TMS Payer Application User Manual

सत्यमेव जयते

national health authority

Document Release Note

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Document Details

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User Manual	6.0	This document describes the processes and steps to use the TMS Payer Application

Revision Details

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Review By

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

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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
01 June 2023	Version 4	User Manual for TMS 2.0 Payer application – added latest UI and functionalities.
04 Aug 2023	Version 5	User Manual for TMS 2.0 Payer application – added latest UI and functionalities.
06 Sep 2023	Version 6	User Manual for TMS 2.0 Payer application – added latest UI and functionalities.

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1.0 Abbreviations

Abbreviation	Expansion
AB-PMJAY	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana
ABDM	Ayushman Bharat Digital Mission
ACO	Accounts Officer
BIS	Beneficiary Identification System
CEX	Claims Executive
CPD	Claim Processing Doctor
CT	Computerized Tomography
DAMA	Discharge Against Medical Advice
DRG	Diagnosis Related Groups
ECG	Electrocardiogram
EHR	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

1.1 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.

1.2 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.,

1.3 Scope of the application

The Transaction Management System (TMS) – Payer Application is designed for ISA/Insurer/SHA to process the claims lifecycle end-to-end.

It will incorporate features that can support strong Fraud waste and abuse management, medical audits, field verification of cases, etc, in addition to Pre-Authorization, Claims Processing, Payments and Settlement and Analytics and Reporting.

