TMS Provider Application User Manual

सत्यमेव जयते national health authority

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Document Details

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User Manual	9.0	This document describes the processes and steps to use the TMS Provider Application

Revision Details

Action Taken (Add/Del/Change)	Previous Page Number	New Page Number	Revision Description
Add	1-43	1-46	Document Updated

Review By

Name of the Reviewer	Review Date	Description
Sheel Kant	06-09-2023	Document reviewed by Sheel

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Revision Date	Version Details	Revision Description
22 Sep 2022	Version 1	User Manual for TMS 2.0 Provider & Payer application.
14 Nov 2022	Version 2	Updated user manual for TMS 2.0 Provider & Payer application
27 Dec 2022	Version 3	Updated user manual for TMS 2.0 Provider & Payer application
26 April 2023	Version 4	User Manual for TMS 2.0 Provider application – added latest UI and functionalities
10 May 2023	Version 5	Updated User manual based on the feedback received from NHA
12 May 2023	Version 6	Updated User manual based on the feedback received from NHA
31 May 2023	Version 7	Updated User manual based on the feedback received from NHA
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02 Aug 2023	Version 9	Updated User manual based on the feedback received from NHA
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Abbreviations

Abbreviation	Expansion
AB-PMJAY	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana
ABDM	Ayushman Bharat Digital Mission
BIS	Beneficiary Identification System
CT	Computerized Tomography
DAMA	Discharge Against Medical Advice
DRG	Diagnosis Related Groups
ECG	Electrocardiogram
HER	Electronic Health Records
IPD	Inpatient Department
IRDAI	The Insurance Regulatory and Development Authority of India
ISA	Implementation Support Agency
JPEG	Joint Photographic Experts Group
LAMA	Leave Against Medical Advice
MEDCO	Medical Coordinator
MRI	Magnetic Resonance Imaging
MS	Medical Superintendent
NHA	National Health Authority
NHCX	National Health Claim Exchange (NHCX)
OPD	Outpatient Department
OTP	One Time Password
PDF	Portable Document Format
PHC	Primary Healthcare Center

PHR	Patient Health Records
PMAM	Pradhan Mantri Arogya Mitra
PPD	Preauthorization Processing Doctor
RSBY	Rashtriya Swasthya Bima Yojna
SECC	Socio-Economic Caste Census
SHA	State Health Agency
STG	Standard Treatment Guidelines
TAT	Turn Around Time
TMS	Transaction Management System
TPA	Third Party Administrator/Agency
UHC	Universal Health Coverage
UIDAI	The Unique Identification Authority of India
WHO ICD-10/ICD-11	World Health Organization International Classification of Diseases

1. Introduction

Ayushman Bharat, a flagship scheme of Government of India was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. Ayushman Bharat aims to undertake path breaking interventions to holistically address health (covering prevention, promotion, and ambulatory care), at primary, secondary and tertiary level.

PM-JAY2.0 is a step towards this, it will replace the existing PM-JAY1.0. NHA has initiated PM-JAY2.0 to offer a single integrated platform which is robust, scalable and sustainable in the long term and can keep pace with the changing end user, business and technology requirements. The new system will provide an enriching experience to all stakeholders by improving efficiency in delivery of all services and enhance transparency.

1.1 Purpose

The ultimate vision of this enablement is to ensure that patients will get timely treatment and providers/payers will be able to process the requests online without any delay. Crux of the solution lies in the National Health Claim Exchange (NHCX) which will route the request from Provider to Payer and vice versa. The PM-JAY2.0 IT Application Suite will enable easy and secure access to the Government schemes for various stakeholders including Patients, Doctors, Hospitals, Insurance companies, TPAs, ISAs, and Employees of SHAs and NHAs through its portal. The IT Application Suite will enable the end-to-end process flow from hospital empanelment to beneficiary enrolment and verification, patient verification, preauthorization, claim processing, hospital payments, etc.,

1.2 Scope of the application

TMS Provider application is designed for the hospitals and will encompass the entire lifecycle and engagement with beneficiaries and shall have modules/ functionalities like Patient Registration, Patient Pre-Authorization, Treatment, Patient Discharge, Claims, Payments, MIS Reports and Dashboards. The new system will provide an enriching experience to all stakeholders by improving efficiency in delivery of all services and enhance transparency.

1.3 Features of TMS

Following are the features in TMS Provider application:

1. Patient Registration
    a. Registration with Aadhaar authentication
    b. New-born Baby Registration
    c. Registration Cancellation
2. Preauthorization Process
    a. Preauthorization Cancellation
    b. Preauthorization Resubmission

c. Preauthorization Enhancement
d. Preauthorization initiation for one single procedure
e. Preauthorization initiation for multiple procedures
f. Preauthorization initiation for procedure with Stratification
g. Preauthorization initiation for procedure with Implants
h. Preauthorization initiation for procedures with Stratification and Implants
i. Preauthorization initiation for Cyclic procedures
j. Preauthorization initiation for procedures having STG (Standard Treatment protocols).
k. Preauthorization initiation process for Patient Liability cases (Where the states are allowing patient to bare the additional cost of treatment).
l. Preauthorization initiation for Hybrid case (Where liability is shared between Trust & Insurance)
m. Preauthorization query updation
n. eRupi Process
o. DRG (Diagnosis Related Groups)

3. Treatment and Discharge
4. Claims Submission
    a. Claim query updation
    b. Arbitration Process for rejected claims

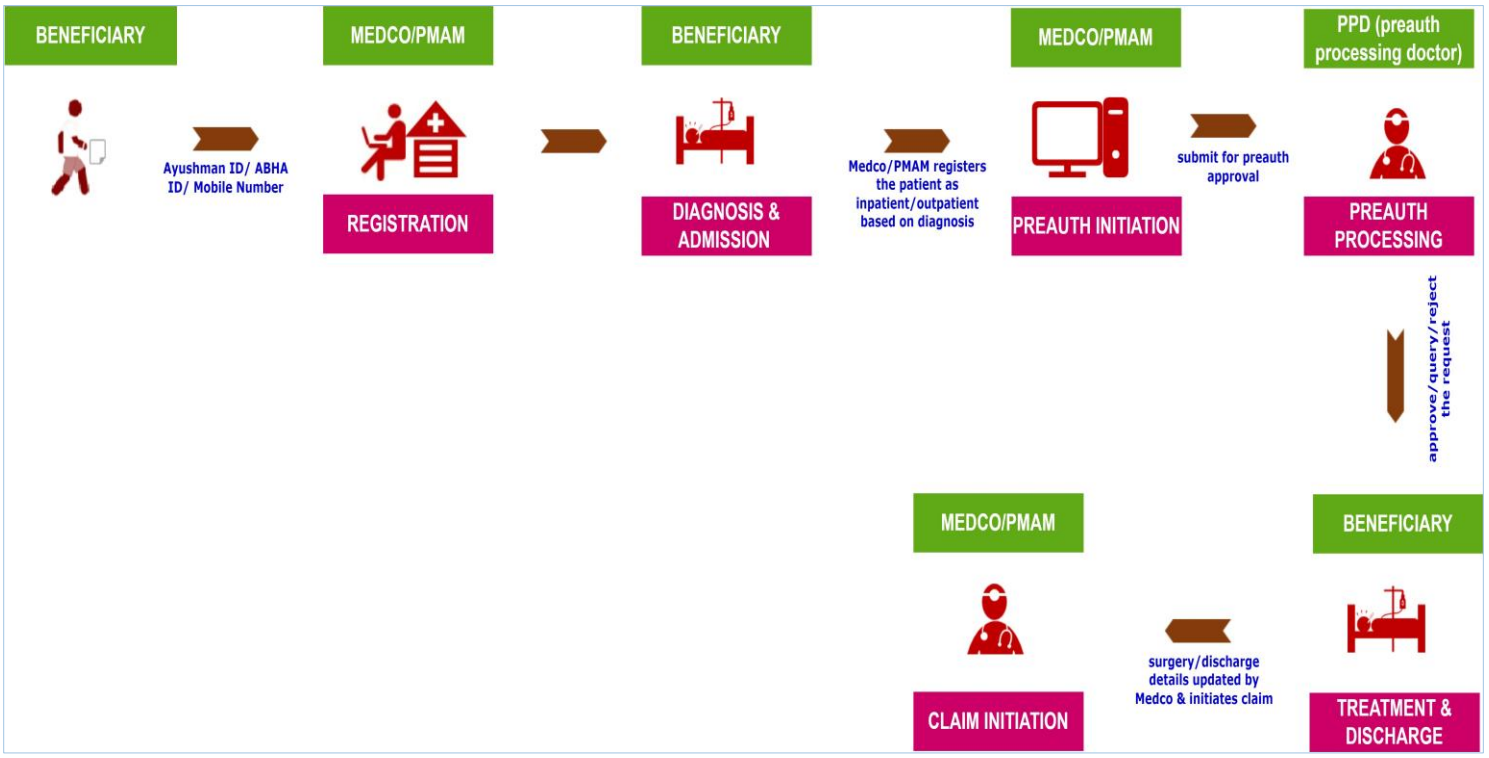
1.4 TMS Roles

Following are the roles and their respective activities in TMS Provider application:

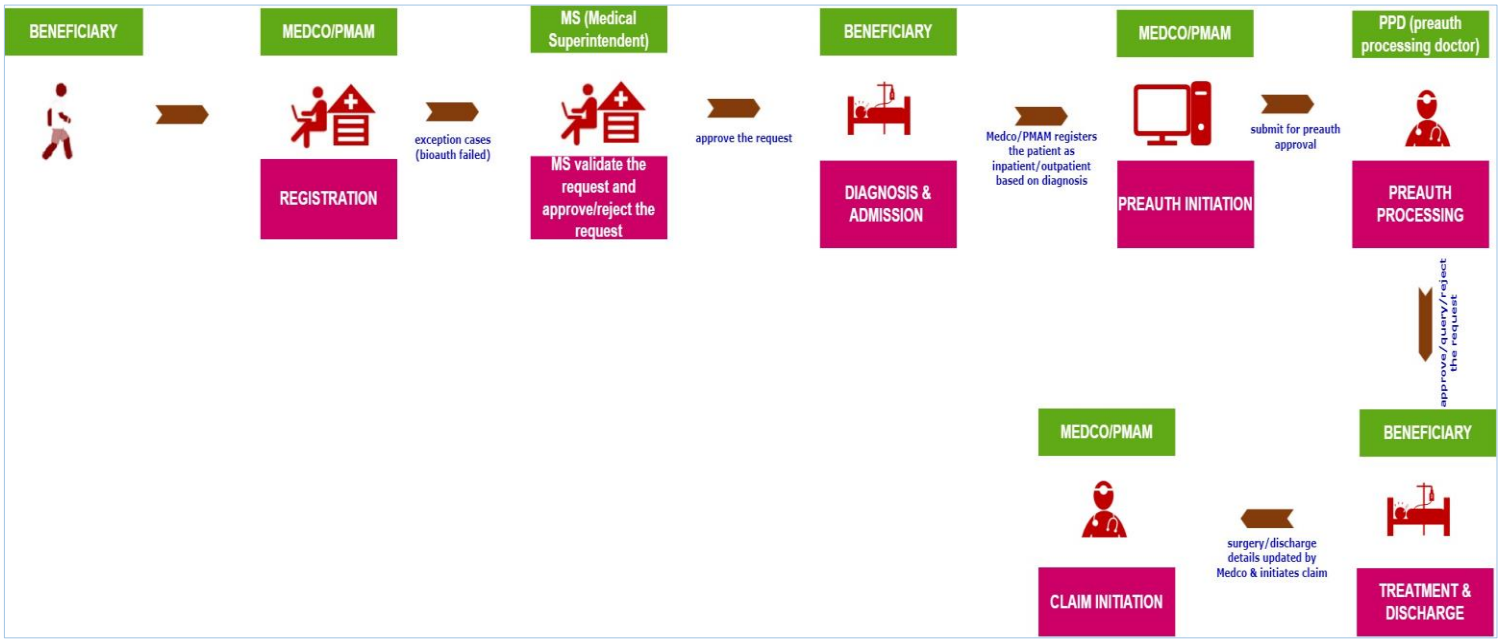
PMAM (Pradhan Mantri Arogya Mithra)	Pradhan Mantri Arogya Mithra, a certified healthcare professional appointed by SHA for assisting the beneficiaries and to facilitate beneficiary registration.
Medical Coordinator (Medco)	A representative of EHCP who acts a coordinator between PMAM and EHCP. Medco facilitate preauthorization and claim submission.
Hospital Administrator	who will have all the information and can perform any activity on the cases. He will also be the person who will approve logins for rest of the users in the hospital on UMP.
Medical Superintendent (MS)	who will manage requests for exemption cases.

1.5 TMS Provider Flowchart

Patient Registration Process:



Patient Registration Process (without bioauth):

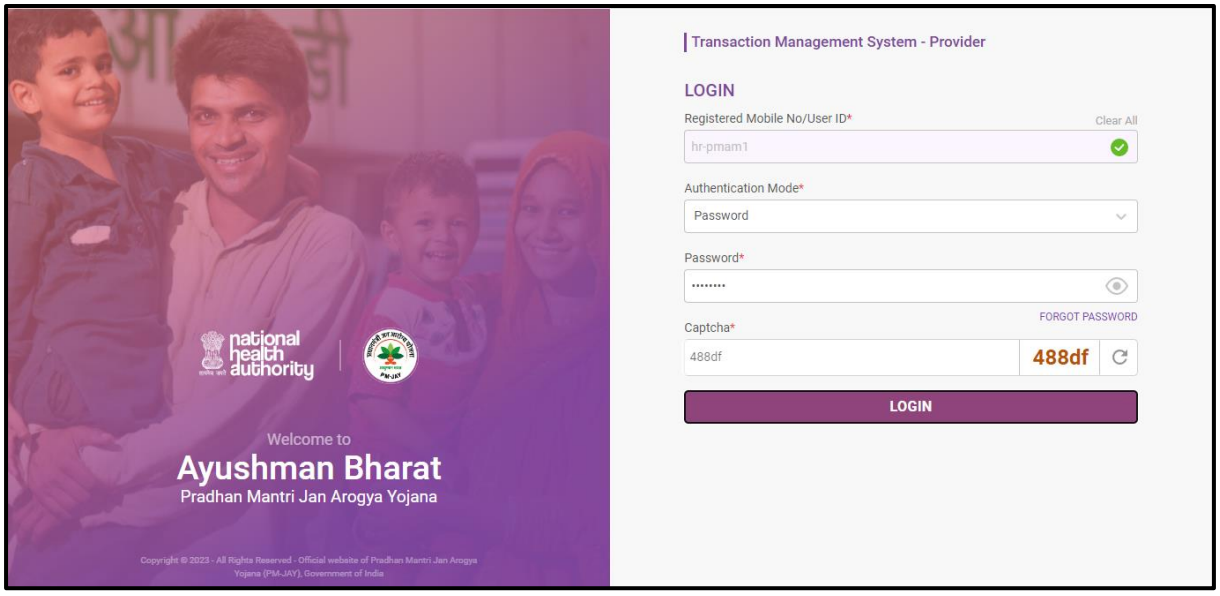


2. TMS Provider – Process Flow

2.1 Patient Registration Process

1. To create a login, the user need to get registered in UMP portal with required details. Once the login request is approved in UMP, the user can able to access the TMS Provider application.
2. Login as Medco/PMAM using registered mobile number/user ID. Upon verification of the mobile number/user ID, the user will have a provision to authenticate using password/mobile OTP/Aadhaar OTP/Aadhaar fingerprint. If the authentication mode selected as 'password',the user will have a provision to enter his password followed by captcha. Upon which the login button gets enabled as shown in login page(Medco/PMAM) screenshot.

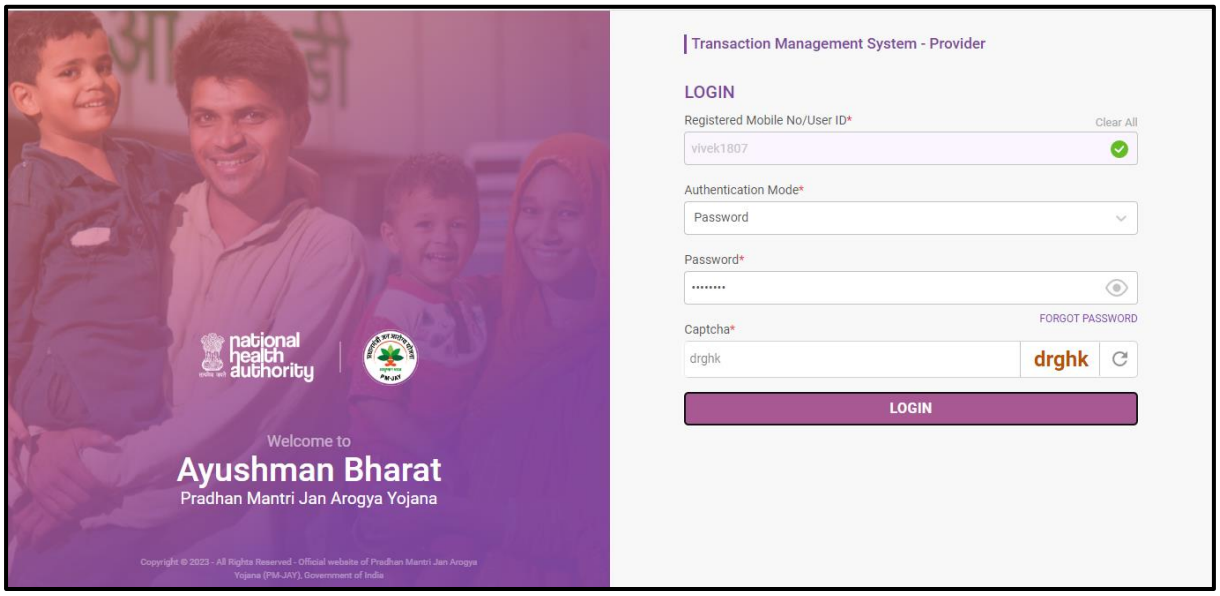
   NOTE: Medco/PMAM have provision to register the beneficiaries who are only Aadhaar authenticated.



