as charts as per the finalized user requirements

An example of such a dashboard is added below.

5.1.1. Data Summary Required in the dashboard

Year	No of Claims Received		No of Claims Sanctioned		No of Claims Paid		No of Claims Pending		Total No of Claims	
	Claims	Amount	Claims	Amount	Claims	Amount	Claims	Amount	Claims	Amount

5.1.2. Data Summary Required in the dashboard

Zone	No of Claims Received		No of Claims Sanctioned		No of Claims Paid		No of Claims Pending		Total No of Claims	
	Claims	Amount	Claims	Amount	Claims	Amount	Claims	Amount	Claims	Amount
North										
South										
Central										
Total										

5.1.3. Data Summary Required in the dashboard

Zone	No of Claims Received		No of Claims Sanctioned		No of Claims Paid		No of Claims Pending		Total No of Claims	
	Claims	Amount	Claims	Amount	Claims	Amount	Claims	Amount	Claims	Amount
Chakka										
Peroorkkada										
Mailom										
……….										
Total										

5.2. External Data Sources Expected

- ✓ **Aadhar**
- ✓ Portal should have data migration of Insured persons from **ESIC employee** portal
- ✓ **Bank IFSC** and branch data to keep a real time update as merging of banks happening outside

.

5.3. Mandatory

- ✓ System should comply with all the standards and **guidelines prescribed by Govt such as but not limiting to GIGW, W3C. W3CAG** etc.
- ✓ Sanction authorities can approve **(Digitally Sign**) the claims, proceedings and forwarding letters by **Digital Signature Certificates (DSC)** using digital USB tokens.
- ✓ Should **be android and apple ios mobile** compatible web application
- ✓ System should possess **accessibility** features
- ✓ Proposed should be developed using **Open Source Software** and should be able to deploy in the SDC cloud infrastructure.
- ✓ Proposed portal should be of **responsive design**
- ✓ Should be able to **scan all associated documents to digitalize** them so as to ensure a complete **paperless system**.

****

Annexure 1

ESIC
Employees' State Insurance Corporation

Employee Details

Login User   swapc55

Entitlement to Benefits		Language/भाषा: English

Insurance Person Number		Insurance person Name		
Period	Current Period	Report Generated on Dated	22/07/2022	10:06:03 Hrs

Benefit Period Eligiblity

Benefit Start Date	Benefit End Date	Total Wages	Total Working Days Paid / Payable	Contribution Period From	Contribution Period To
01 Jan 2022	30 Jun 2022	37773.00	83	01 Apr 2021	30 Sep 2021
01 Jul 2022	31 Dec 2022	61384.00	129	01 Oct 2021	31 Mar 2022

Eligiblity to ESIC Benefits

Benefit Type	Entitlement Status	Probable Reasons for Non-Entitlement to Benefits in case entitlement status is No
## Medical Benefit	Yes	IP/IW not in insurable employment and contributory conditions are not met in the corresponding Contribution Period
Maternity Benefit	No	*Not an IW. * Less than 9 months of insurable employment on EDD / Date of delivery. * Less than 70 days contribution in 2 preceding Contribution Period.
Sickness Benefit	Yes	*Less than 9 months of Insurable employment from the date of first appointment * Contributed less than 78 days in the corresponding contribution period. * If entered in insurable employment for the first time in any Contribution period and contributed for less than half no. of days of such shorter Contribution period.
Extended Sickness Benefit	Yes	*Not suffering from any of the listed 34 diseases. *Less than two years continuous insurable employment. *Contributed for less than 156 days in proceeding four Contribution periods (Two years). * Not entitled for SB in any one of the four preceding Contribution Periods.
Enhanced Sickness Benefit	Yes	Not Entitled for Sickness Benefit.
#Super Specialty For IP	Yes	* Not completed six months of service from Date of registration. * Contributed less than 78 days in a contribution period.
#Super Specialty For Family	Yes	*Not completed one year of service from date of registration * Contributed less than 78 days in each of the two contribution period.
Temporary Disablement Benefit	Yes	Disablement not due to Employment Injury or Occupational Disease as per the ESI Act.
Permanent Disablment Benefit	Yes	Disablement not due to Employment Injury or Occupational Disease as per the ESI Act.
Dependent Benefit	Yes	Death of the Insured person is not due to Employment Injury or Occupational Disease as per the ESI Act.
R.G.S.K.Y	Yes	*Not an IP/ IW on the date of loss of Insurable Employment on account of retrenchment under ID act, closure of the factory / establishment under ID act or permanent invalidity of not less than 40% arising out of non-employment injury. * Less than three years (One year = 156 days) contribution paid/payable prior to loss of employment.
Ward of IP' certificate as on 31-10-2018	Yes ***	* *