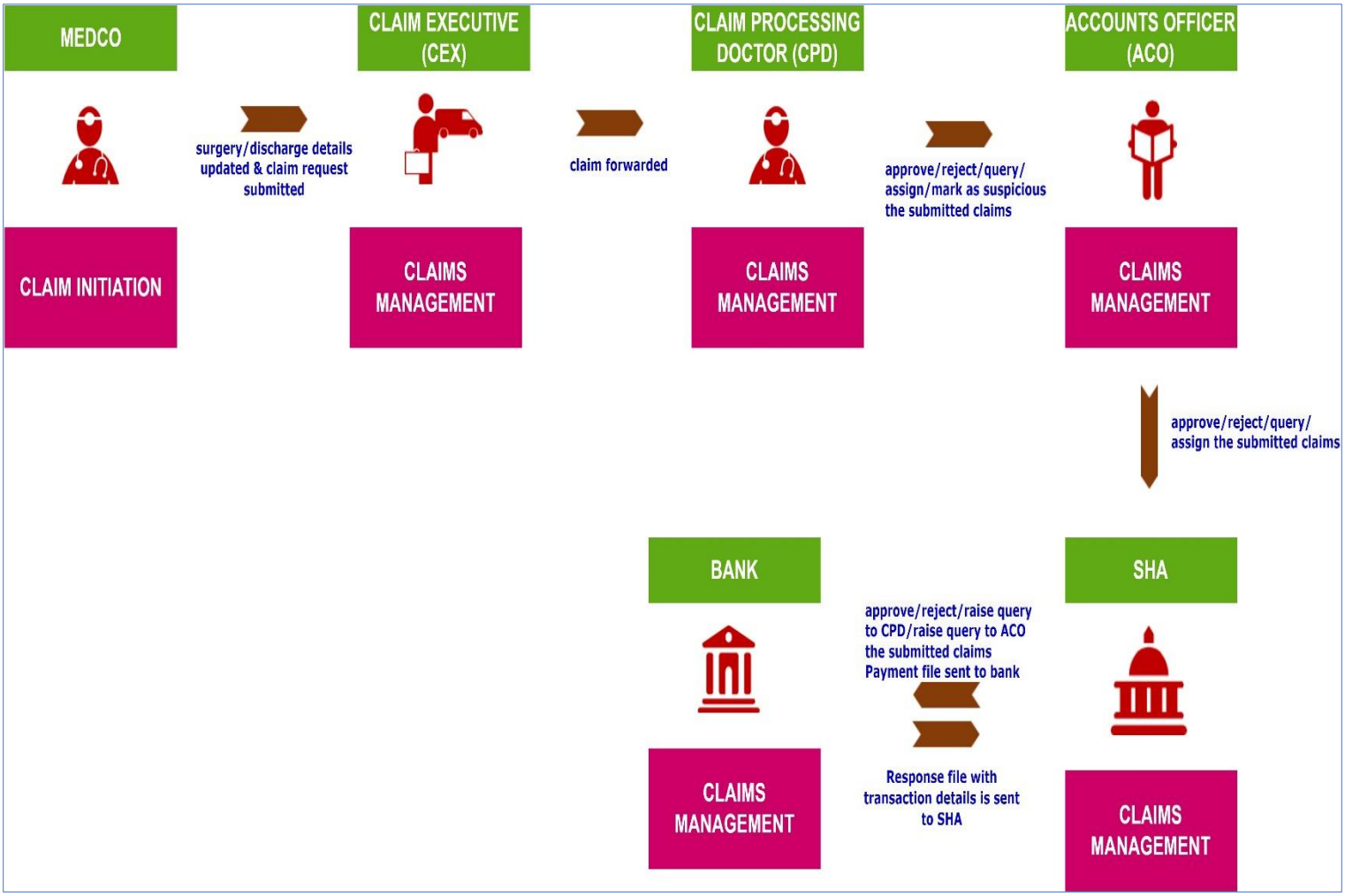
1.4 Features of TMS Payer

- Preauthorization Approval/Rejection/Query/Suspicious/Assign by PPD
- Claim Processing by CEX
- Claim Approval/Rejection/Query/Assign by CPD
- Claim Approval/Rejection/Query by Accounts Officer (ACO).
- Claim Approval/Verify/Query/Send Back by SHA

1.5 TMS Payer Roles

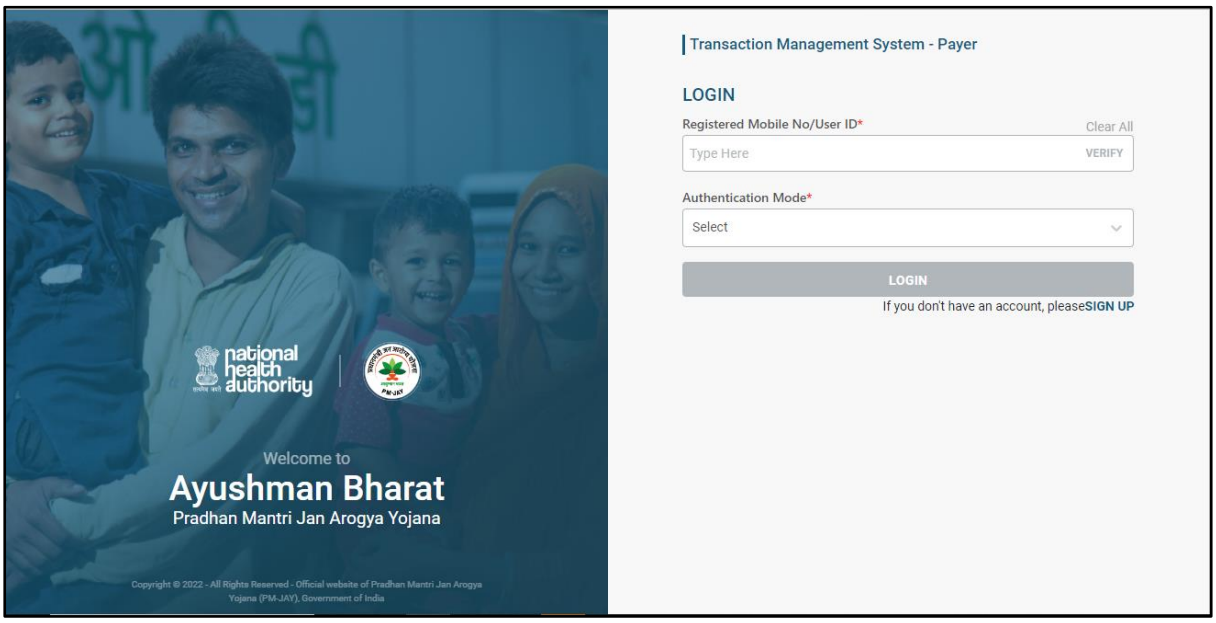
PPD	Pre-authorization Processing Doctor is responsible for processing of pre-authorization request.
CEX	Claim Executive's role involves the review the claim documents and non-technical checklist and forward it to the claim processing doctor (CPD).
CPD	Claim Processing Doctor verifies medical reports to ensure the treatment was done appropriately, and checks invoices to ensure the right amount is being claimed.
MEDICAL COMMITTEE	CPD and Medical committee have similar roles. The medical committee is the second level which verifies medical reports to ensure the treatment was done appropriately, and checks invoices to ensure the right amount is being claimed. This is a configurable role, state may or may not opt for this additional role.
ACO	Once the Claim Processing Doctor (CPD) approves the Claim, the claim will move to Accounts officer's bucket for further action. Accounts officer will check the claim and if found payable will forward the claim to SHA.
SHA-AFO	SHA-Anti Fraud Officer, identifies suspect cases of fraud and abuse perspective and then sends them for further review, investigation and medical audit to the states.
SHA	Post CPD and ACO review of claims, ACO will forward the claim to SHA who will verify the claim and take appropriate action.