Login Page – Medco/PMAM

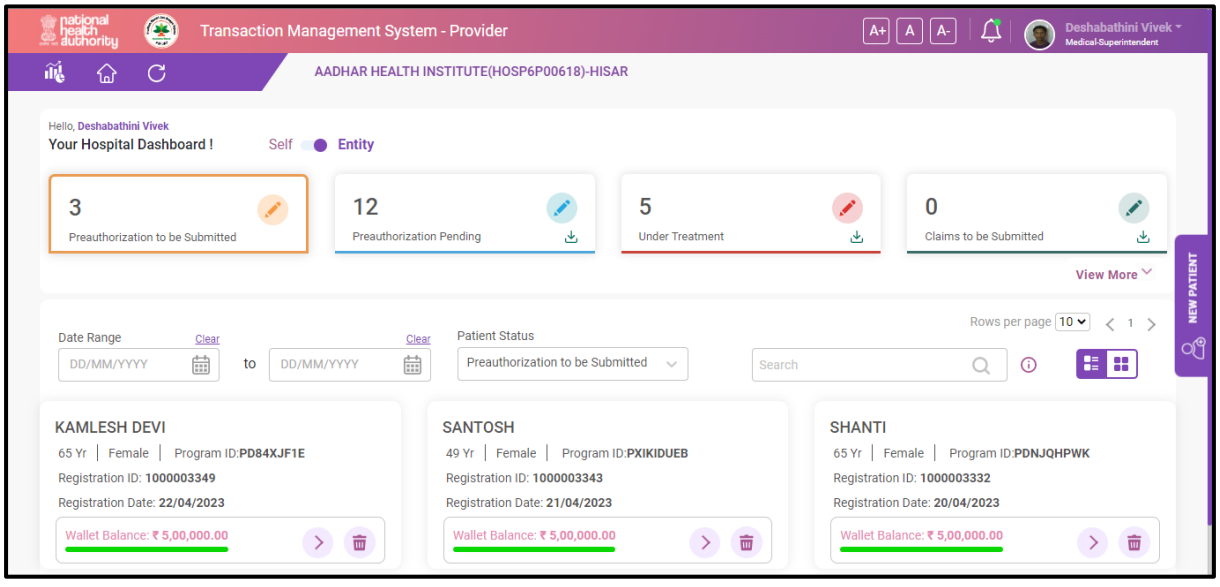
3. Login as Medical Superintendent(MS) using registered mobile number/user ID. Upon verification of the mobile number/user ID, the user will have a provision to authenticate using password/mobile OTP/Aadhaar OTP/Aadhaar fingerprint. If the authentication mode selected as 'password',the user will have a provision to enter his password followed by captcha. Upon which the login button gets enabled as shown in login page(medical superintendent) screenshot.

NOTE: Medical Superintendent(MS) have provision to register the beneficiaries who are Aadhaar authenticated and non Aadhaar authenticated.



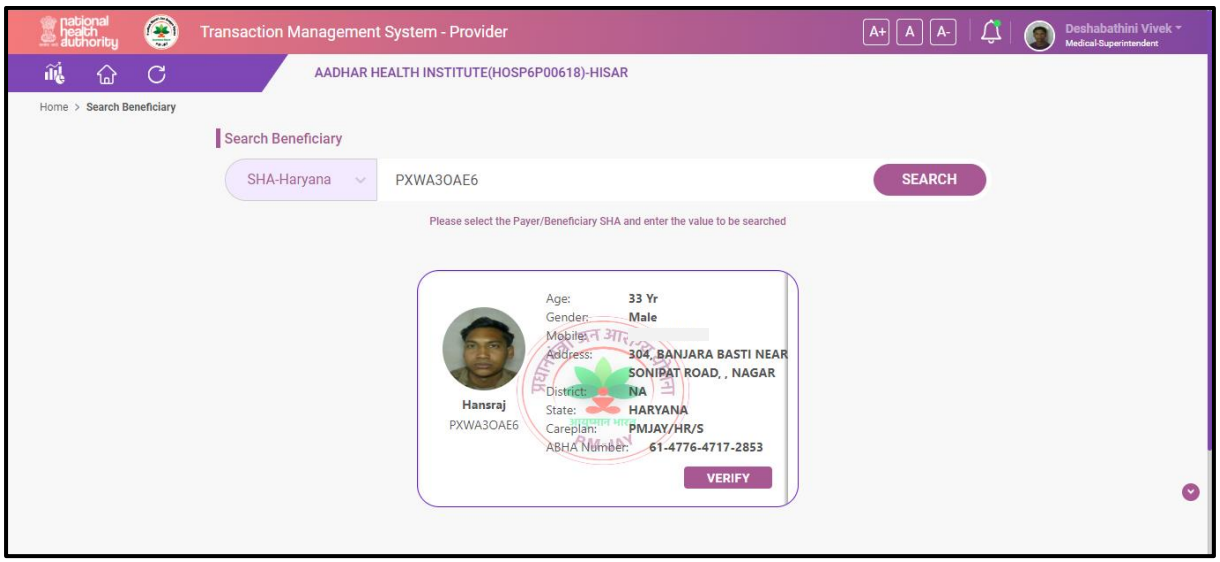
Login Page – Medical Superintendent

4. Once the user clicks on 'login', a page will be displayed with the dashboard. Here, the user can view the list of cases based on patient status or can either register a new patient or select a particular case and proceed to registration cancellation as shown in hospital dashboard screenshot.



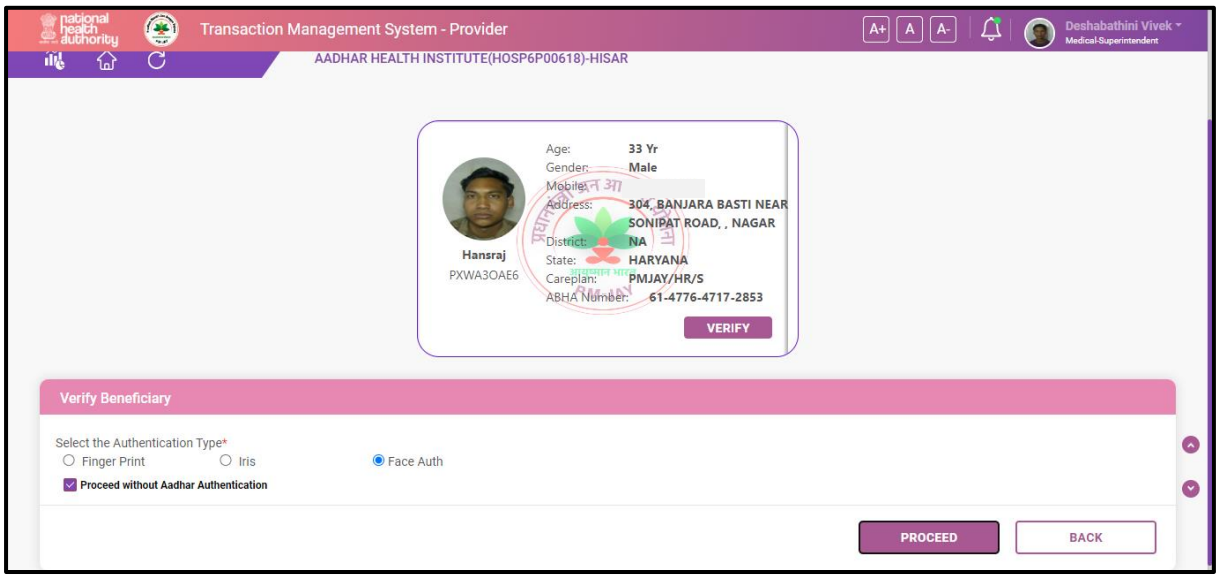
Hospital Dashboard

5. The user has a provision to click on ‘new patient’ upon which a page will be displayed where the user can ‘search the beneficiary’ using Ayushman ID/Mobile number/ABHA number as shown in search beneficiary screenshot.



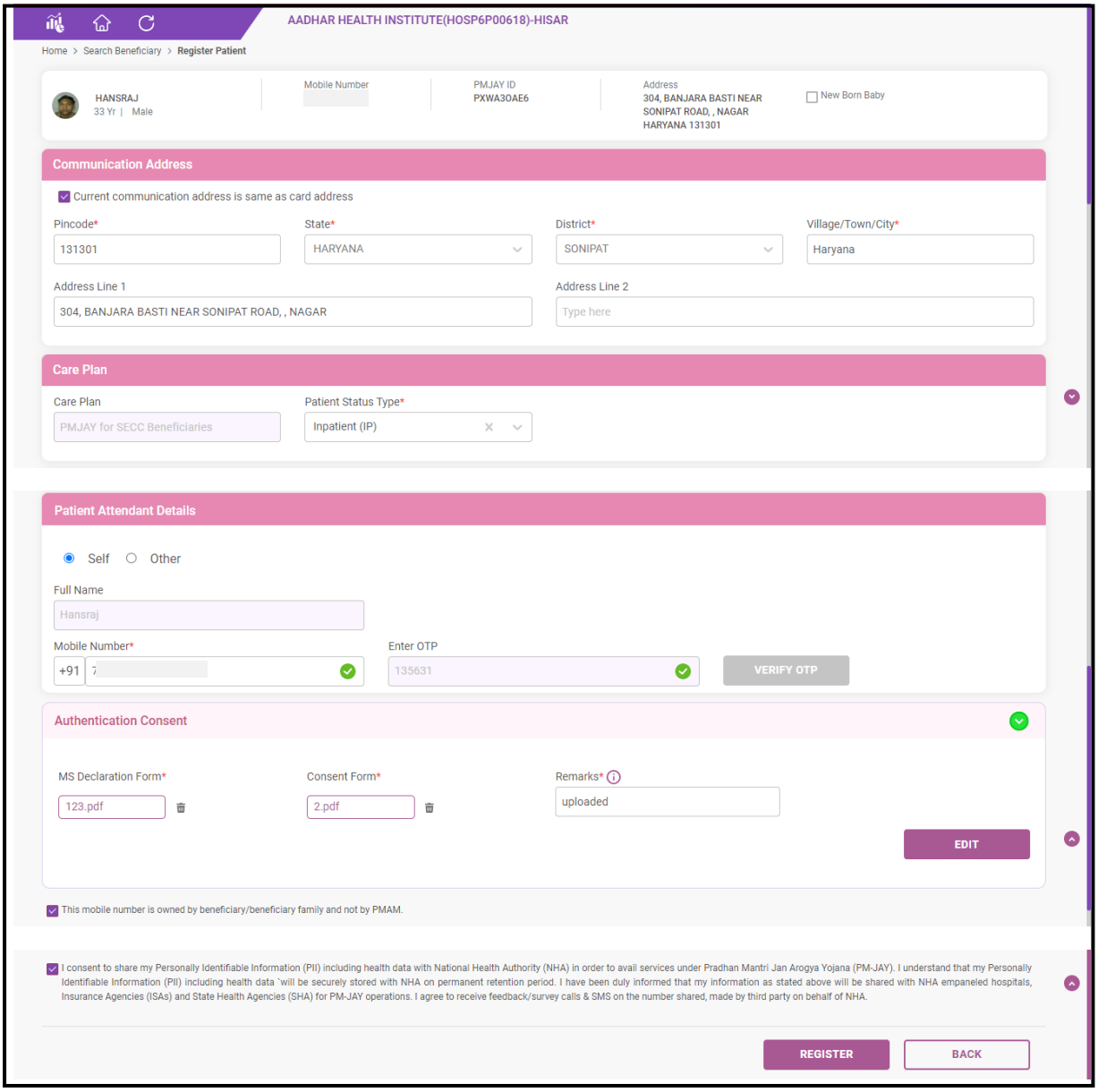
Search Beneficiary

6. Upon searching the beneficiary with any of the mentioned ID’s, a record will be displayed requesting the user to ‘verify’ the beneficiary. For verification, the user needs to select any of the authentication modes say., fingerprint/Iris/face auth to proceed. If any of the authentication is failed, the user has to ‘proceed without Aadhaar authentication as shown in verify beneficiary screenshot.



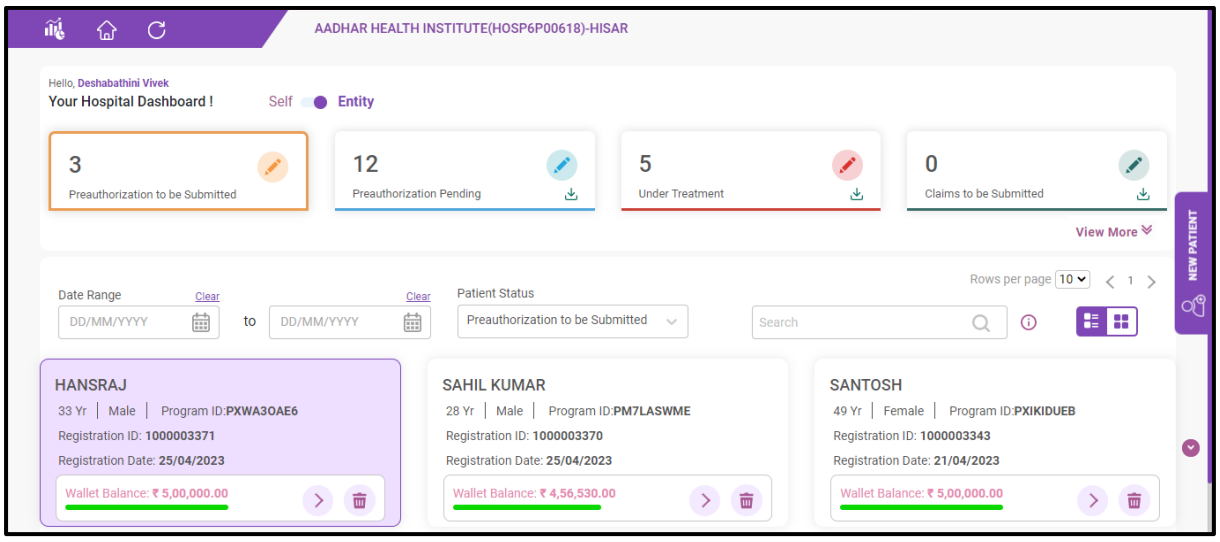
Verify Beneficiary

7. Upon clicking on the checkbox ‘proceed without Aadhaar authentication’, a registration form will be displayed where the user needs to click on enter the communication address or if the communication address is same as card address, the user can click on the check box, care plan will be default, patient status type need to be selected as inpatient/outpatient, patient attendant details need to be verified(if ‘self’)/ relationship details need to be captured (if ‘other’), authentication documents (MS declaration form & consent form) needs to be captured by providing the remarks and then the user needs to validate the details. Once all the mandatory details are entered, the user needs to select the declaration and proceed to ‘register’ as shown in registration form screenshot.



Registration Form

8. Once the user clicks on ‘register’, the patient gets registered, and the page will be automatically redirected to the dashboard screen and the registered case can be viewed under ‘preauthorization to be submitted’ as shown in hospital dashboard screenshot.



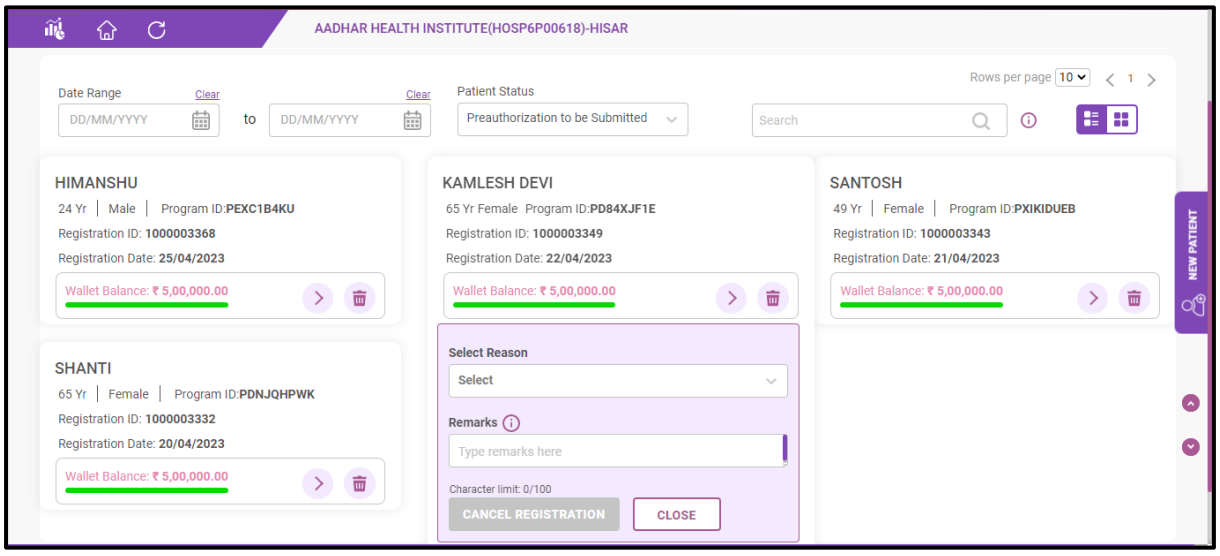
Hospital Dashboard

9. The user has a provision to select the registered case and proceed to preauthorization initiation process or the user can select a particular case and proceed to cancellation as shown in hospital dashboard screen shot.