*** This eligibility status is based only on the date of Online Registration in the System.
* The list is not exhaustive. For further details please visit nearest Branch Office or www.esic.nic.in. Eligibility status shown here is as on today's date and is further subject to Medical Certificates and/or other conditions.
The eligibility shown here based on the circular number V-14/11/6/2018/Med.I Misc dated 11.03.2021
Eligibility shall be subject to decision/discretion of the treating clinician.

Annexure 2

എല്ലാ തരം എം ആർ സി ബില്ലുകൾക്ക് ഒപ്പവും ഐ പി മാർ സമർപ്പിക്കേണ്ട അപേക്ഷ ഫോം

ഐപി യുടെ വിവരങ്ങൾ

1. ഇൻഷുറൻസ് നമ്പർ   :
2. പേര്   :
3. മേൽവിലാസം   :
   (ഇ എസ് ഐ കാർഡ് പ്രകാരം)

4. ജനന തിയ്യതി(വർഷം –മാസം–തിയ്യതി) :
5. ലിംഗം (പു / സ്ത്രീ) :
6. മൊബൈൽ നമ്പർ   :
7. ലോക്കൽ ഓഫീസ്   :
8. ജോലി ചെയ്യുന്ന സ്ഥാപനം :
9. ചികിത്സക്ക് അർഹതയുള്ള
   കാലയളവ്   :

10. ഡിസ്പെൻസറി   :
11. അക്കൗണ്ട് ഉള്ള ബാങ്ക്   :
12. ശാഖ   :
13. ഐ എഫ് എസ് കോഡ്   :
14. ബാങ്ക് അക്കൗണ്ട് നമ്പർ :
    (പാസ് ബുക്കിന്റെ കോപ്പി സമർപ്പിക്കുക)

ചികിത്സയുടെയുടെ വിവരങ്ങൾ

15. ചിലവായ തുക   :
16. ചികിത്സ ആർക്ക്   :
17. ഐപി യുമായുള്ള ബന്ധം :
18. രോഗിയുടെ പേര്   :
19. വയസ്   :
20. ചികിത്സ തുടങ്ങിയ തിയ്യതി :
21. ചികിത്സ അവസാനിച്ച തിയ്യതി :
22. അസുഖത്തിന്റെ പേര്   :
23. ചികിത്സ ലഭിച്ച ആശുപത്രി :

സത്യപ്രസ്താവന

മേൽ പ്രസ്താവിച്ച വിവരങ്ങൾ സത്യസന്ധമാണെന്ന് ഇതിനാൽ ബോധിപ്പിക്കുന്നു

സ്ഥലം:   ഐപി യുടെ പേര് :

തിയ്യതി:   ഒപ്പ്   :

Annexure 3

ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ്

ഉത്തര മേഖല ഡെപ്യൂട്ടി ഡയറക്ടറുടെ നടപടി ക്രമം

വിഷയം : ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ് – ചാലപ്പുറം ഇ.എസ് ഐ ഡിസ്പെൻസറി ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന തൊഴിലാളികളുടെ 1 രൂപ മുതൽ 10000 രൂപ വരെയുള്ള മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് അപേക്ഷയിലെ ഇകകൾ സൂക്ഷ്മ പരിശോധനക്ക് ശേഷം തൊഴിലാളികളുടെ ബാങ്ക് അക്കൗണ്ടിൽ നിക്ഷേപിക്കുന്നതിനുള്ള ഉത്തരവ് –