1.6 TMS Payer Workflow



2.1 Login

1. Login as PPD 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/aadhar OTP/aadhar 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 below screen shot.

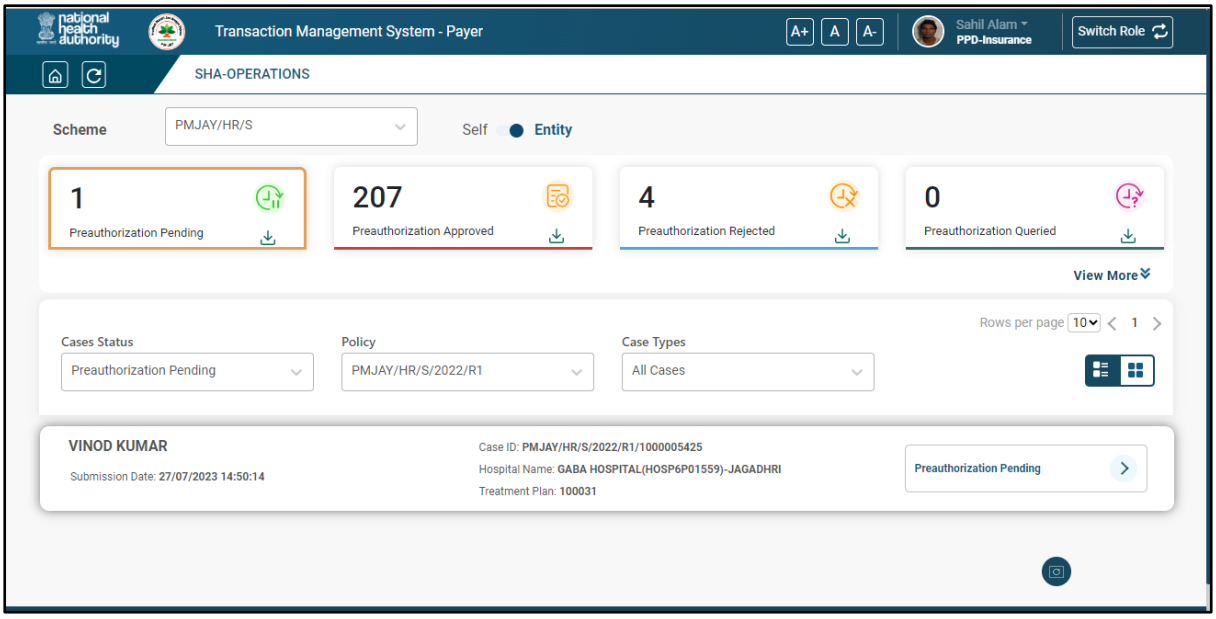


Login Screen

2. 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 case status as shown in PPD Worklist screen shot. PPD(Payer) user will act on pre-auth raised from Medco (Provider).