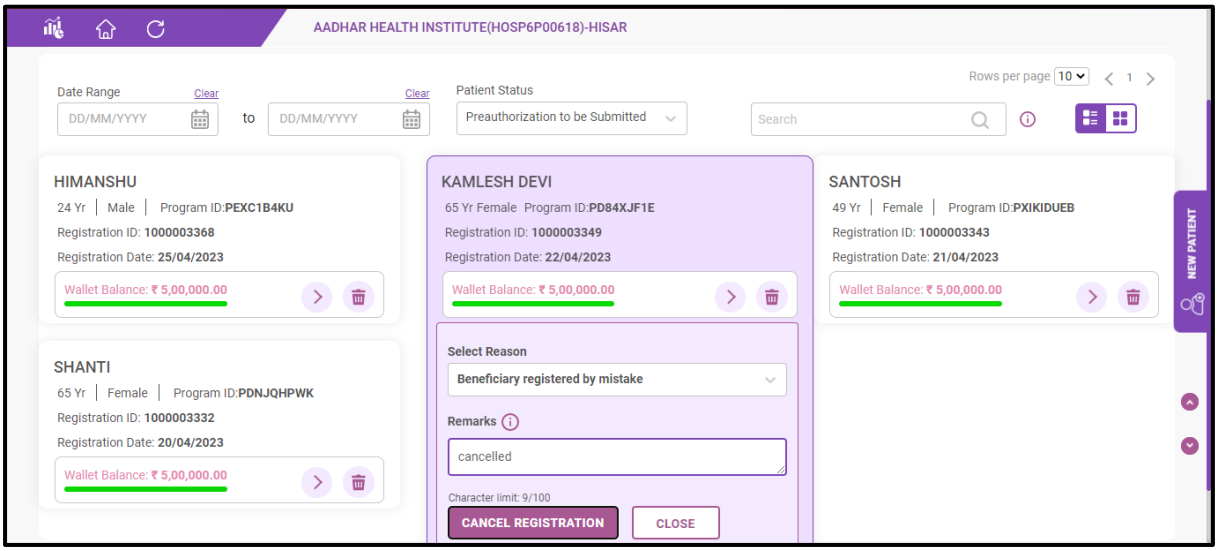
2.2 Registration Cancellation

10. The user should have a provision to search already registered beneficiaries and should have a provision to select the beneficiary for which cancellation needs to initiated as shown in hospital dashboard screenshot. Reason to be captured for the cancellation from the dropdown along with remarks and the user need to click on 'submit' upon which the cancellation form gets submitted as shown in registration cancellation form screenshot.

NOTE: Registration will only be cancelled, if no preauthorization is initiated. However, in case the preauthorization has been rejected or cancelled, registration will not be cancelled.



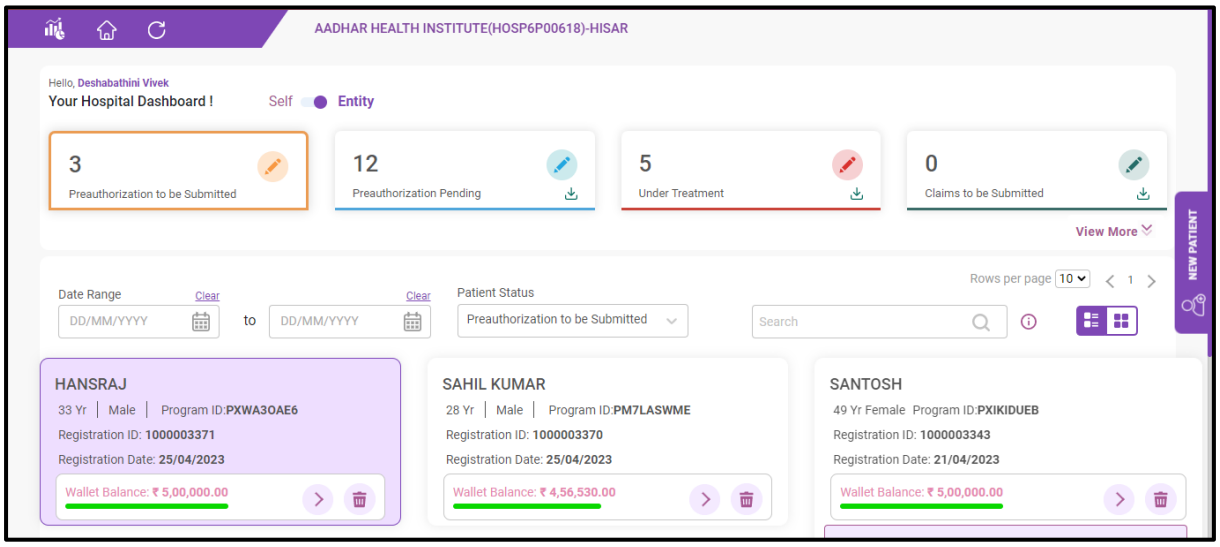
Hospital Dashboard



Registration Cancellation Form

2.3 Preauthorization Initiation, Surgery/Treatment details updation & Discharge process

11. Upon selecting a particular case, the user clicks on the next button as shown in hospital dashboard screenshot.

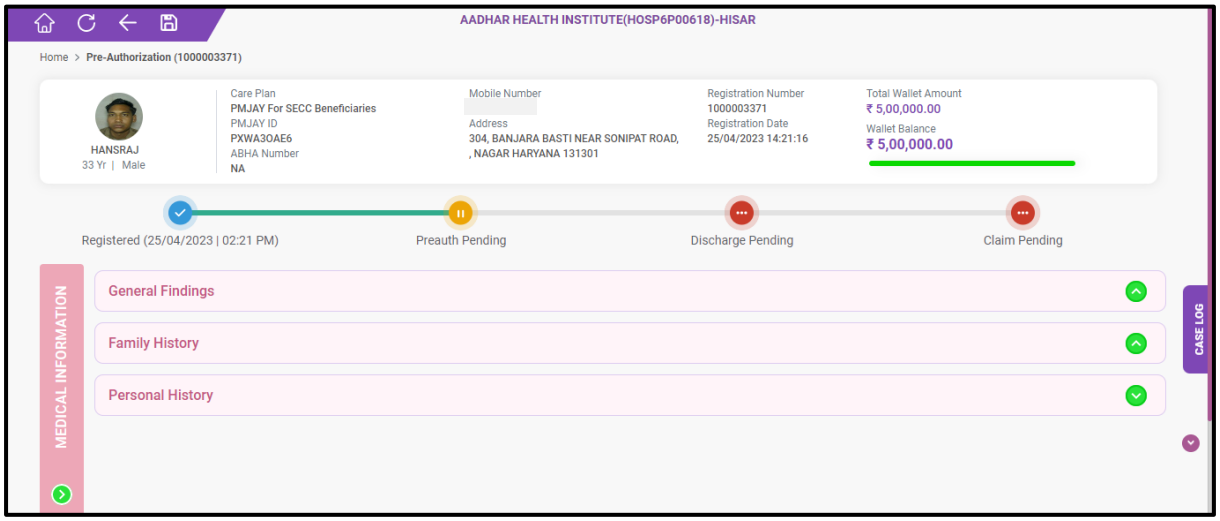


Hospital Dashboard

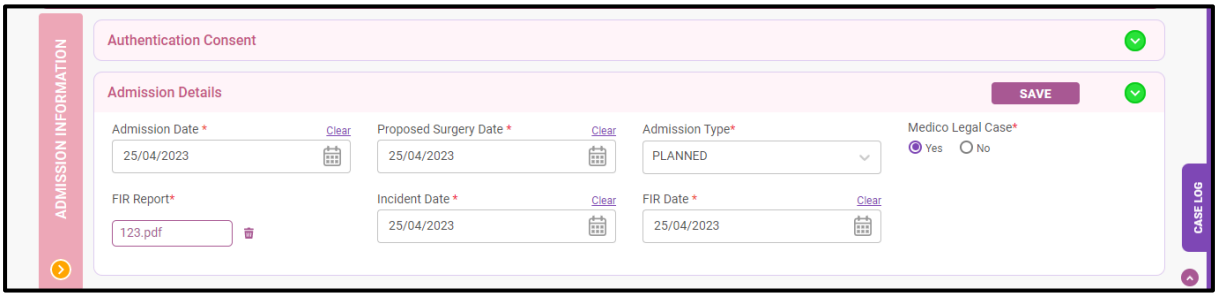
12. The user will be redirected to preauthorization page where the user will have the provision to enter the **medical information** (which includes general findings, personal history & family history), **admission information** (which includes authentication consent & admission details), **treatment** (which includes diagnosis, treatment plan, investigations & care team details) and finance details.

    Incentive Calculation - In order to increase the participation of hospitals in the scheme some incentives are given to hospitals as per PMJAY Guidelines.

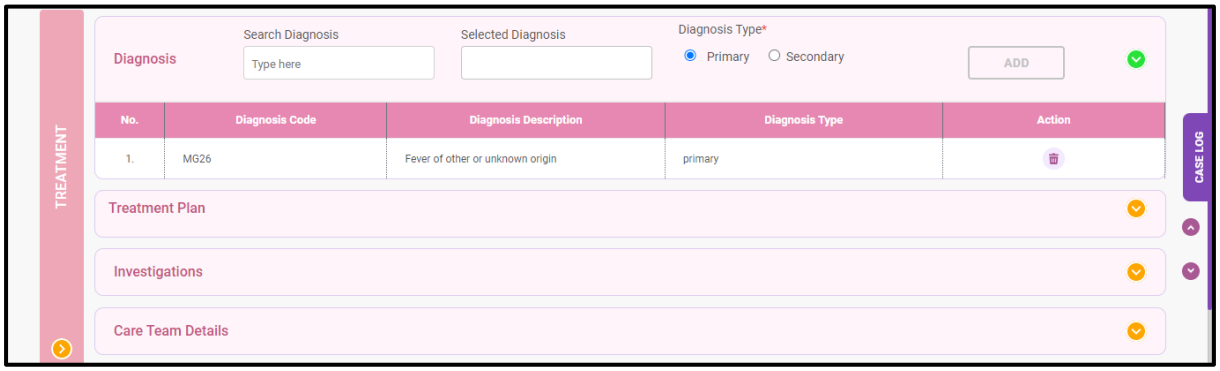
Medical Information --



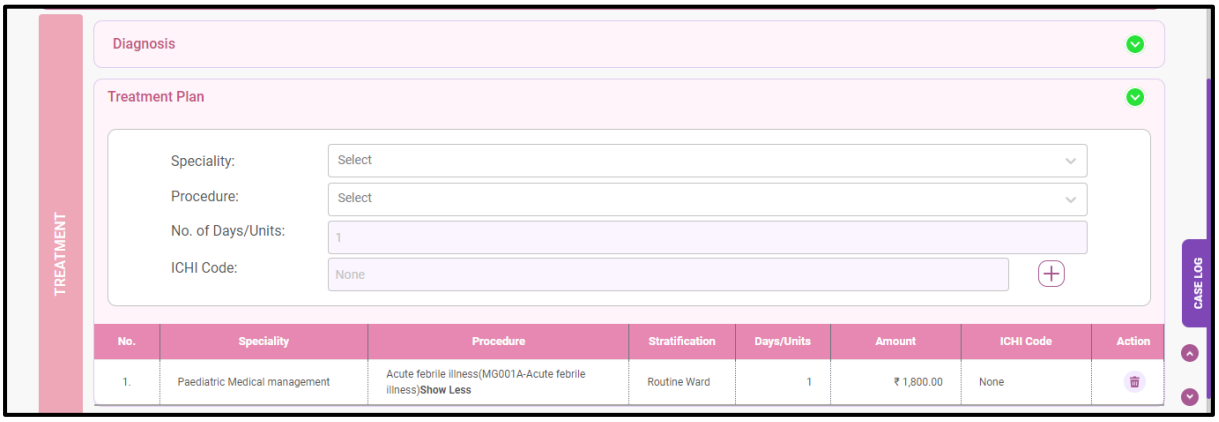
Admission Information --



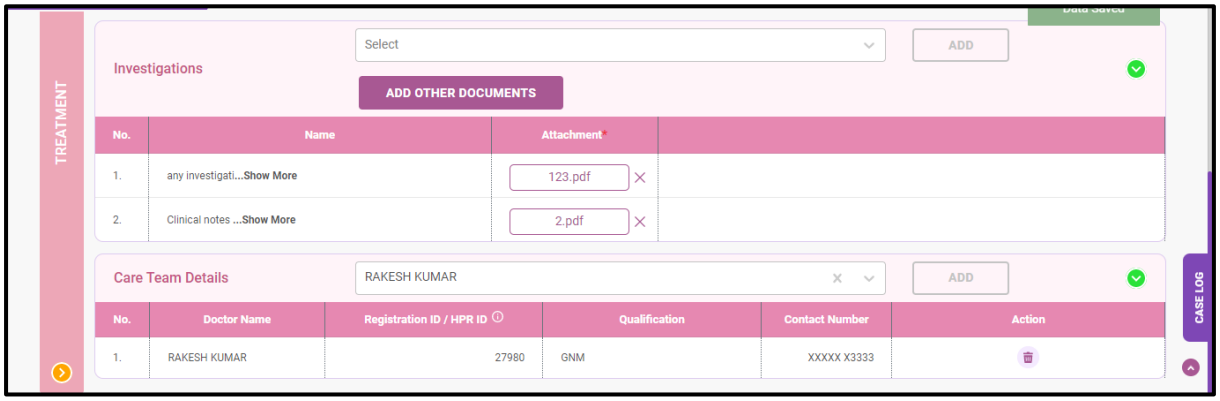
Diagnosis:



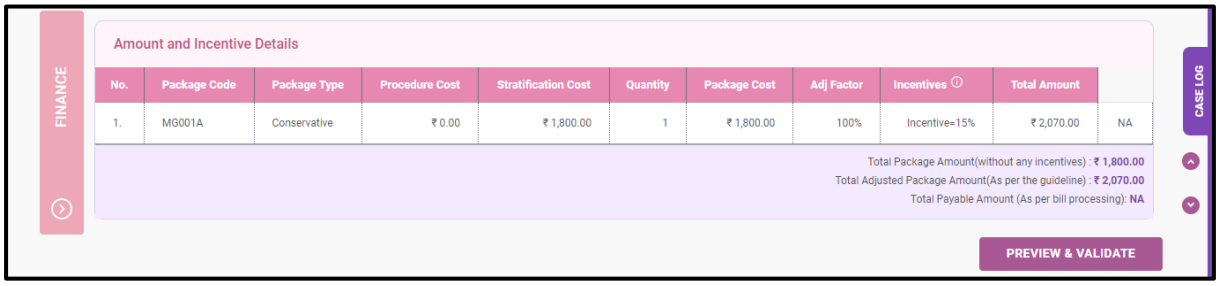
Treatment Plan:



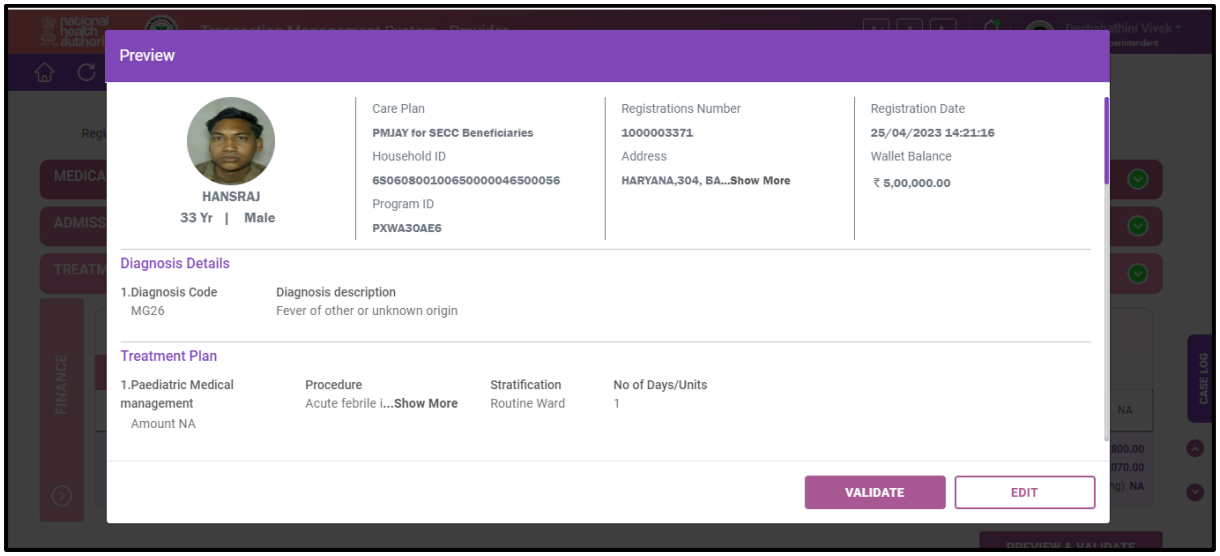
Investigations & Care Team details:



Finance:

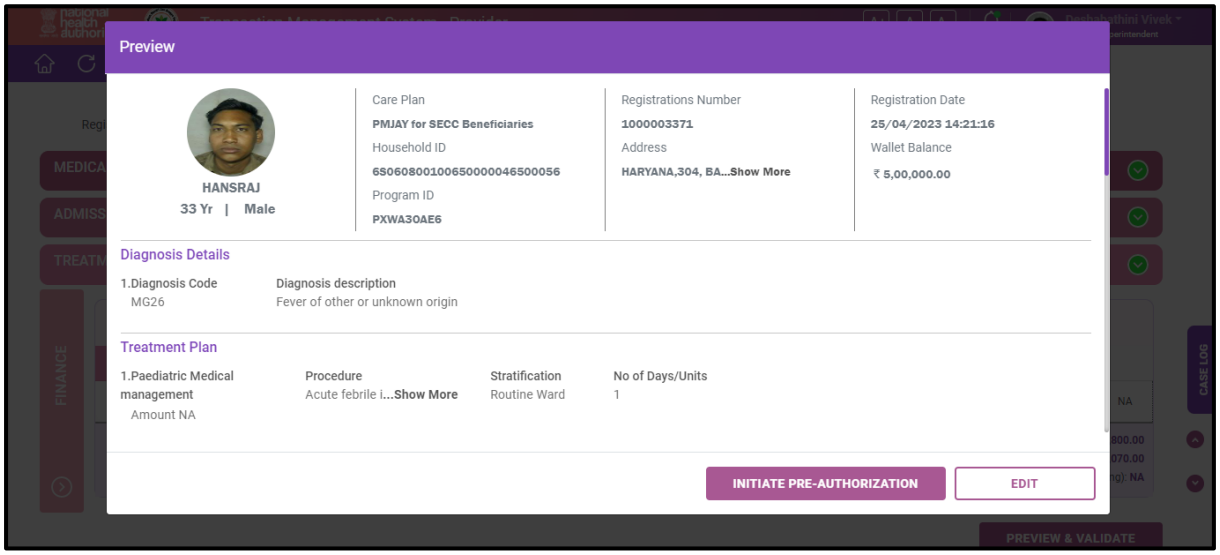


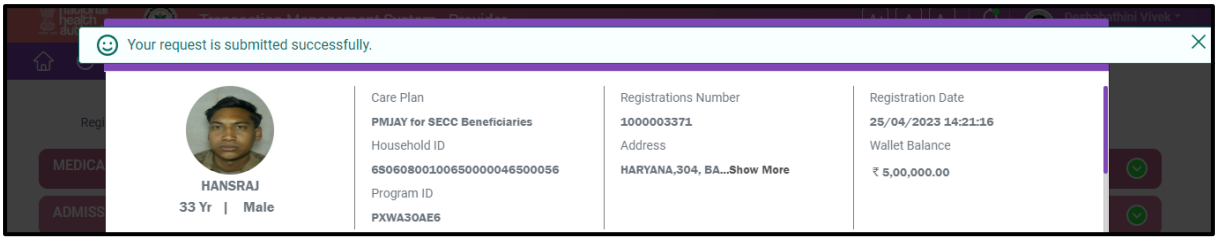
13. Once all the mandatory details are filled, the user needs to validate the preauthorization form as shown in preauthorization form – preview screenshot.