പരാമർശം : 1) ചാലപ്പുറം ഇ.എസ് ഐ ഡിസ്പെൻസറി ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന തൊഴിലാളികളുടെ പക്കൽ നിന്ന് ലഭിച്ച 01.01.2022മുതൽ 28.02.2022 വരെയുള്ള കാലയളവിലെ മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് അപേക്ഷകൾ

ഉത്തരവ് നം : ജി 4 – 3728/2022/ സി.പി.എം തിയതി 03.07.2022

ചാലപ്പുറം ഇ.എസ് ഐ ഡിസ്പെൻസറി ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന തൊഴിലാളികളുടെ 1 രൂപ മുതൽ 10000 രൂപ വരെയുള്ള മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് അപേക്ഷയിലെ ഇകകൾ സൂക്ഷ്മ പരിശോധനക്ക് ശേഷം താഴെ കൊടുത്തിരിക്കുന്ന ലിസ്റ്റ് പ്രകാരം ഓരോരുത്തരുടെയും ബാങ്ക് അക്കൗണ്ടിലേക്ക് നിക്ഷേപിക്കുന്നതിനായി 817246 രൂപ(എട്ട് ലക്ഷത്തി പതിനേഴായിരത്തി ഇരുന്നൂറ്റി നാല്പ്പത്തി ആറ് രൂപ മാത്രം) മാറി നൽകുന്നതിന് ഉത്തരവാകുന്നു.

പാസ്സാക്കിയ പ്രസ്തുത മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് ബില്ലുകൾ ക്യാൻസൽ ചെയ്തതിനു ശേഷം ഓഡിറ്റ് പരിശോധനക്കായി ഈ ഓഫീസിൽ സൂക്ഷിച്ച വച്ചിട്ടുണ്ട് .

പ്രസ്തുത തുക " 2210-01-102-96-04-00-00- NV" എന്ന ശീർഷകത്തിൽ നിന്നും മാറി നൽകാവുന്നതാണ് .

SLNO	IP NO	Name of IP	Mobile NO	Bank Acc No	IFSC	Amount Sanctioned
1	888888	xxxxxx	777777777	4444444444	SBIN00007	7548
2						
3						
	TOTAL AMOUNT					817246

<Name of IMO>

ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസർ

ഇ.എസ് ഐ ഡിസ്പെൻസറി ചാലപ്പുറം

പകർപ്പ് :

(1) ജില്ലാ ട്രഷറി ഓഫീസർ, ജില്ലാ ട്രഷറി, കോഴിക്കോട്

(2) ബിൽ

(3) ഫയൽ / കരുതൽ ശേഖരം

Annexure 4

ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ്

ഉത്തര മേഖല ഡെപ്യൂട്ടി ഡയറക്ടറുടെ നടപടി ക്രമം

വിഷയം : ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ് – ഉത്തര മേഖല ഡെപ്യൂട്ടി ഡയറക്ടറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന ഇ എസ് ഐ ഡിസ്പെൻസറികളിൽ നിന്ന് പാസ്സാക്കിയ തൊഴിലാളികളുടെ 10001രൂപ മുതൽ 25000രൂപ വരെയുള്ള മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെന്റ് അപേക്ഷയിലെ ഇകകൾ സൂക്ഷ്മ പരിശോധനക്ക് ശേഷം തൊഴിലാളികളുടെ ബാങ്ക് അക്കൗണ്ടിൽ നിക്ഷേപിക്കുന്നതിനുള്ള ഉത്തരവ് –

പരാമർശം : 1) ഉത്തര മേഖല ഡെപ്യൂട്ടി ഡയറക്ടറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന ഇ എസ് ഐ ഡിസ്പെൻസറികളിൽ നിന്ന് ലഭിച്ച 01.01.2022മുതൽ 28.02.2022 വരെയുള്ള കാലയളവിലെ മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെന്റ് അപേക്ഷകൾ