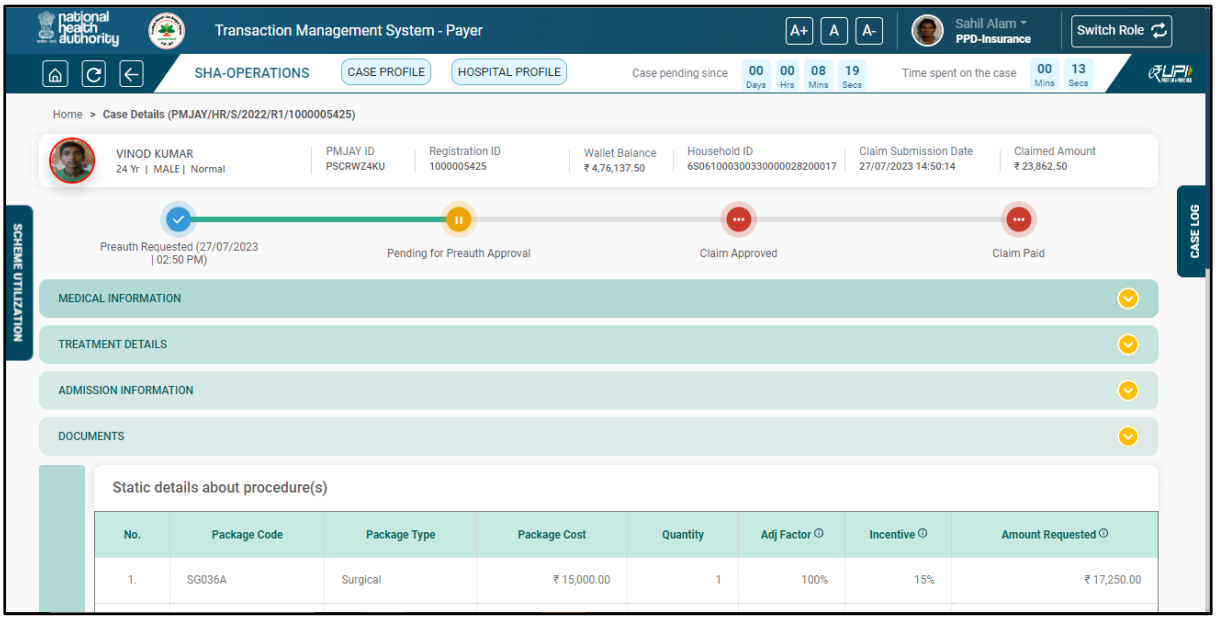
2.2 Pre-authorization process (PPD)

PPD user can login to the system with valid credentials and following screen will be displayed which shows dashboard worklist for PPD, PPD can start processing the case by selecting action button present next to Preauthorization Pending.