Preauthorization Form - Preview

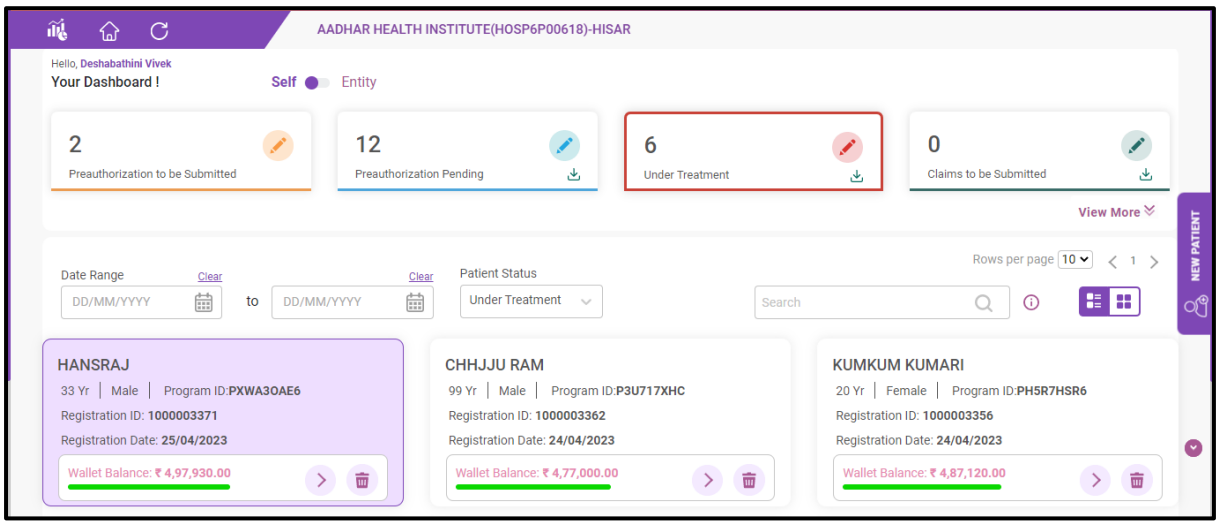
14. After validating the preauthorization details, the user clicks on 'initiate preauthorization' upon which, a message 'your request is submitted successfully' will be displayed as shown in preauthorization initiation screenshot.





Preauthorization Initiation

15. Once the preauthorization request is initiated, the request will go to PPD (preauth processing doctor) at payer end for further approval and if the selected procedure is an auto approved procedure, then request will be shown in 'under treatment' tab of provider application as shown in hospital dashboard screenshot.

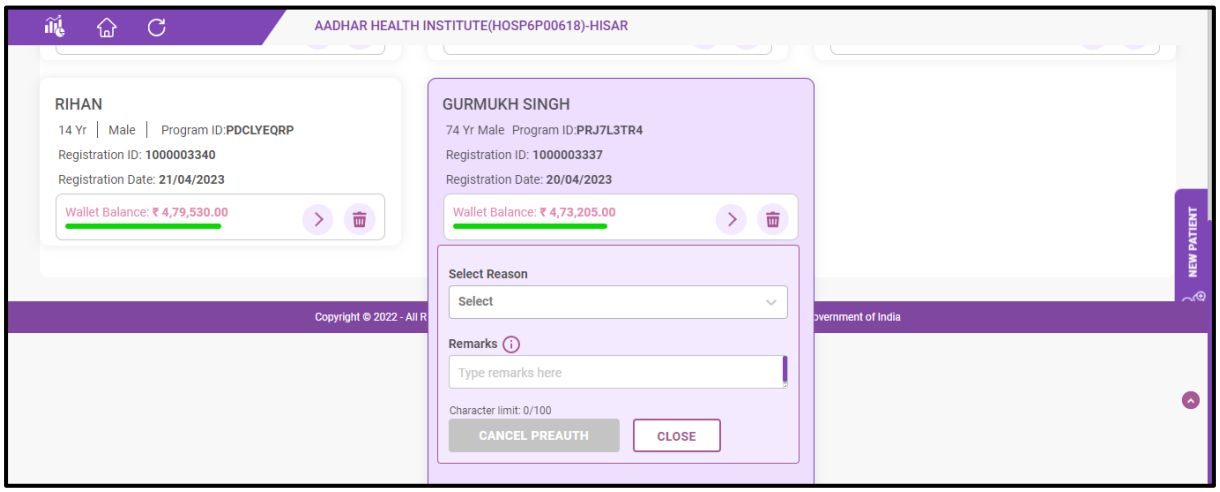


Hospital Dashboard

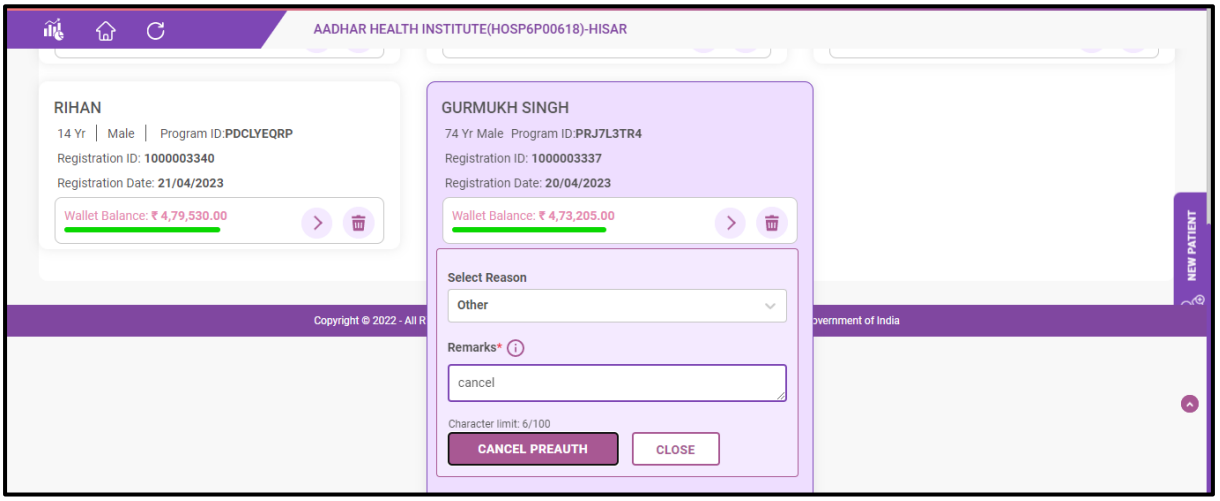
2.4 Preauthorization Cancellation

16. The user should have a provision to search the cases for which the preauthorization has already been raised and should have a provision to select the case for which cancellation needs to be initiated as shown in hospital dashboard screenshot. Reason to be captured for the cancellation from the dropdown along with remarks and the user need to click on 'submit' upon which the cancellation form gets submitted as shown in preauthorization cancellation form screenshot.

    NOTE: The user can cancel the preauthorization request until the discharge has not been updated in the system.

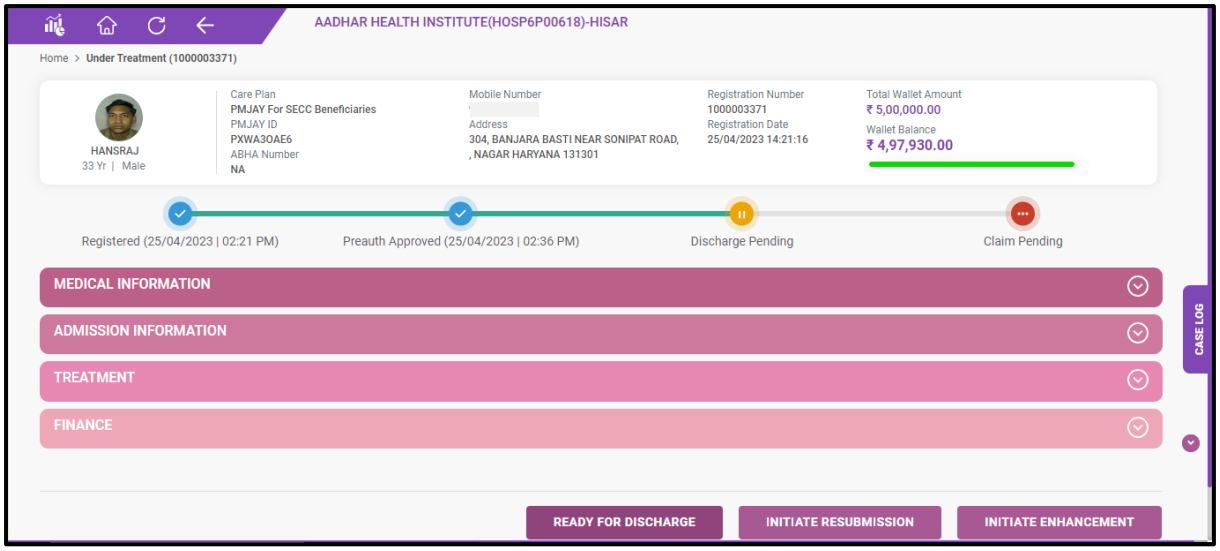


Hospital Dashboard



Preauthorization Cancellation Form

17. On clicking a particular case, the case details will be displayed where the user can either discharge the patient or raise enhancement for the selected procedure or initiate resubmission. When the user clicks on 'ready for discharge', the discharge details need to be captured as shown in preauthorization form (under treatment) screenshot.



Preauthorization Form

18. Once the user clicks on 'ready for discharge', the user will have a provision to select the type of discharge as normal/LAMA/DAMA/Death,

    If the user selects the **discharge type as 'normal**, the following details need to be captured:

    - Discharge Stage as 'After Surgery'
    - Surgery Date
    - Discharge Date
    - Post-Surgery Photo with doctor/PMAM
    - Discharge Summary
    - Feedback Form
    - Radio button to capture whether the hospital has provided the medicines during the treatment/for post OP care

    If the user selects the discharge type as '**LAMA**, the following details need to be captured:

    - LAMA Stage as 'Before Surgery/During Surgery/After Surgery'
    - Surgery Date
    - LAMA Date
    - In-Treatment Photo with doctor/PMAM

- Radio button to capture whether the hospital has provided the medicines during the treatment/for post OP care

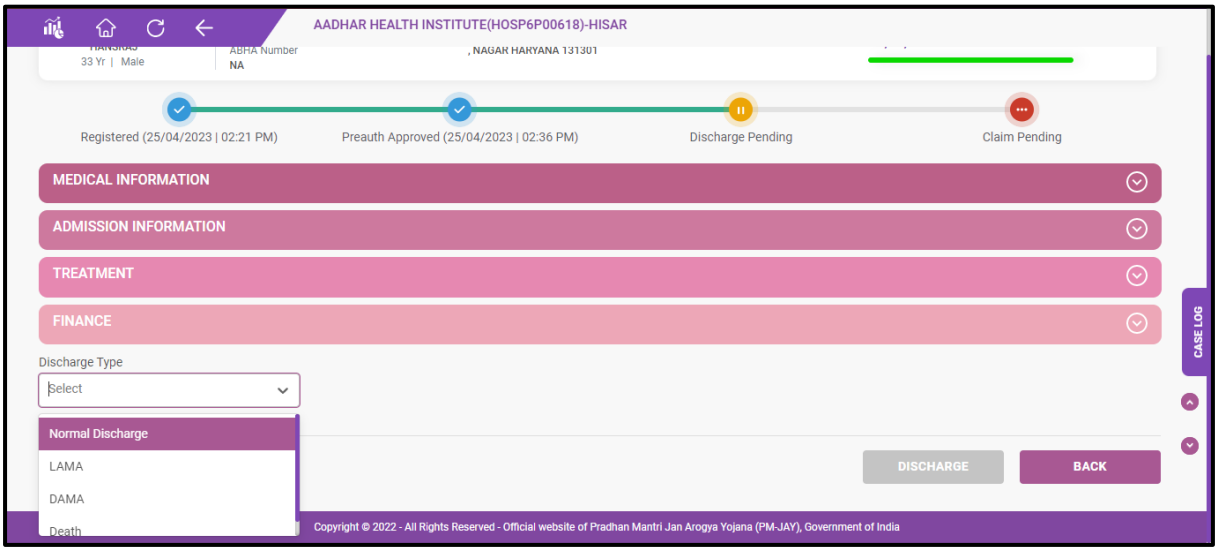
If the user selects the discharge type as '**DAMA**, the following details need to be captured:

- DAMA Stage as 'Before Surgery/During Surgery/After Surgery'
- Discharge Date
- Surgery Date
- In-Treatment Photo with doctor/PMAM
- Upload Mangalkamna Patra
- Feedback Form

If the user selects the discharge type as '**Death**, the following details need to be captured:

- Death Stage as 'Before Surgery/During Surgery/After Surgery'
- Death Date
- Death Certificate
- Clinical Note/Death Summary
- Mortality Audit Report

as shown in preauthorization form screenshot.

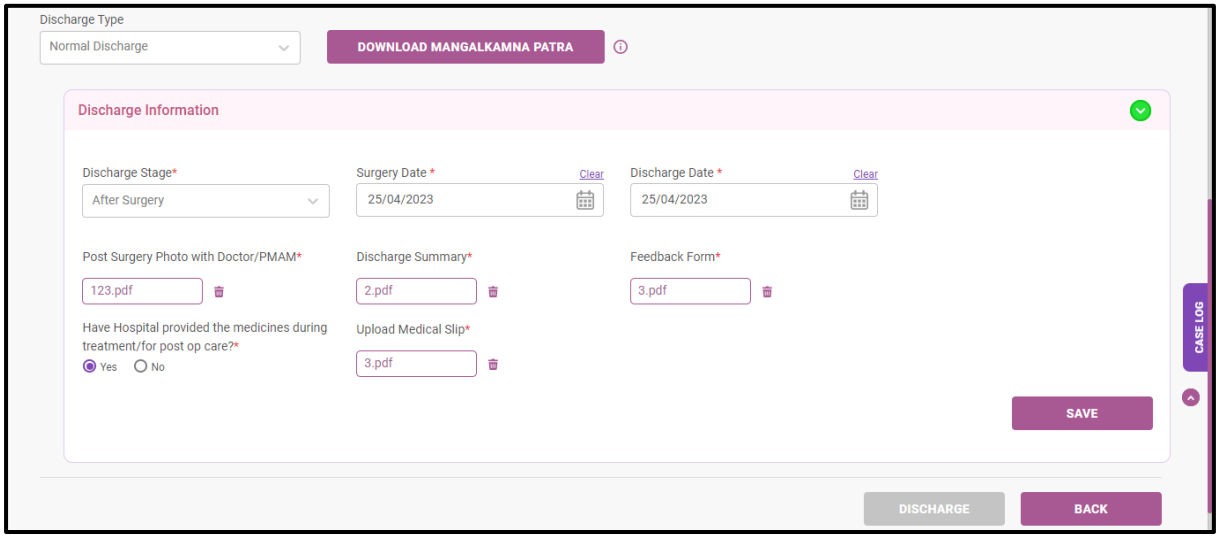


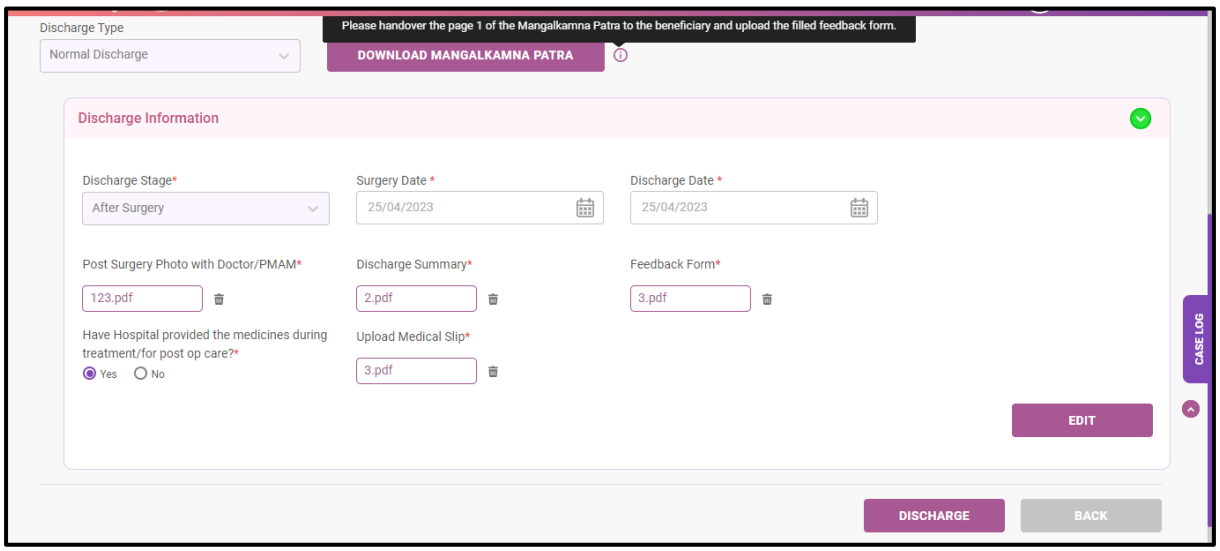
Preauthorization Form

19. Once the user selects the type of discharge as normal discharge, the default discharge stage will be 'after surgery' and the surgery date, discharge date, post-surgery photo with PMAM/doctor, discharge summary, feedback form and the details on the post OP medicines need to be captured as shown in discharge form screenshot.

User should download the Mangalkamna Patra and handover to the beneficiary and upload the same in the feedback form.