ഉത്തരവ് നം : ജി 4 – 3728/2022/ആർ.ഡി.ഡി. (ഉ.മേ.)തിയതി 03.07.2022

ഉത്തര മേഖല ഡെപ്യൂട്ടി ഡയറക്ടറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന ഇ എസ് ഐ ഡിസ്പെൻസറികളിൽ നിന്ന് പാസ്സാക്കിയ തൊഴിലാളികളുടെ മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെന്റ് അപേക്ഷയിലെ ഇകകൾ സൂക്ഷ്മ പരിശോധനക്ക് ശേഷം താഴെ കൊടുത്തിരിക്കുന്ന ലിസ്റ്റ് പ്രകാരം ഓരോരുത്തരുടെയും ബാങ്ക് അക്കൗണ്ടിലേക്ക് നിക്ഷേപിക്കുന്നതിനായി 817246 രൂപ(എട്ട് ലക്ഷത്തി പതിനേഴായിരത്തി ഇരുന്നൂറ്റി നാല്പത്തി ആറ് രൂപ മാത്രം) മാറി നൽകുന്നതിന് ഉത്തരവാകുന്നു.

പാസ്സാക്കിയ പ്രസ്തുത മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെന്റ് ബില്ലുകൾ ക്യാൻസൽ ചെയ്തതിനു ശേഷം ഓഡിറ്റ് പരിശോധനക്കായി ഈ ഓഫീസിൽ സൂക്ഷിച്ച വച്ചിട്ടുണ്ട് .

പ്രസ്തുത ഇക " 2210-01-102-96-03-00-00- NV" എന്ന ശീർഷകത്തിൽ നിന്നും മാറി നൽകാവുന്നതാണ് .

SLNO	IP NO	Name of IP	Mobile NO	Bank Acc No	IFSC	Amount Sanctioned
1	888888	XXXXXX	777777777	4444444444	SBIN00007	7548
2						
3						
			TOTAL AMOUNT			817246

<Name of RDD>

ഉത്തര മേഖല ഡെപ്യൂട്ടി ഡയറക്ടർ

പകർപ്പ് :

(1) ജില്ലാ ട്രഷറി ഓഫീസർ, ജില്ലാ ട്രഷറി, കോഴിക്കോട്

(2) ബിൽ

(3) ഫയൽ / കരുതൽ ശേഖരം

Annexure 5

ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ്

ഡയറക്ടറുടെ നടപടി ക്രമം

വിഷയം : ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ് ഡയറക്ടറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന ഇ എസ് ഐ ഡിസ്പെൻസറികളിൽ നിന്ന് പാസ്സാക്കിയ തൊഴിലാളികളുടെ   250001 രൂപക്ക് മേലെയുള്ള മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് അപേക്ഷയിലെ ഇനകൾ സൂക്ഷ്മ പരിശോധനക്ക് ശേഷം തൊഴിലാളികളുടെ   ബാങ്ക് അക്കൗണ്ടിൽ നിക്ഷേപിക്കുന്നതിനുള്ള ഉത്തരവ് –

പരാമർശം : 1) ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ് ഡയറക്ടറുടെ ഡയറക്ടറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന ഇ എസ് ഐ   ഡിസ്പെൻസറികളിൽ നിന്ന് ലഭിച്ച 01.01.2022മുതൽ 28.02.202   വരെയുള്ള കാലയളവിലെ   മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് അപേക്ഷകൾ

<u>ഉത്തരവ് നം : ജി 4 – 3728/2022/ .ഡി.ഐ.എം.എസ് തിയതി 03.07.2022</u>

ഇൻഷുറൻസ് മെഡിക്കൽ സർവീസസ്സ് വകുപ്പ് ഡയറക്ടറുടെ കാര്യാലയത്തിന്റെ പരിധിയിൽ വരുന്ന ഇ എസ് ഐ ഡിസ്പെൻസറികളിൽ നിന്ന് പാസ്സാക്കിയ തൊഴിലാളികളുടെ മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് അപേക്ഷയിലെ ഇനകൾ സൂക്ഷ്മ പരിശോധനക്ക് ശേഷം താഴെ കൊടുത്തിരിക്കുന്ന ലിസ്റ്റ് പ്രകാരം ഓരോരുത്തരുടെയും ബാങ്ക് അക്കൗണ്ടിലേക്ക് നിക്ഷേപിക്കുന്നതിനായി   817246 രൂപ(എട്ട് ലക്ഷത്തി പതിനേഴായിരത്തി ഇരുന്നൂറ്റി നാല്പത്തി ആറ് രൂപ മാത്രം) മാറി നൽകുന്നതിന് ഉത്തരവാകുന്നു.