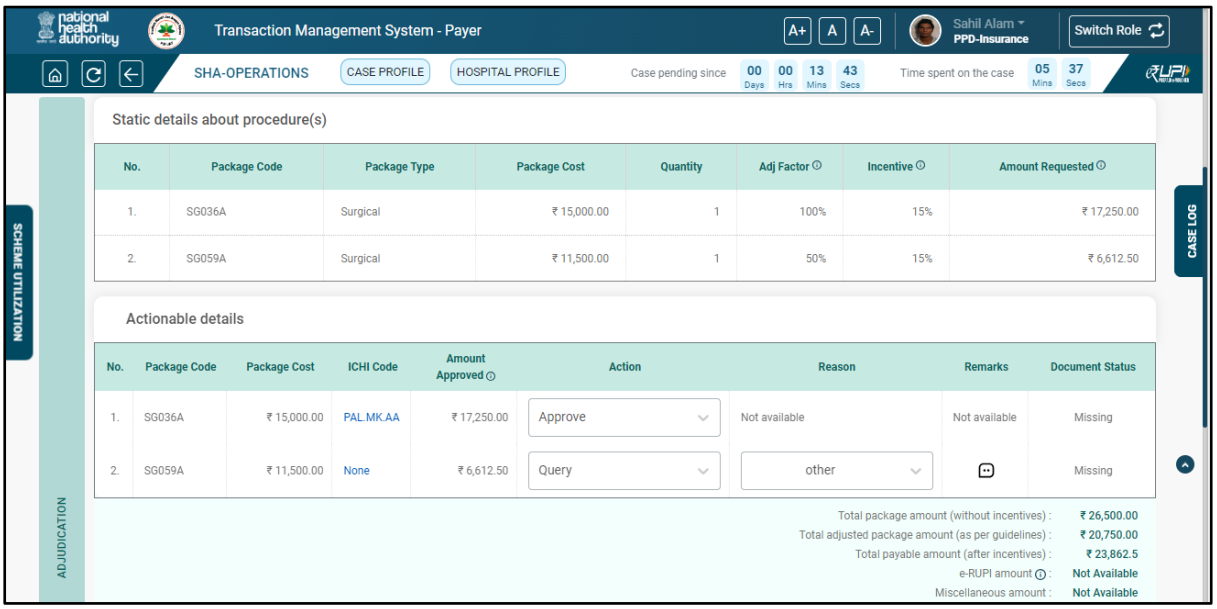
PPD Worklist

When user click on preauthorization pending action button as shown in PPD worklist screen shot. Then case details will be displayed in different section such as Medical Information, Treatment Details, Admission Information, Documents, Adjudication will be displayed as shown in PPD detailed case view screen shot.