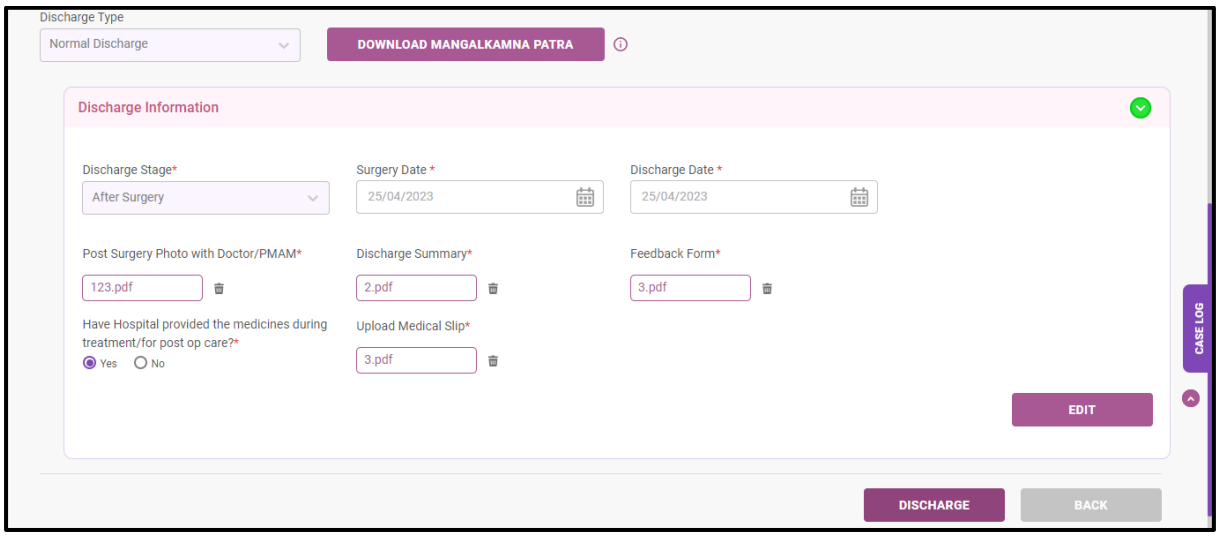
Mangalkamna Patra - is a satisfactory/feedback form which is being given to the beneficiaries about the services been offered in the empanelled hospitals under Ayushman Bharat Pradhan Mantri Arogya Yojana. This form needs to be duly signed by the beneficiaries and handed over to PMAM/Medco. During discharge process, this form needs to be uploaded by PMAM/Medco.





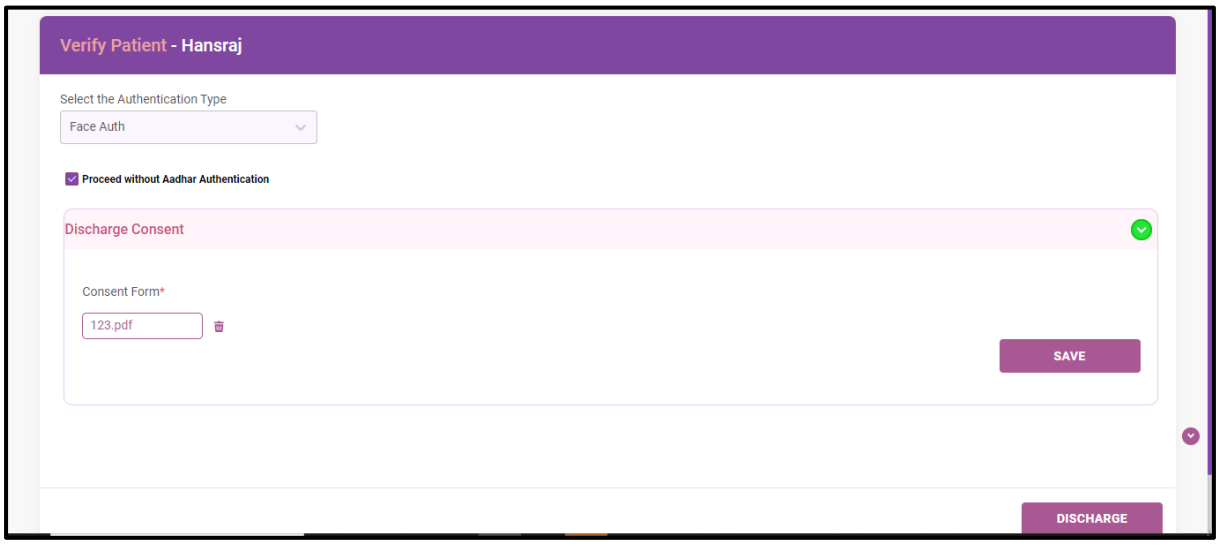
Discharge Form

20. After filling all the mandatory fields, the user needs to save the details and clicks on ‘discharge’ button as shown in discharge form screenshot.



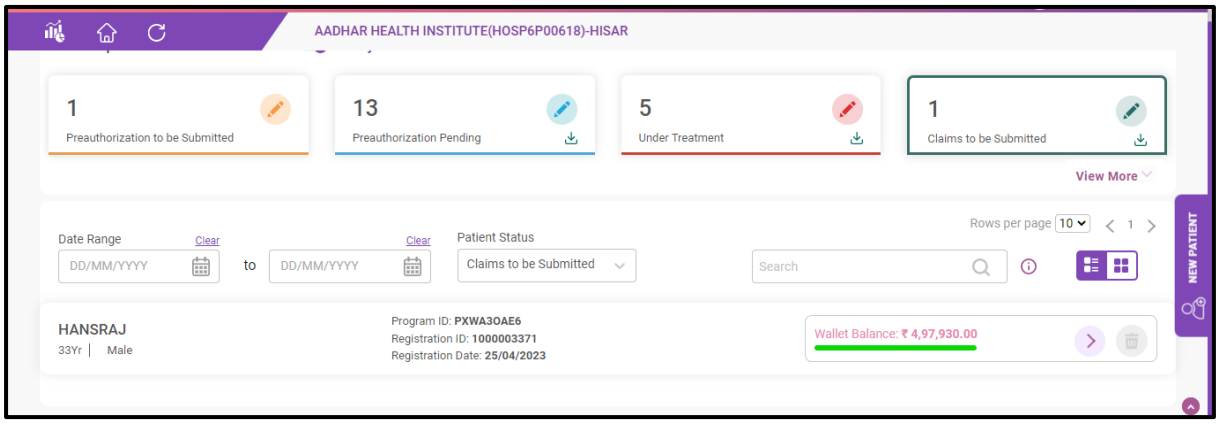
Discharge Form – Normal Discharge

21. Once the user clicks on ‘discharge’ button, a page will be displayed where the user needs to ‘verify the patient’(finger print/face AUTH) during the discharge and if the user selects the authentication mode as ‘proceed without authentication’, the user need to upload the discharge consent form and proceed to discharge upon which an alert ‘patient has been discharged successfully’ will be displayed as shown in verify patient screenshot.



Verify Patient

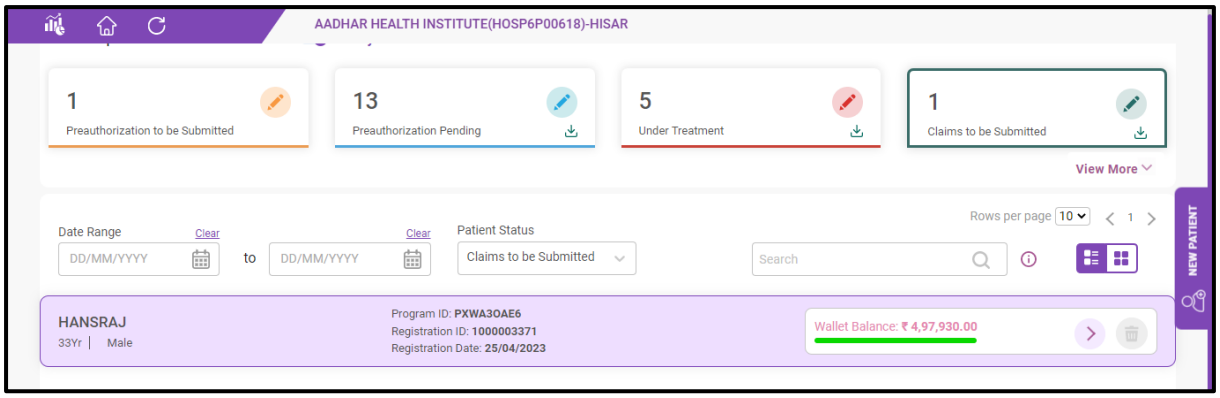
22. Once the patient gets discharged, the user will have a provision to ‘initiate claim’ and the case can be viewed under ‘claim to be submitted’ as shown in hospital dashboard screenshot.



Hospital Dashboard

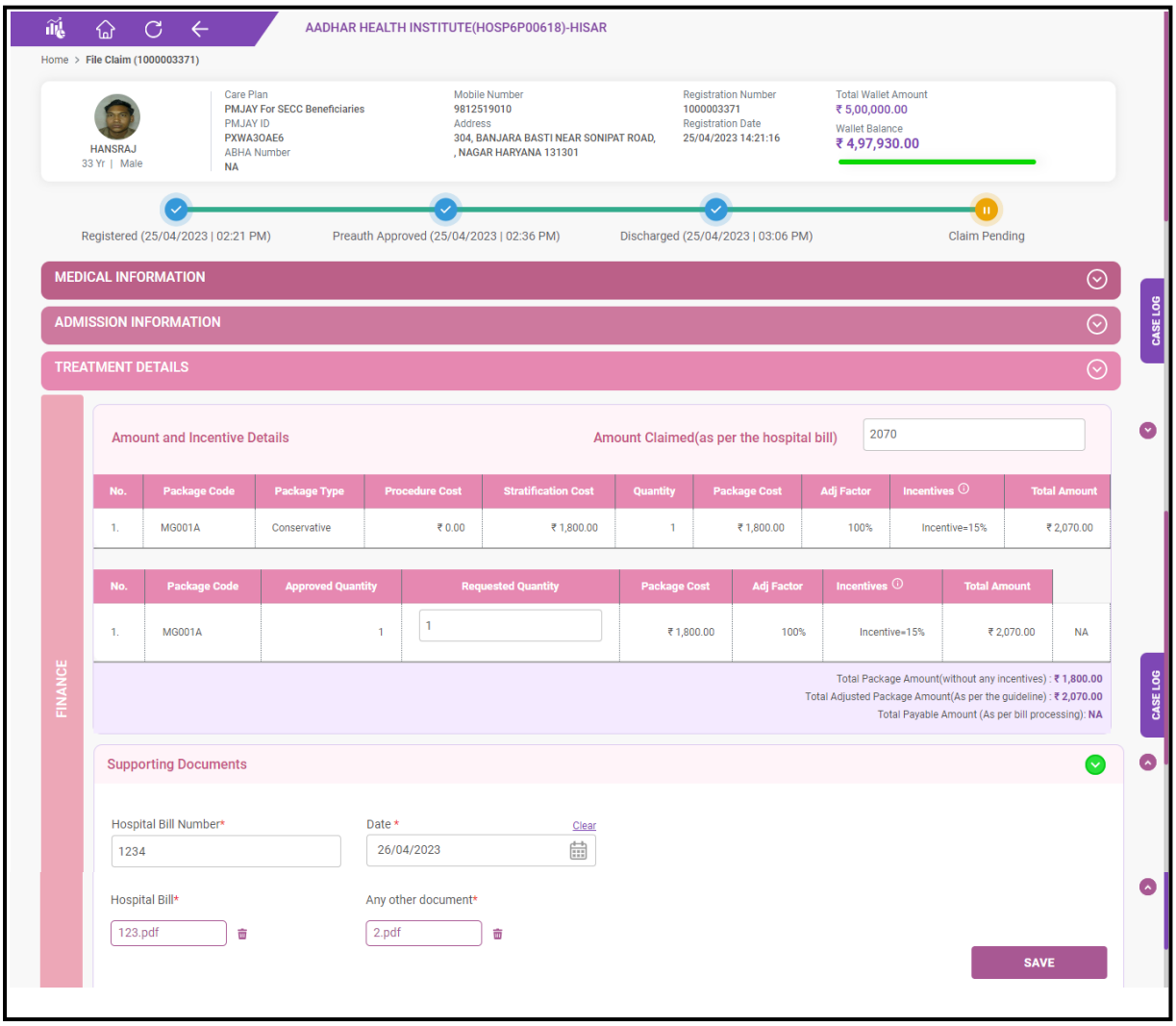
2.5 Claim Initiation Process

23. Here the user needs to click on the particular case to proceed to claim initiation process as shown in hospital dashboard screenshot.



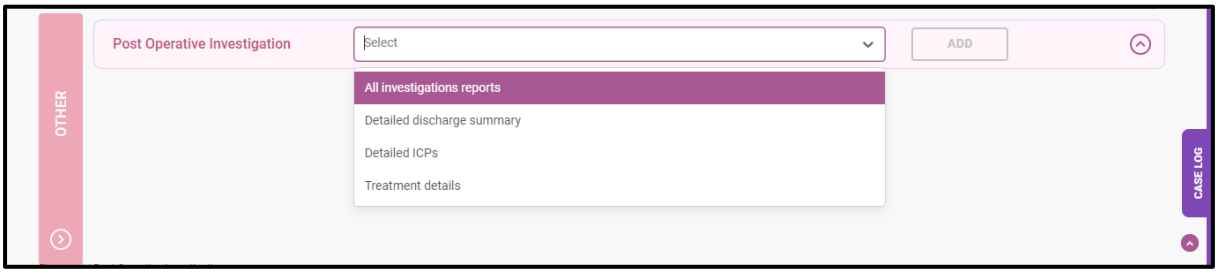
Hospital Dashboard

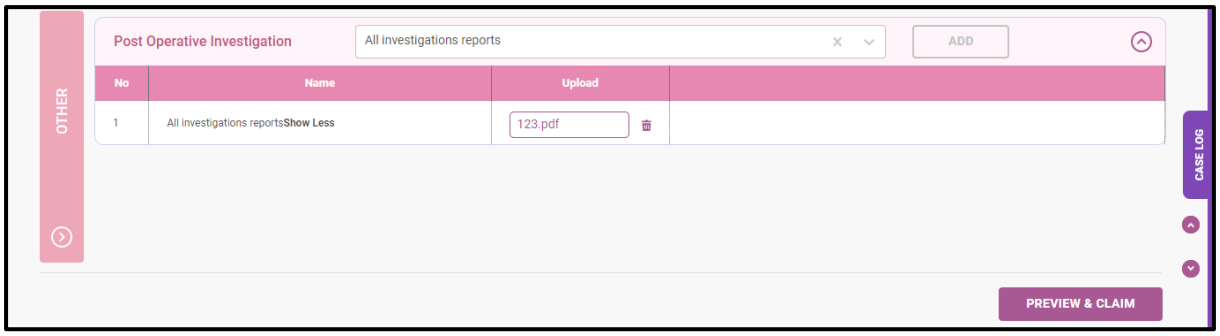
24. Once the user clicks on a particular case, a page will be displayed where the user needs to check the finance section where the amount and incentive details and amount claimed as per hospital bill needs to be verified and need to upload/capture the supporting documents say., hospital bill number, date, hospital bill and any other related documents as shown in claim initiation form screenshot.



Claim Initiation Form

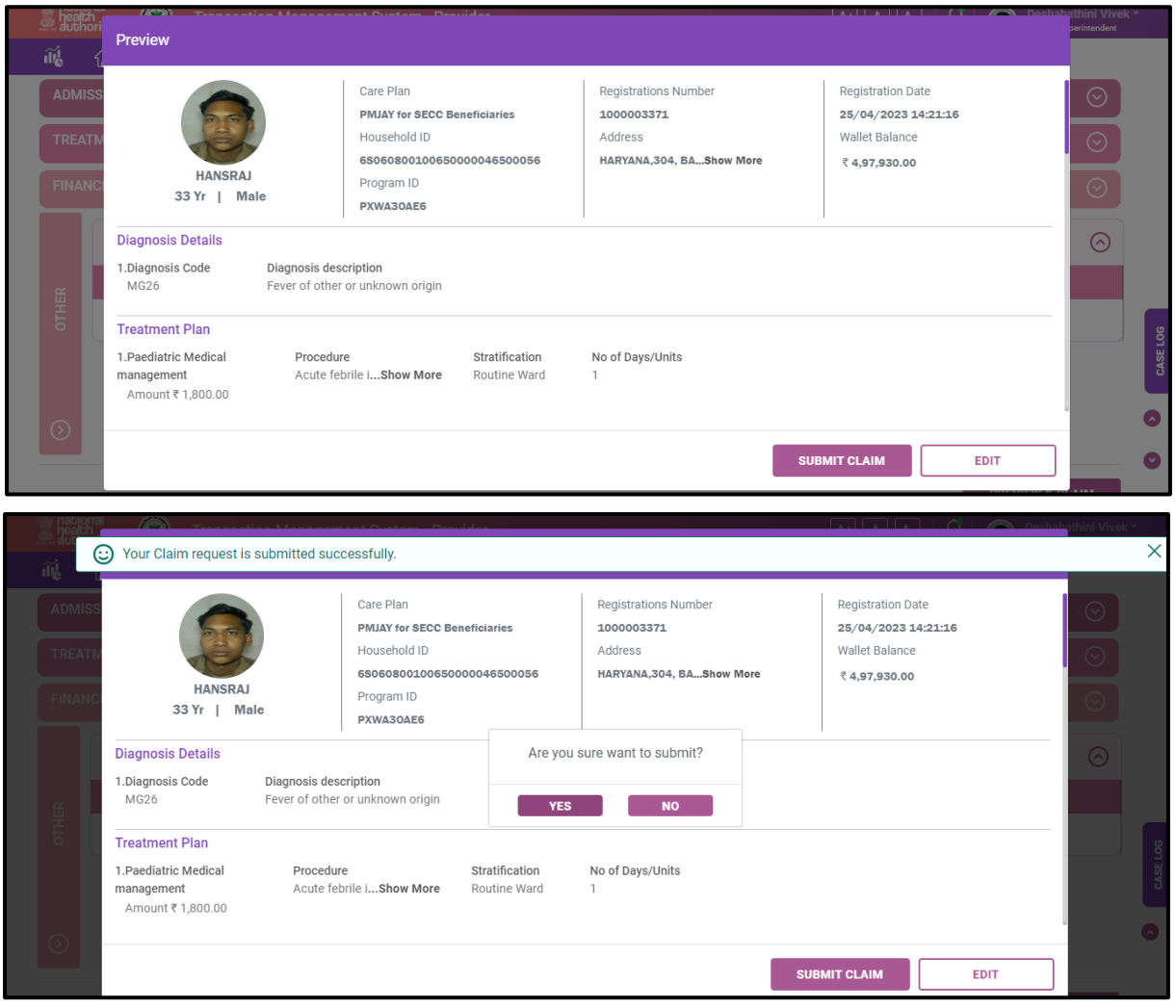
25. During claim initiation, the user should have a provision to upload post OP investigations as shown in claim initiation form screenshot.