പാസ്സാക്കിയ പ്രസ്തുത മെഡിക്കൽ റീ ഇമ്പേഴ്സ്മെൻറ് ബില്ലുകൾ ക്യാൻസൽ ചെയ്തതിന ശേഷം ഓഡിറ്റ് പരിശോധനക്കായി ഈ ഓഫീസിൽ സൂക്ഷിച്ച വച്ചിട്ടുണ്ട് .

പ്രസ്തുത ഇനക " 2210–01–102–96–03–00–00– NV" എന്ന ശീർഷകത്തിൽ നിന്നും മാറി നൽകാവുന്നതാണ്
.

SLNO	IP NO	Name of IP	Mobile NO	Bank Acc No	IFSC	Amount Sanctioned
1	888888	xxxxxx	777777777	4444444444	SBIN00007	7548
2						
3						
			TOTAL AMOUNT			817246

<Name of Director>

ഡയറക്ടർ, ഇൻഷുറൻസ്   മെഡിക്കൽ സർവീസസ്സ്

പകർപ്പ് :

(1) ജില്ലാ ട്രഷറി ഓഫീസർ, ജില്ലാ ട്രഷറി, സ്റ്റാച്യു തിരുവനന്തപുരം

(2) ബിൽ

(3) ഫയൽ / കരുതൽ ശേഖരം

Annexure 6

2021-KAY-2

OFFICE OF THE INSURANCE MEDICAL OFFICER
ESI Dispensary Kainatty

685/2020

dated, 22-07-2022

From

Insurance Medical Officer

To

The Director

സർ/മാഡം,

വിഷയം:- ശ്രീ/ശ്രീമതി ████████████████ ന്റെ മെഡിക്കൽ റീ ഇംബേഴ്സ്മെൻര് അപേക്ഷ അയക്കുന്നത് സംബന്ധിച്ച്

സൂചന:-685/2020 Dated : 2020-06-17

ശ്രീ/ശ്രീമതി xxxxxxxxxxxxx ,IP No.9999999999 സമർപ്പിച്ച 122132/- രൂപയുടെ മെഡിക്കൽ റീഇംബേഴ്സ്മെന്റ് അപേക്ഷ തുടർ നടപടികൾക്കായി അയക്കുന്നു

വിശ്വസ്തതയോടെ

Insurance Medical Officer

ഉള്ളടക്കം :- മെഡിക്കൽ റീഇംബേഴ്സ്മെന്റ് അപേക്ഷ

Annexure 7

| Beneficiary ID	Name	Mobile	Credit to	IFSC	Account Number	Amount	Purpose
1181/2021	XXXXXXX	5555555555	Bank Acc	SBIN0004686	77777777777	22747	MRC
1584/2021	XXXXXXX	5555555555	Bank Acc	SBIN0012195	77777777777	9315	MRC
1836/2021	XXXXXXX	5555555555	Bank Acc	SBIN0008659	77777777777	20537	MRC

Annexure 8

	REGISTER OF MEDICAL RE-IMBURSEMENT CLAIMS OF INSURED PERSONS													
Date	Annual Serial No.	Name of IP	IP No.	Mob No	Name of Dispensary	Name of Patient & Relation	Name of Disease / Treatment Taken	Treatment Period	Amount Claimed by IP	Claim Send on	IFSC No. Of Bank	Bank Account Number	Letter No. & Date	Remarks
1	2	4	5	6	7	9	10	11	12	13	14	15	18	19