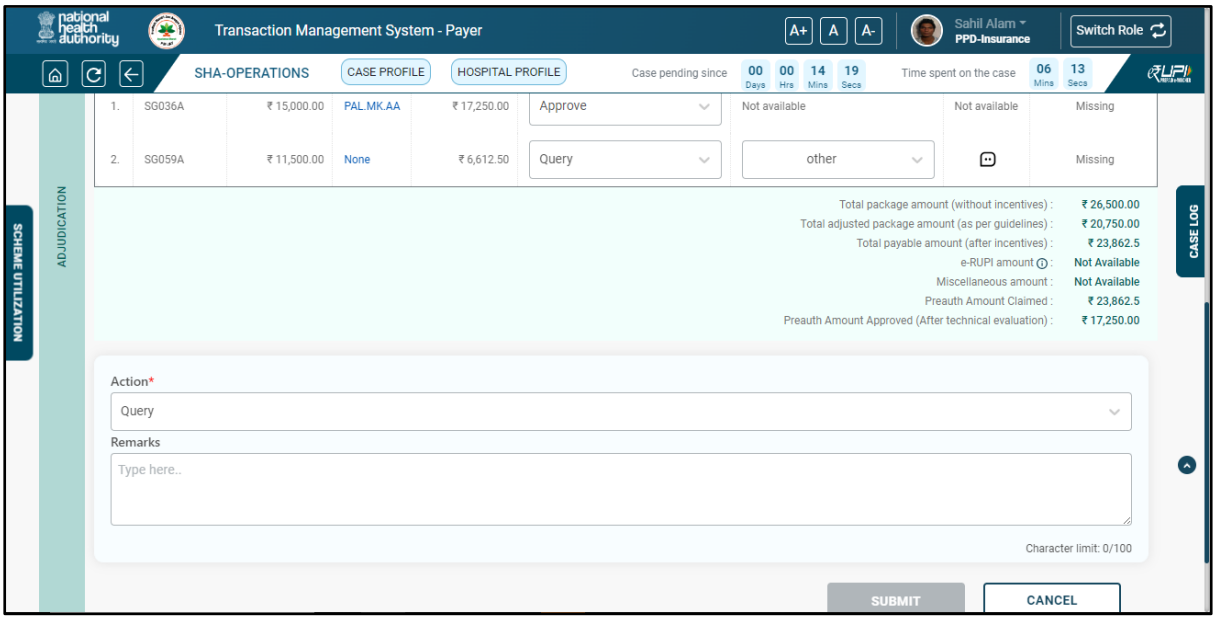


PPD detailed case view

PPD can mark any case as “Approve/Reject/Query” from the Action dropdown present in actionable details, based on the selection from the Action dropdown, final action will be populated in the Action dropdown in Final PPD action screenshot.