Claim Initiation Form – Post OP investigation

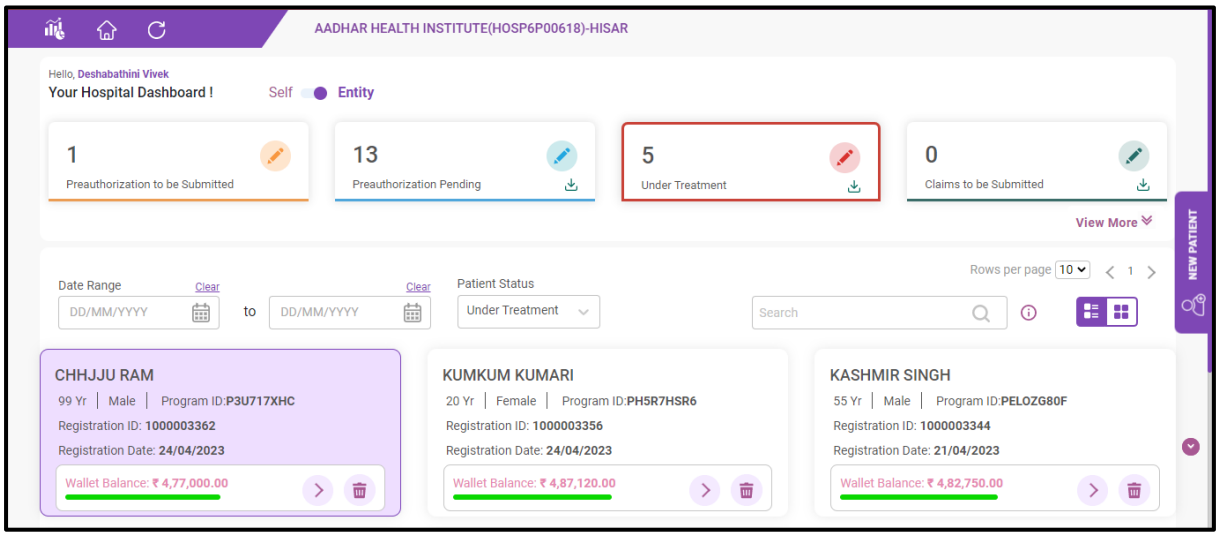
26. After uploading all the mandatory documents, the user needs to click on 'preview and claim'. After verifying all the details, the user clicks on 'submit claim' upon which an alert 'claim request is submitted successfully' will be displayed as shown in claim submission screenshot.



Claim Submission

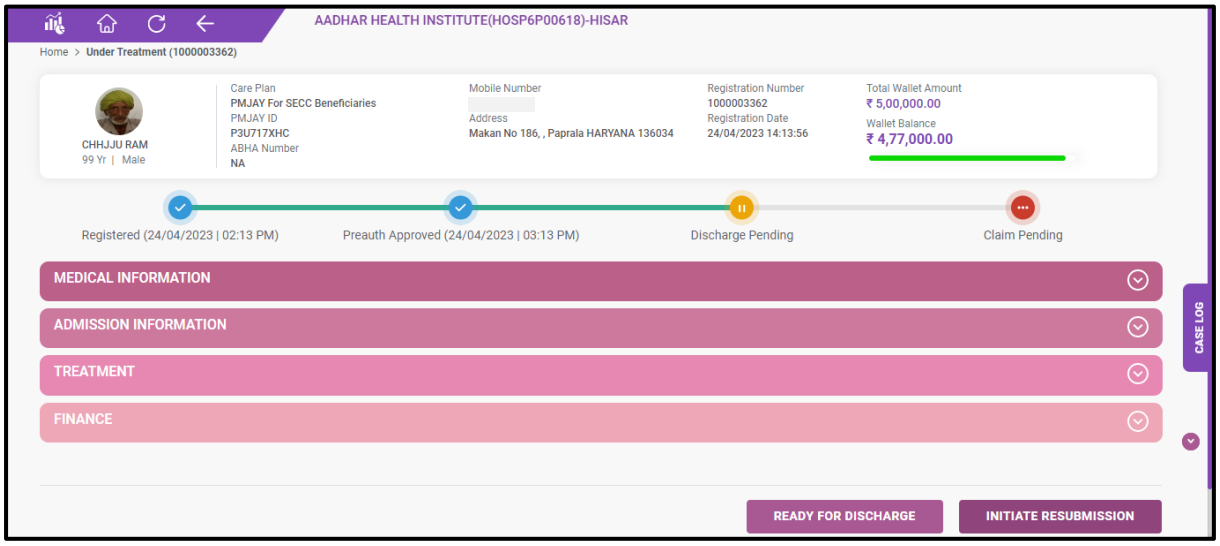
2.6 Preauthorization – Resubmission

27. Resubmission is allowed for the cases where the preauthorization has already been approved i.e., cases which are under ‘under treatment’ status.
    For resubmission of a case, the application should allow the user to add a new procedure/modify the existing preauthorization.
    Once the status of the case is changed to ‘discharge updated’, then the system should not allow the user to raise resubmission request.
28. The user should have a provision to initiate resubmission for the cases where the preauthorization has already been approved i.e., cases which are under ‘under treatment’ status and the user needs to select a particular case for which the ‘resubmission’ needs to be initiated as shown in hospital dashboard screenshot.



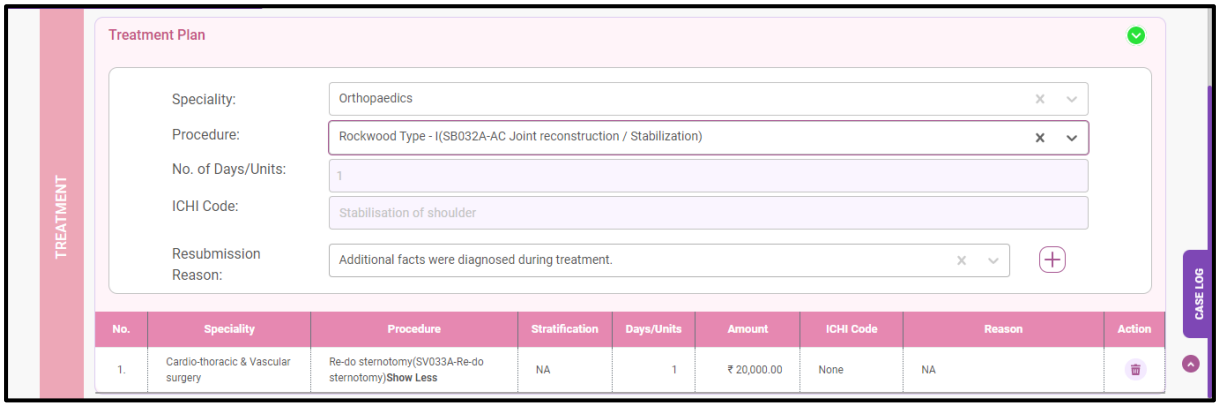
Hospital Dashboard

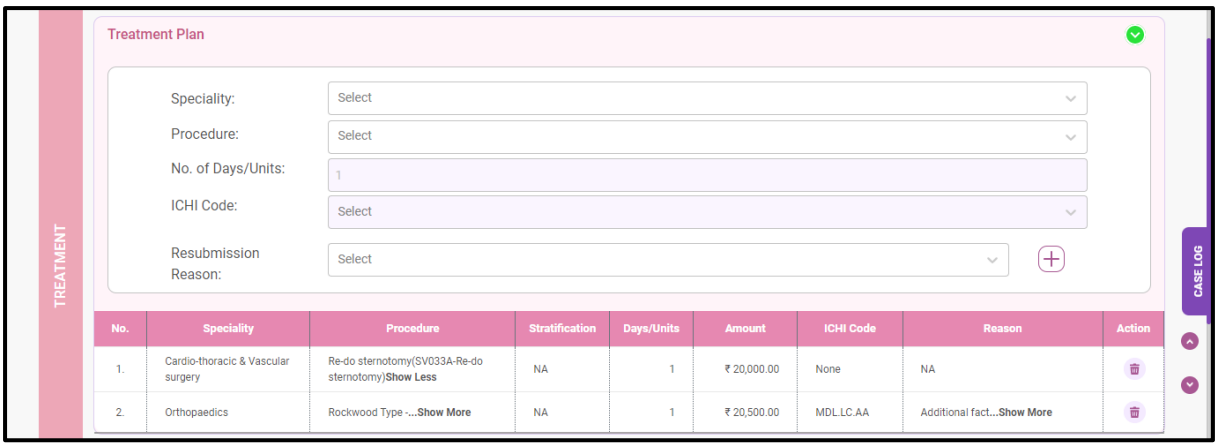
29. Upon clicking a particular case, a page will be displayed where the user has an option to click on ‘initiate resubmission’ button as shown in preauthorization form screenshot.



Preauthorization Form

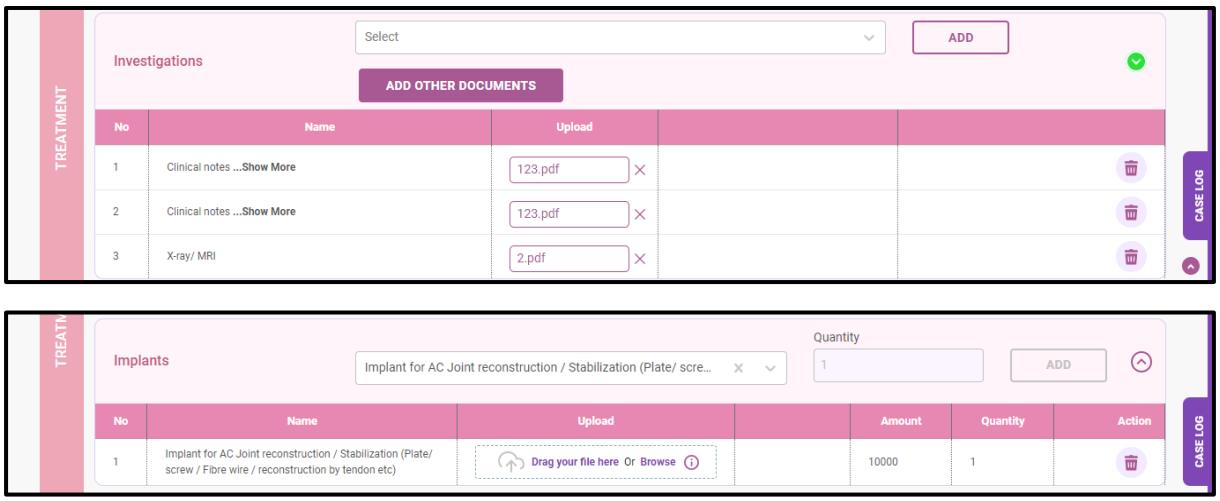
30. On clicking 'initiate resubmission', a page will be displayed where the user should navigate to 'treatment' section where he should have a provision to either delete the existing procedure or add a new procedure with reason for resubmission as shown in preauthorization form – treatment plan screenshot.





Preauthorization Form - Treatment

31. Once a new procedure is added, the user should upload the relevant investigation documents, implants as shown in preauthorization form screenshot.

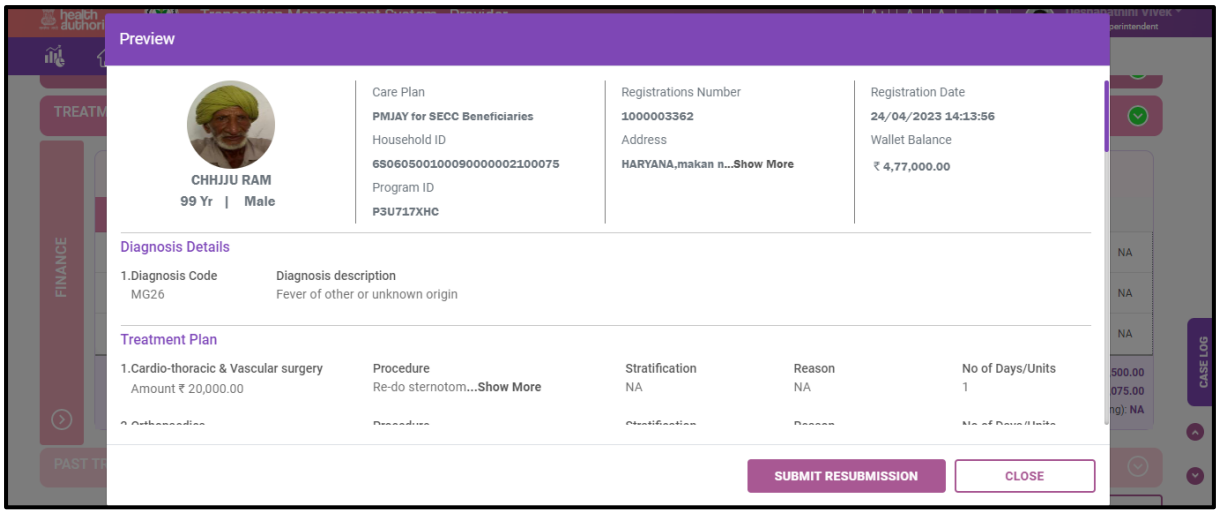


Preauthorization Form - Treatment

32. Now the user should navigate to ‘finance’ section, where the user verifies the amount and incentive details and then clicks on ‘preview and validate’ as shown in preauthorization form – finance screenshot.

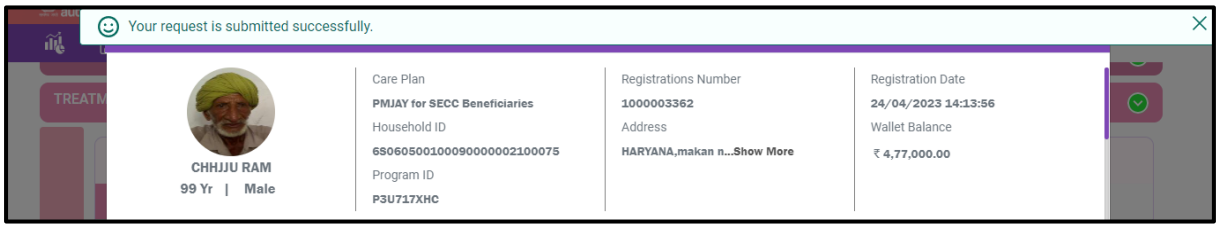
Preauthorization Form - Finance

33. Once the user clicks on 'preview and validate', the user will get to verify all the details before submitting the resubmission request as shown in preauthorization form – preview screenshot.



Preauthorization Form - Preview

34. Upon clicking 'submit resubmission', an alert 'your request is submitted successfully' will be displayed as shown in preauthorization resubmission screenshot.



Preauthorization – Resubmission

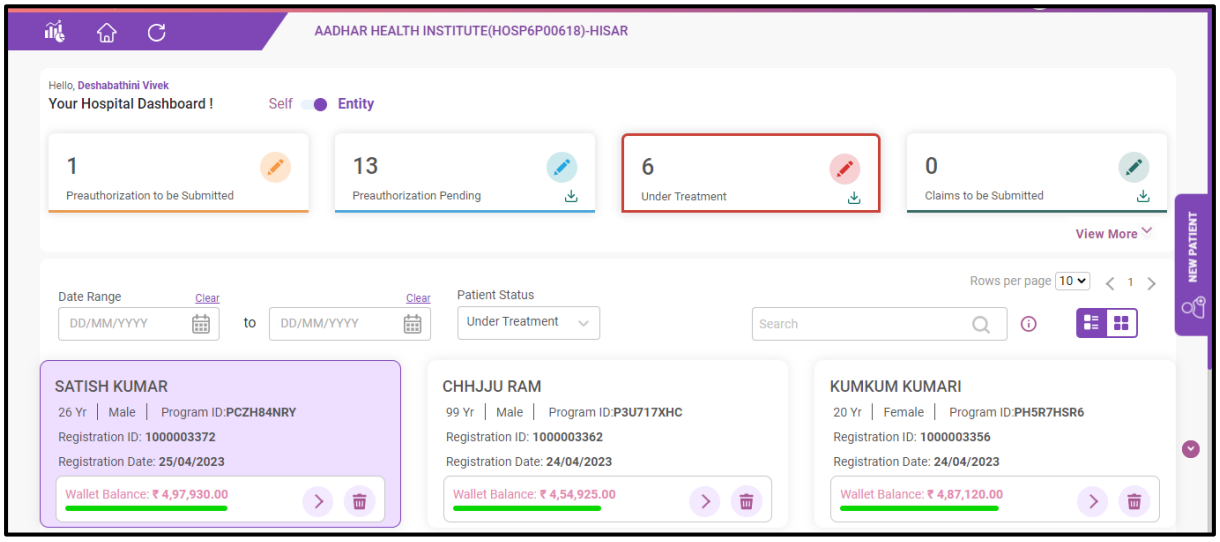
2.7 Preauthorization Enhancement

35. Enhancement is a process where the user will be given a provision in the system to enhance the preauthorization by adding procedures in addition to the existing one along with the duration (no. of days/unit). Under enhancement, existing packages cannot be altered.

    Once the status of the case is changed to 'discharge updated', then the system should not allow the user to raise enhancement request.