CHECK LIST FOR CLAIMS FORWARDED BY THE INSURANCE MEDICAL OFFICER TO DIRECTORATE OF INSURANCE MEDICAL SERVICES

Please put ☑ mark

1. മേലെഴുത്ത് (ഉപരി പത്രം/Covering Letter) ☑

2. ബിൽ സ്റ്റേറ്റ്മെന്റ് (ചികിത്സാകാലയളവ് സഹിതം) ☑

3. ഐ.പിയുടെ അപേക്ഷ (ഫോൺ നമ്പർ സഹിതം, ടി ചികിത്സയ്ക്ക് മറ്റെവിടെ നിന്നും ആനുകൂല്യം കൈപ്പറ്റിയിട്ടില്ലെന്ന സത്യവാങ്മൂലം സഹിതം) ☑

4. ഇ.എസ്.ഐ. കാർഡിന്റെ കോപ്പി (പ്രതിയത്) ☑

5. ബാങ്ക് പാസ്ബുക്കിന്റെ വ്യക്തതയോട് കൂടിയ കോപ്പി ☑

6. എന്റൈറ്റിൽമെന്റ് സർട്ടിഫിക്കറ്റ് (സ്റ്റിക്ക്നെസ്സ്/നെനഫിറ്റ്/സൂപ്പർ സ്പെഷ്യാലിറ്റി അർഹതയോടുകൂടിയത്) ☑

7. ഡിസ്ചാർജ്ജ് സമ്മറി - ഒറിജിനൽ ☑

8. എമർജൻസി സർട്ടിഫിക്കറ്റ് (അടിയന്തിര സാഹചര്യത്തിൽ) ☐

9. റഫറൻസ് ലെറ്റർ (മറ്റ് ആശുപത്രികൾ/എംപാനൽഡ് ആശുപത്രികൾ ഇവിടങ്ങളിലെ ചികിത്സയ്ക്ക്) ☑

10. ഒ.പി. ടിക്കറ്റ് (ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസറുടെ കുറിപ്പടി) ☐

11. ക്യാഷ് വൗച്ചർ (ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസർ പാസാക്കിയത്) ഒറിജിനൽ ☑

12. എസൻഷ്യാലിറ്റി സർട്ടിഫിക്കറ്റ് (തുക ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസർ പാസാക്കണം) (കൃത്യമായി മുഴുവൻ കോളങ്ങളും പൂരിപ്പിക്കണം. രോഗവിവരം എഴുതണം) ☑

13. ഇൻവെസ്റ്റിഗേഷൻ റിപ്പോർട്ടുകളുടെ ഒറിജിനൽ ☑
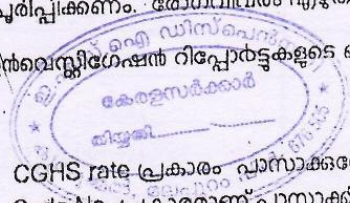
NB:- CGHS rate പ്രകാരം പാസാക്കുമ്പോൾ Procedure ഏതാണെന്നും CGHS rate-ലെ ഏത് Code No. പ്രകാരമാണ് പാസാക്കിയിരിക്കുന്നതെന്നും എസൻഷ്യാലിറ്റി സർട്ടിഫിക്കറ്റിന്റെ അവസാന പേജിൽ രേഖപ്പെടുത്തി ഒപ്പും സീലും പതിക്കേണ്ടതാണ് ഇതോടൊപ്പം തന്നെ ഉൾപ്പെടുത്തിയിരിക്കുന്ന ഓരോ sub vouchers ഉം CGHS rate പ്രകാരം വെരിഫൈ ചെയ്തിട്ടുണ്ടെന്ന് രേഖപ്പെടുത്തി ഒപ്പും സീലും പതിക്കേണ്ടതാണ്.

മനോട്ട്:- 1. എല്ലാ കോപ്പികളും ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസർ ഒപ്പിട്ട് ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസറുടെ സീലും ഡിസ്പെൻസറി സീലും പതിപ്പിച്ചിരിക്കണം

2. ഉപരിപത്രത്തിന്മേൽ "Date of Receipt of Claim", Date of Despatch of Claim" എന്നിവ ഉൾപ്പെടുത്തേണ്ടതാണ്.