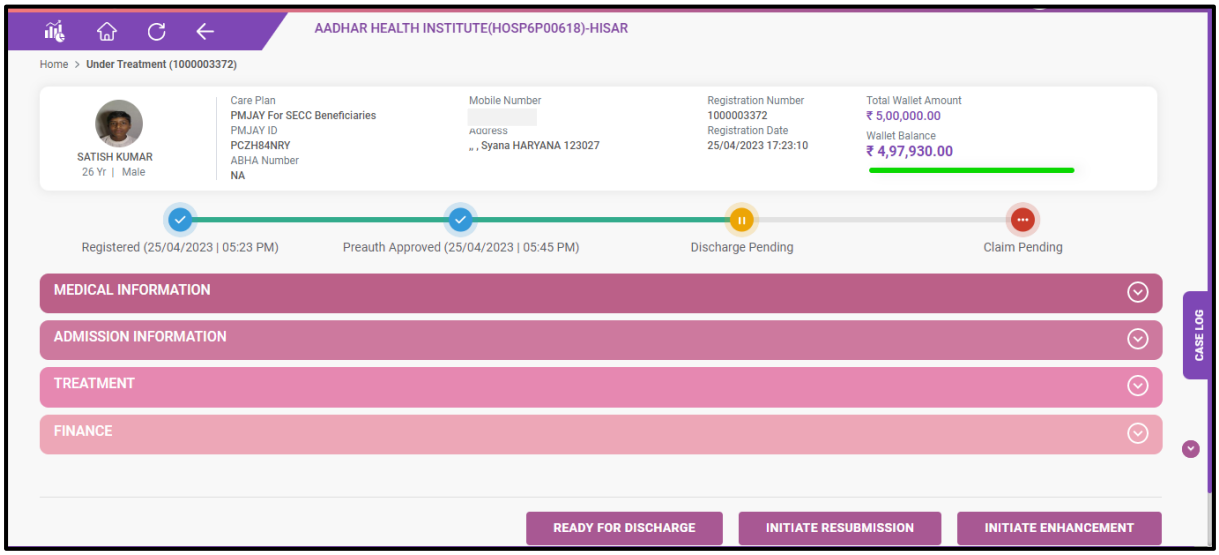
    To initiate an enhancement, enhancement documents (enhancement justification & patient photo) are mandatory and the maximum no. of days admissible in one enhancement should be restricted based on the state configuration.

36. The user should have a provision to initiate enhancement for the cases where the preauthorization has already been approved i.e., cases which are under 'under treatment' status as shown in hospital dashboard screenshot.



Hospital Dashboard

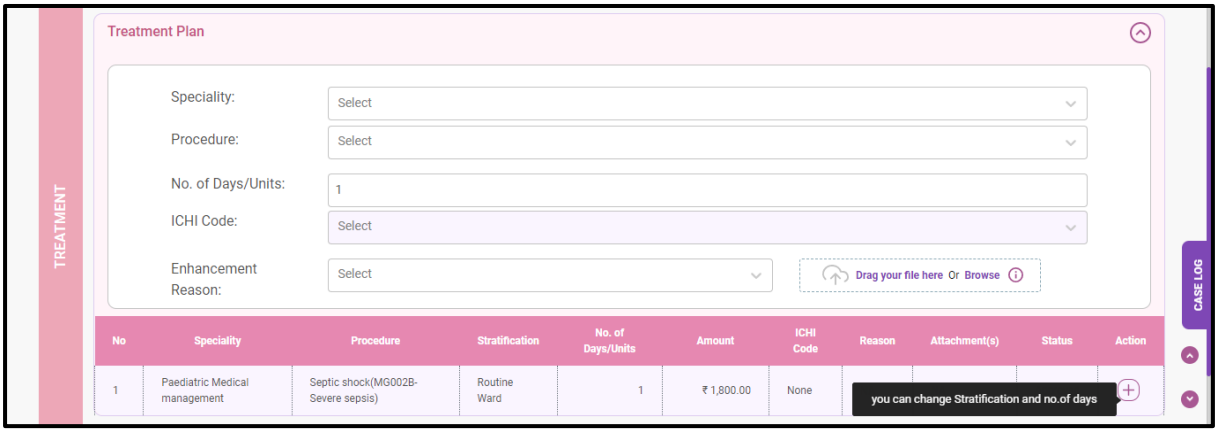
37. The user should have a provision to select a particular case where the user should have an option to initiate enhancement by adding procedures in addition to the existing one along with the duration (no. of days/unit) as shown in preauthorization form screenshot.

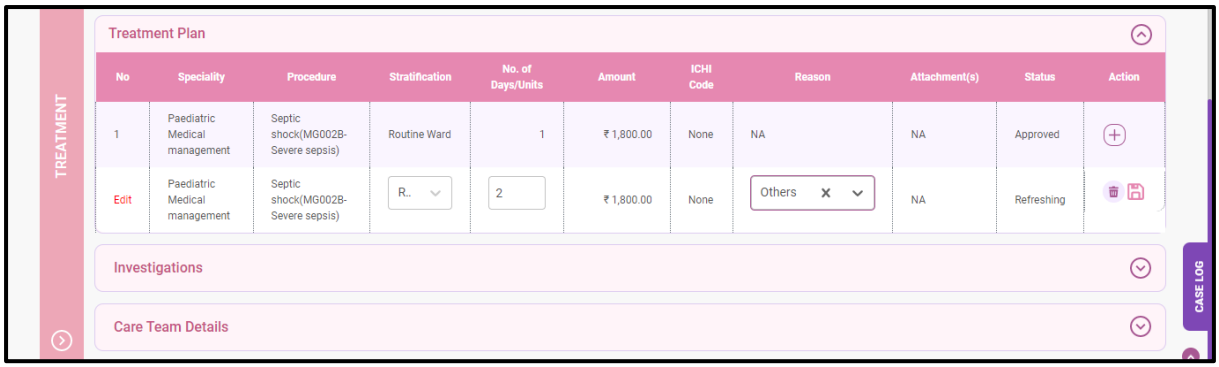


Preauthorization Form

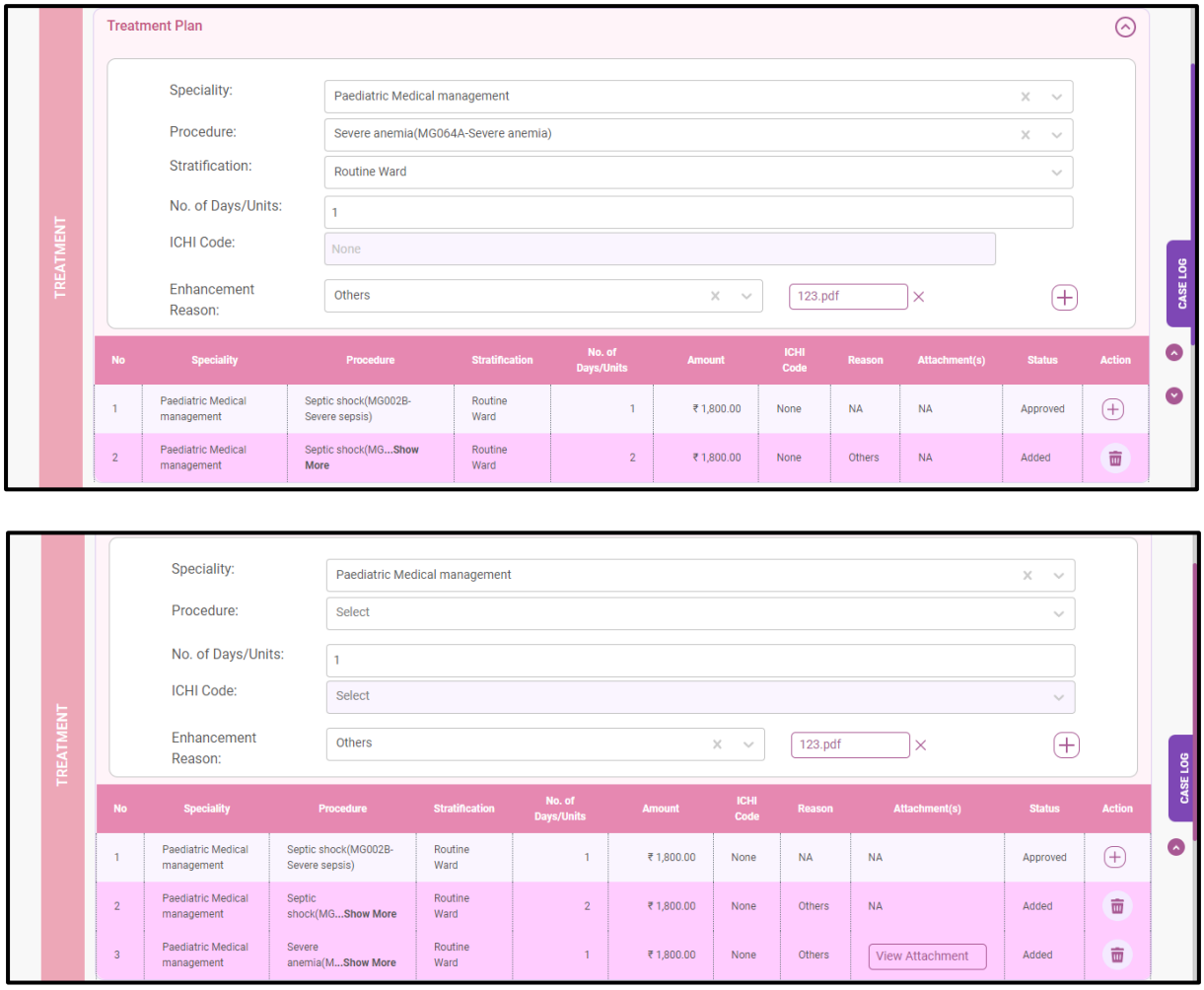
38. Upon clicking 'initiate enhancement', the user should have a provision to add a new procedure to the existing one or can change the stratification and no. of days for the same existing procedure as shown in preauthorization form – treatment screenshot.

(a). Change stratification and duration for the existing one.





(b) Add a new procedure

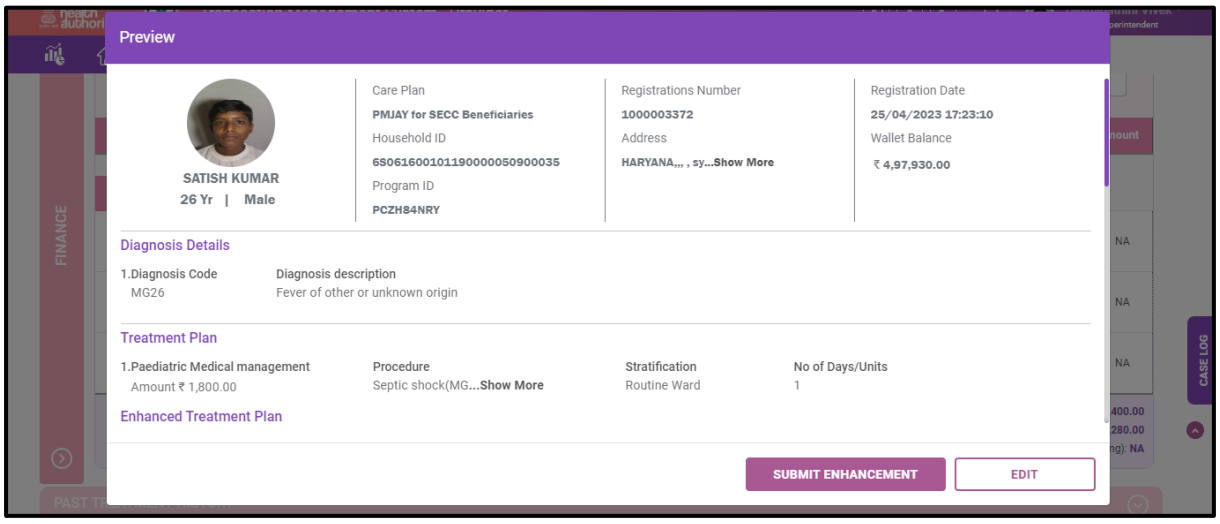


Preauthorization Form - Treatment

39. Now the user should navigate to ‘finance’ section, where the user should verify the amount and incentive details and then proceed to preview and validate the details as shown in preauthorization form – finance screenshot.

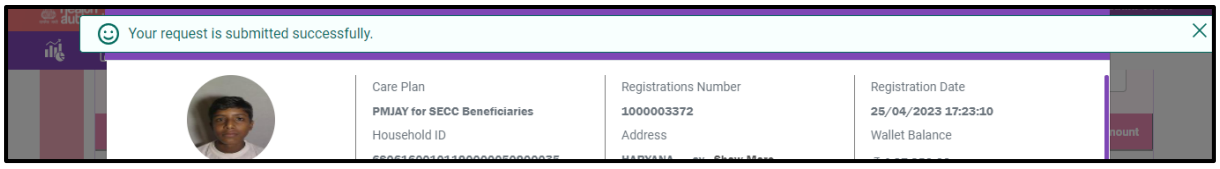
Preauthorization Form - Finance

40. Once the user clicks on 'preview and validate', the user will get to verify all the details before submitting the enhancement request as shown in preauthorization form – preview screen shot.



Preauthorization Form - Preview

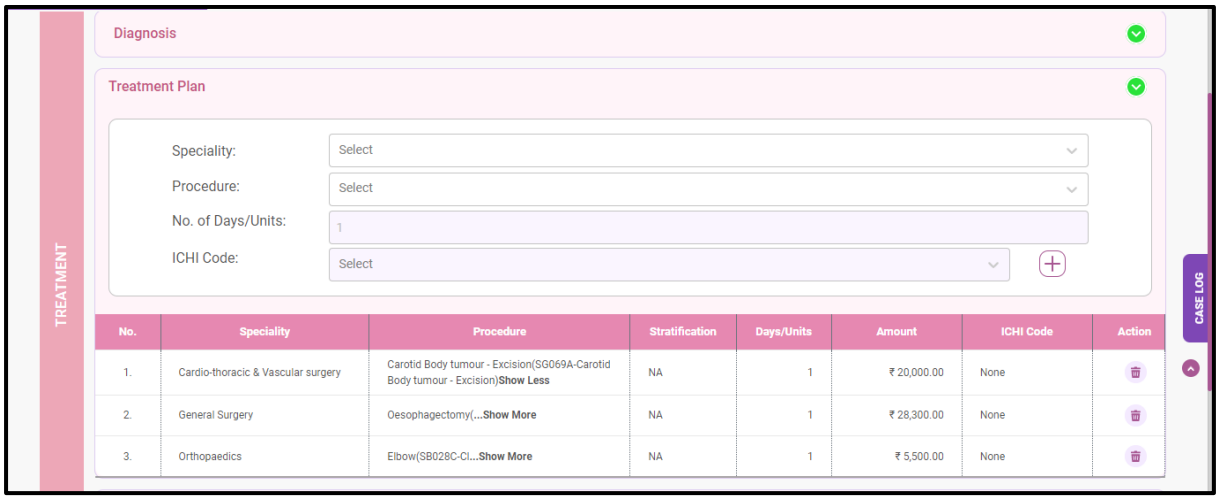
41. Upon clicking 'submit enhancement, an alert 'your request is submitted successfully' will be displayed as shown in preauthorization enhancement screenshot.



Preauthorization - Enhancement

2.8 Addition of Multiple Procedures - Preauthorization

42. Once a patient is registered,the user need to capture the medical information, admission information later which the user need to select the diagnosis followed by treatment plan where in he can add procedures, relevant investigation, startifications and implants if any., to be added as shown in preauthorization form – treatment screenshot.



Preauthorization Form - Treatment

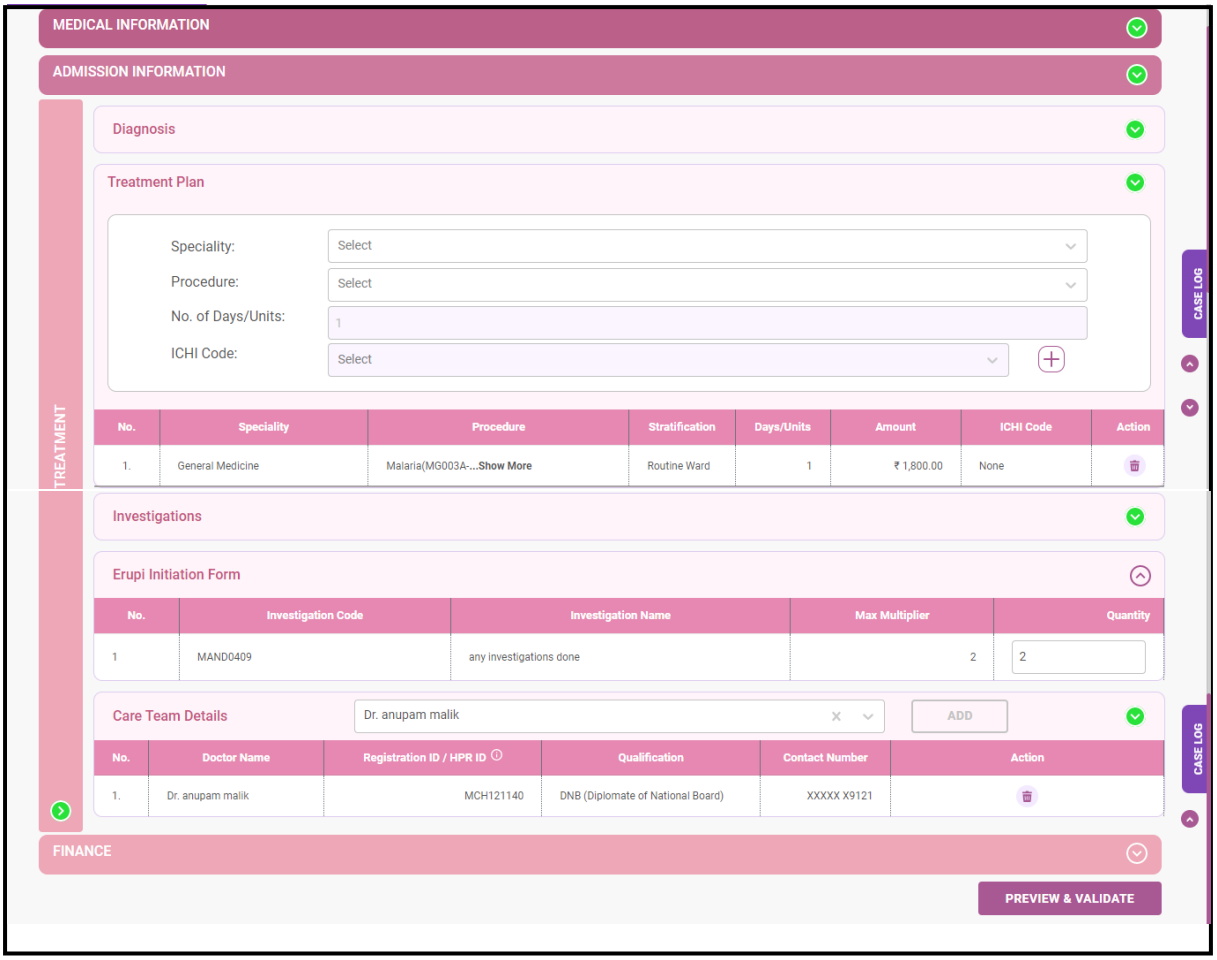
43. The user should navigate to 'finance' section where in the user can check the procedures for which the multiple procedure guidelines have been applied as shown in preauthorization form – finance screenshot later which the user can submit the preauthorization request.

As per multiple procedure guidelines, 1st highest procedure will be paid 100%, 2nd highest procedure will be paid 50% and 3rd subsequent procedures will be paid 25%.

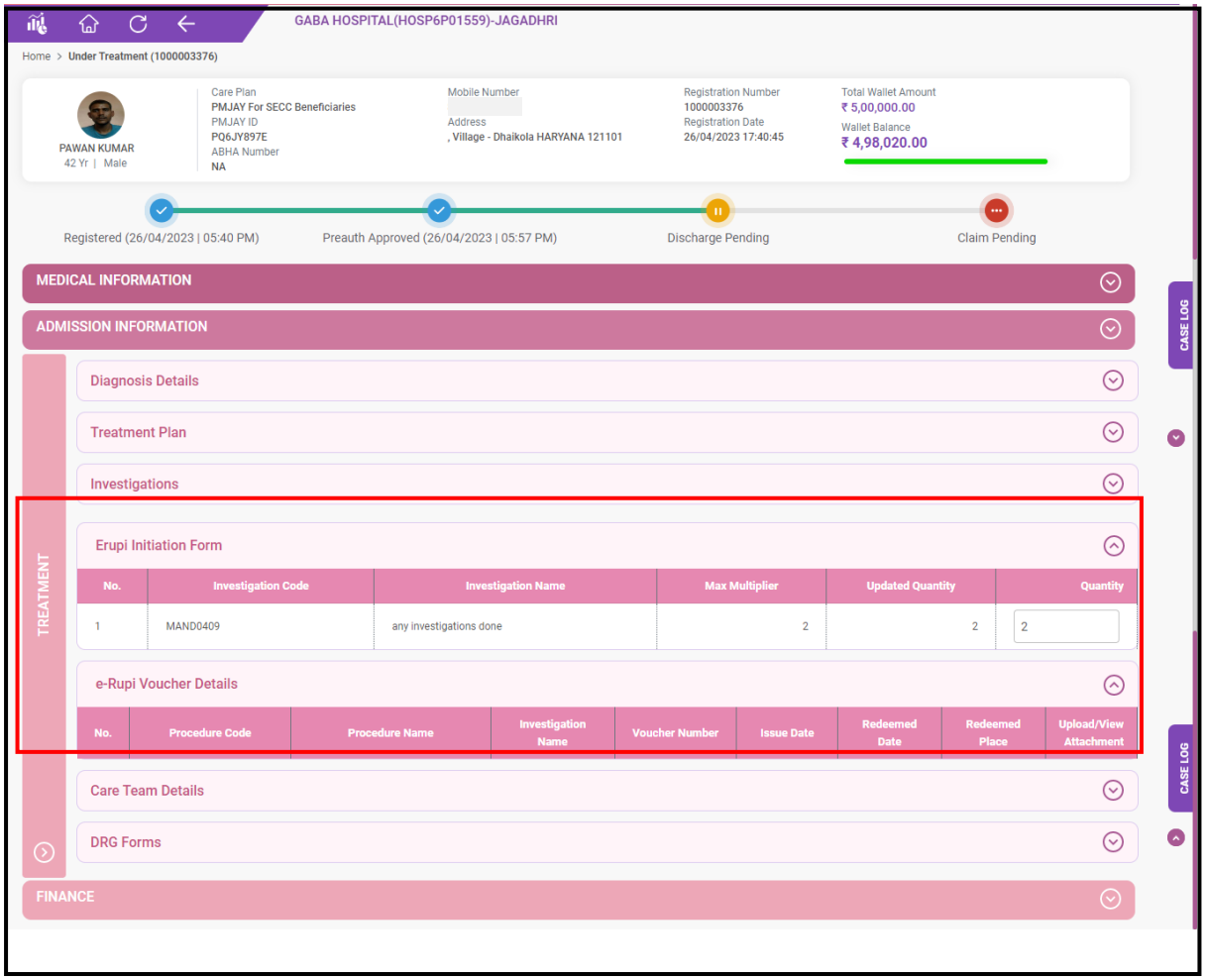
Preauthorization Form - Finance

2.9 eRupi Voucher Generation

44. eRupi Process: The objective of using e-RUPI is to reduce the Out-of-Pocket Expenditures (OOPE) borne by the beneficiaries. The current requirement for the beneficiary is delivery of cashless diagnostic tests for IPD patients. Due to the lack of services at the hospitals, beneficiaries may be asked to get the required tests from diagnostic labs outside the hospitals where they may end up paying from their own pocket. An eRUPI voucher will facilitate the delivery of cashless services for beneficiaries both in outside lab and inhouse diagnostic centers.
45. Once a patient is registered, the user will be redirected to preauthorization page where he will have the provision to enter the **medical information** (which includes general findings, personal history & family history), **admission information** (which includes authentication consent & admission details), **treatment** (which includes diagnosis, treatment plan, investigations & care team details) and finance details as shown in preauthorization form – treatment screenshot.
46. In 'Treatment' section, the user should have a provision to select a procedure that is eRUPI eligible procedure which is already mapped in the master. Once after adding a procedure, eRUPI button gets displayed. When clicked on eRUPI details, investigation details along with the maximum quantity details should be displayed as given in add/update master such that the user can update quantity to the max and submit as shown in preauthorization form – treatment screenshot.
47. Once all the mandatory details are filled, the user will preview and validate the details later which preauthorization can be initiated as shown in preauthorization form – treatment screenshot.
48. Upon submission of the preauth request, initiation of voucher will happen and this case can be viwed in under treatment status – select the case – navigate to 'treatment' section (if the case is auto approved) as shown in preauthorization form – treatment screenshot.



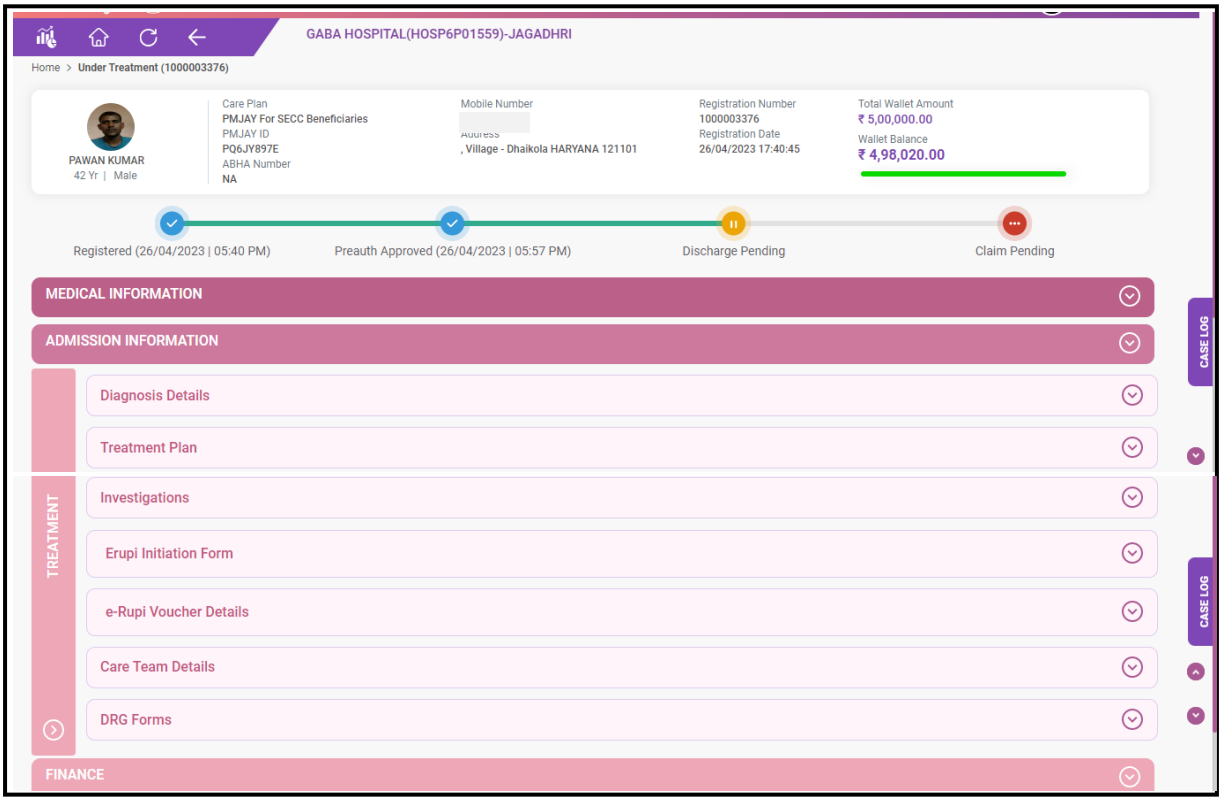
Preauthorization Form - Treatment



Preauthorization Form - Treatment

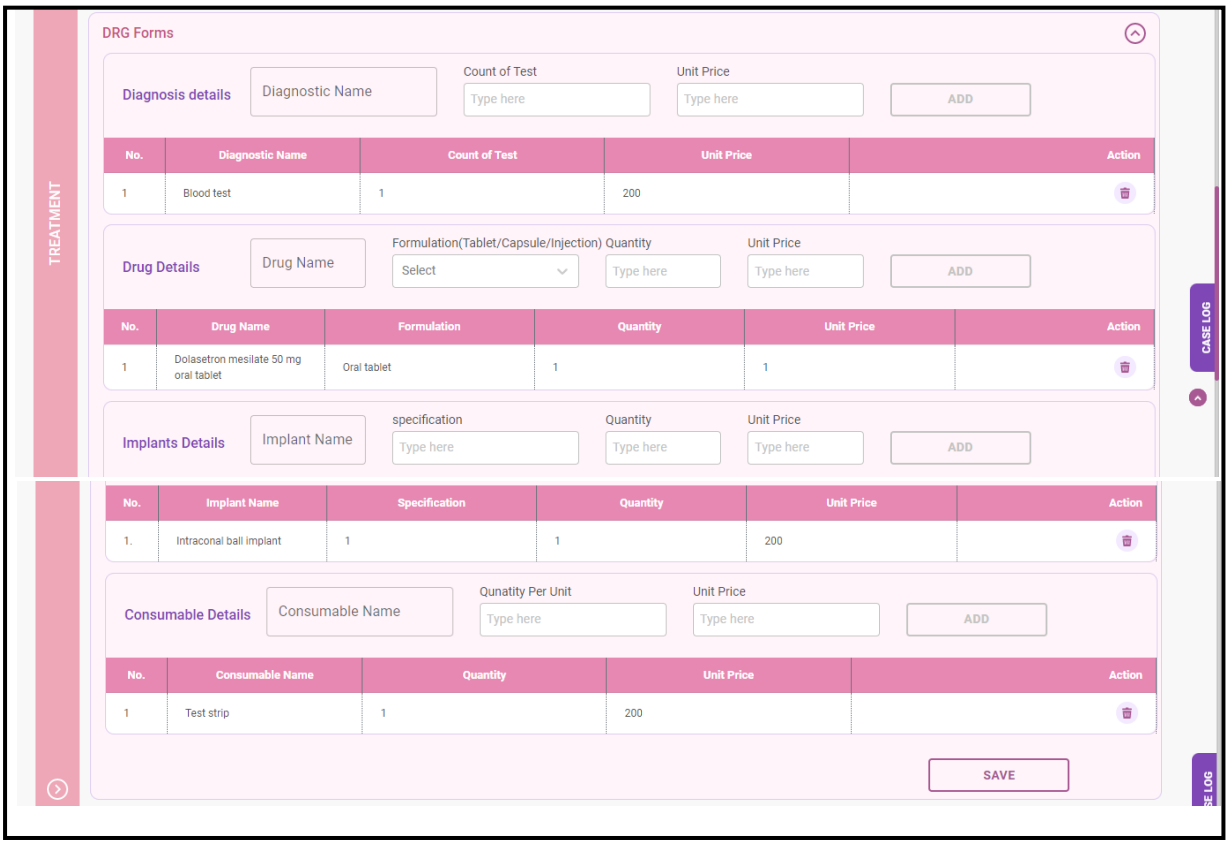
2.10 DRG (Diagnosis Related Groups)

49. The cost of diagnostics, implants, medicines, drugs collected from the hospitals need to be captured in the TMS provider application for drug utilization analysis and to compare the cost of care being provided across different hospitals. It also helps to standardize and improve the quality of patient care.
50. During the discharge process, the user should have a provision to enter the drug related details for a selected procedure in 'treatment' section as shown in preauthorization form – treatment screenshot.



Preauthorization Form - Treatment

51. Once the user clicks on DRG forms, the user has a provision to enter the drug details, diagnosis details, implant details and consumables and then save the form as shown in DRG form screenshot. Later which the user proceeds to discharge process. If any consumable or a drug is given during treatment in a hospital that needs to be captured in the DRG form and that amount gets added accordingly during the claim initiation process.


TREATMENT
DRG Forms
Diagnosis details
Diagnostic Name
Count of Test
Type here
Unit Price
Type here
ADD
No.
Diagnostic Name
Count of Test
Unit Price
Action
1
Blood test
1
200
Drug Details
Drug Name
Formulation(Tablet/Capsule/Injection)
Select
Quantity
Type here
Unit Price
Type here
ADD
No.
Drug Name
Formulation
Quantity
Unit Price
Action
1
Dolasetron mesilate 50 mg oral tablet
Oral tablet
1
1
Implants Details
Implant Name
specification
Type here
Quantity
Type here
Unit Price
Type here
ADD
No.
Implant Name
Specification
Quantity
Unit Price
Action
1.
Intraconal ball implant
1
1
200
Consumable Details
Consumable Name
Qunatity Per Unit
Type here
Unit Price
Type here
ADD
No.
Consumable Name
Quantity
Unit Price
Action
1
Test strip
1
200
SAVE
CASE LOG

DRG Form

3. FAQ's and Help Section

1. **Is there any person who will help me in the hospital?**

   Yes. A facilitator called Pradhan Mantri Arogya Mithra (PMAM)/Medco will be available in all the empanelled hospitals to register, facilitate the treatment and guide you for all the services.

2. **How will the PMAM/Medco help me?**
   - PMAM/Medco will identify and verify the beneficiaries entitled under PMJAY through the Beneficiary Identification System (BIS).
   - In case of hospitalization, by submitting the request for preauthorization and claims through transaction management system so that you are registered in the hospital for accessing the services.
3. **What is an empanelled hospital?**

   Hospitals which have signed MoU for providing patients with healthcare facilities under PMJAY both in the Government and Private sectors.

4. **Why am I unable to register a patient?**

   At the time of registration, if it is found that patient is not discharged from previous hospital, the current hospital can raise a request directly to the previous hospital for discharge. Any such communication will be notified in the notification section of the hospital administrator.

5. **Which package rates will apply?**

   The package rates of treating state will be applicable as per the empanelment guidelines.

6. **What is a packages?**

   A package includes end to end treatment for the entire episode of care required i.e., diagnosis, doctor and nursing charges, prehospitalization investigation, bed charges, consumables, medicines, food for the patient and post-surgery investigation and medicines.

7. **Who will make the payment? Which payment rates will apply?**

   The claims will be settled by the home state i.e., the state where the beneficiary belongs to or is registered under that state the payment process will be followed.

8. **Can the hospitals break the treatment packages?**

   As a part of hospital empanelment process, hospitals must agree to the prefixed package rates, and it cannot be changed during the contract period.

9. **How will a patient traveling to another state get to know whether the hospital provides a relevant package?**

   The patient may contact the Pradhan Mantri Aarogya Mitra (PMAM)/Medco in the hospital for better understanding.

10. **What is Preauthorization?**

    The process of preauthorization commences post inpatient registration of the beneficiary. The empanelled hospital based on the diagnosis admits the patients and sends e-preauthorization to the concerned authority. Only in cases where the patient is admitted in the hospital, the preauthorization be processed.

11. **What if a new doctor is recruited and his name is not listed in TMS?**

    If there is technical delay in updating the doctor's information in TMS, the "others" option may be selected from the doctor list in TMS. But it should only be used as a contingency option.

12. **Who will pay for the treatment cost in case of portability?**

    The home state where the beneficiary originates from will pay for the treatment expenses.

13. **Can a hospital provide treatment for specialties which are not specified at the time of empanelment?**

    No. Only those specialties specified in the hospital empanelment module will be visible in the Transaction Management System.

14. **Will STG questionnaire differ with each procedure?**

    Yes, the questionnaire is different for each procedure. Few questions may be common to all, but most are customized as per the requirement of the procedure.

15. **What is STG' s?**

    STGs are Standard Treatment Guidelines which will enable standardization of treatment, control fraud and abuse, deliver cost effective and quality care to the patients under the scheme.

16. **Is there any change in the packages if I select multiple procedures in same preauthorization request?**

    When the user book two normal procedures in one single preauthorization, multiple package calculation will apply and as per multiple procedure guidelines, 1st highest procedure will be paid 100%, 2nd highest procedure will be paid 50% and 3rd subsequent procedures will be paid 25%.

17. **What is DRG?**

    DRG stands for 'Diagnosis Related Groups. DRG helps to standardize and improve the quality of patient care.

18. **What is an eRupi voucher?**

    The objective of using e-RUPI is to reduce the Out-of-Pocket Expenditures (OOPE) borne by the beneficiaries. Due to the lack of services at the hospitals, beneficiaries may be asked to get the required tests from diagnostic labs outside the hospitals where they may end up paying from their own pocket. An eRUPI voucher will facilitate the delivery of cashless services for beneficiaries both in outside lab and inhouse diagnostic centres.

19. **What user can do if the portal is not working and how to contact in case of any query?**

    The user can raise ticket in IT helpdesk tool.