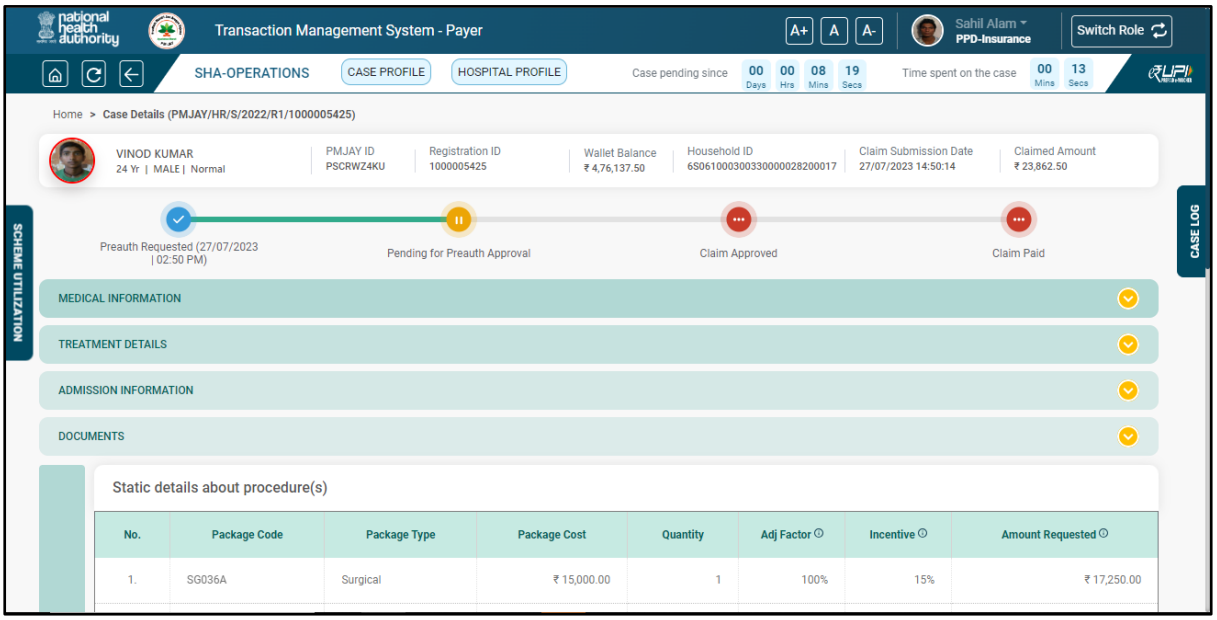


PPD Adjudication from actionable details tabs



Final PPD action

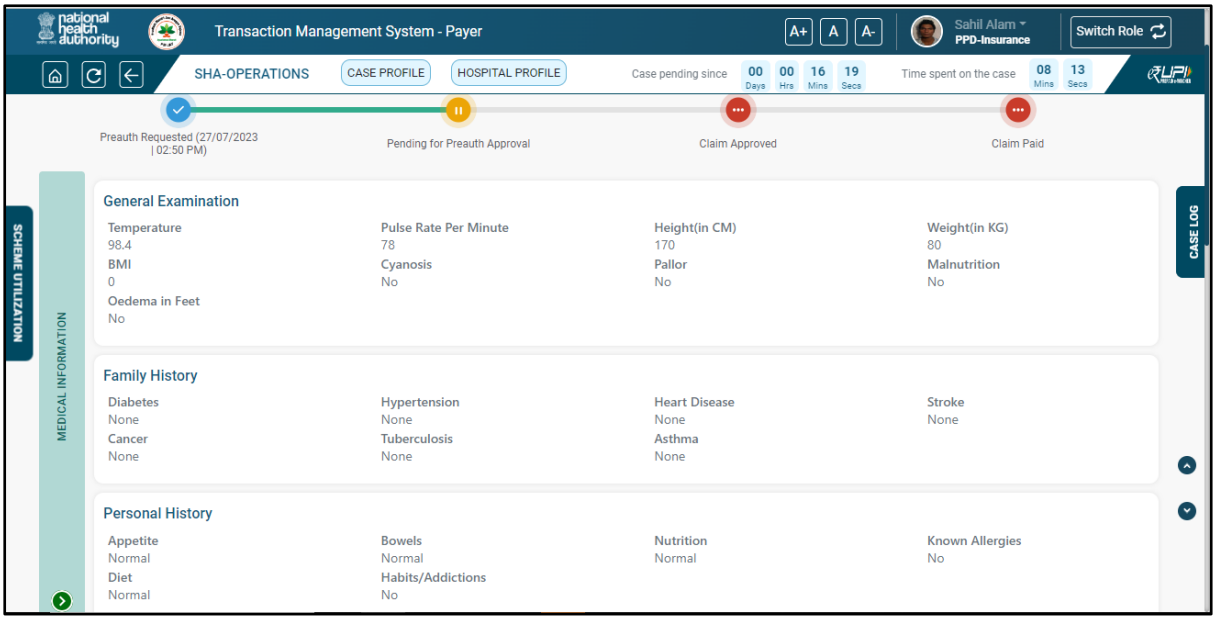
Each section can be expended and collapsed as per user's requirement by clicking on the arrow button present at the right side of every section as shown in Accordion collapsed view screen shot below.



Accordion collapsed view

2.2.1 Medical Information

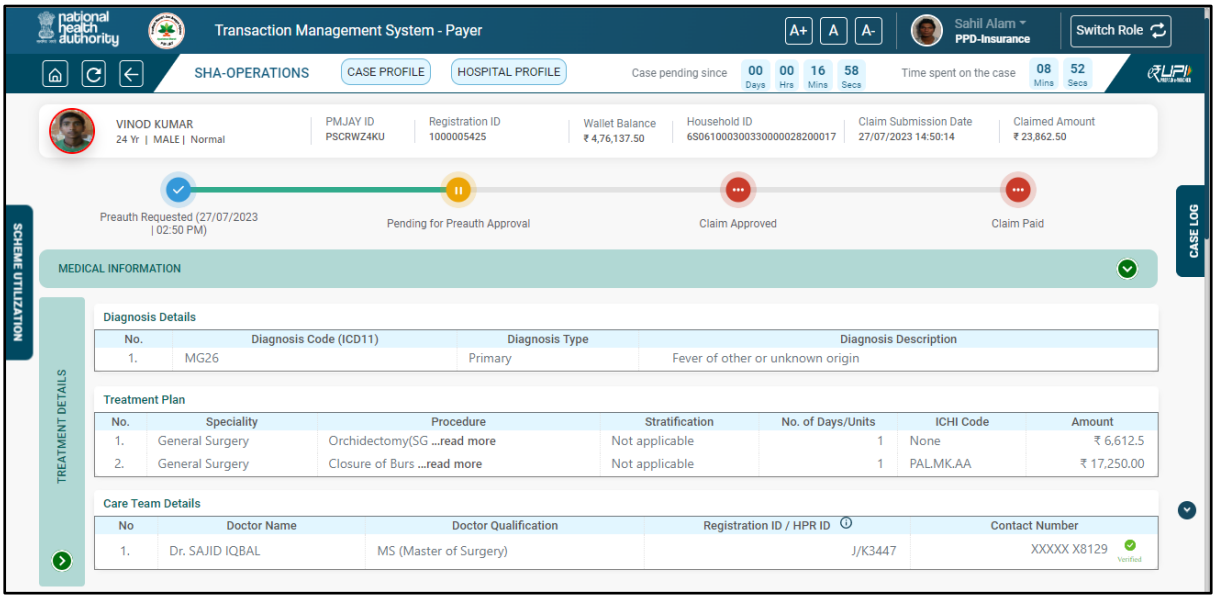
User can see the medical information of the patient, such as General Examination, Personal History, Family History in the respective sections as shown in medical information screen shot below:



Medical Information

2.2.2 Treatment Details

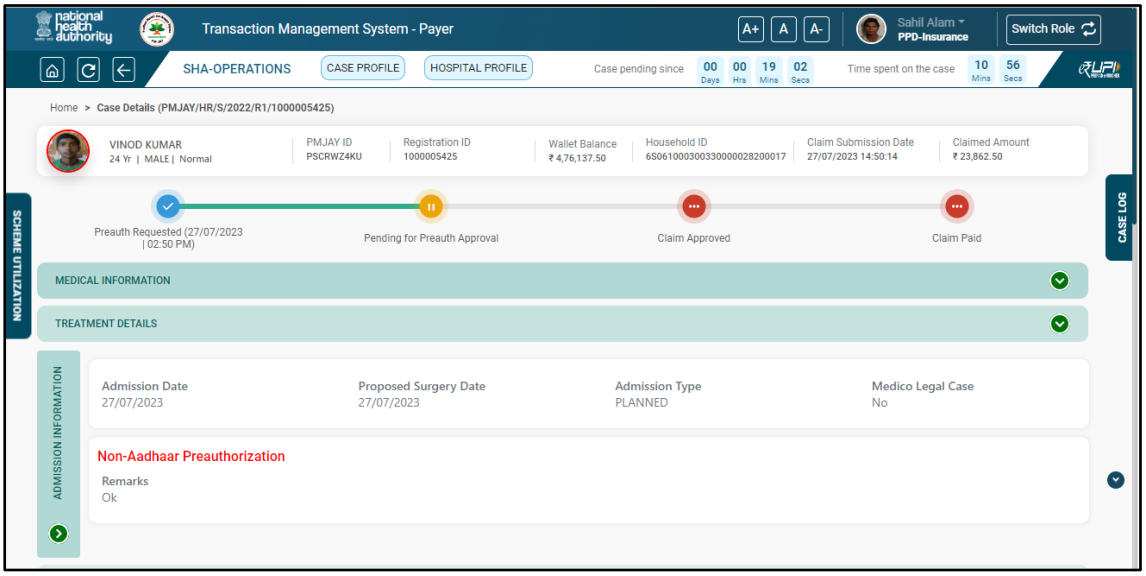
User can see Diagnosis Details, Treatment Plan, Care Team Details in treatment details section. In Diagnosis details section diagnosis code, diagnosis type and diagnosis description can be seen. Under treatment plan details such as Speciality, procedure, stratification, No. of days/Units and amount can be seen. Details of respective care team can be seen under Care Team Details section as shown below in Treatment Details screenshot.



Treatment Details

2.2.3 Admission Information

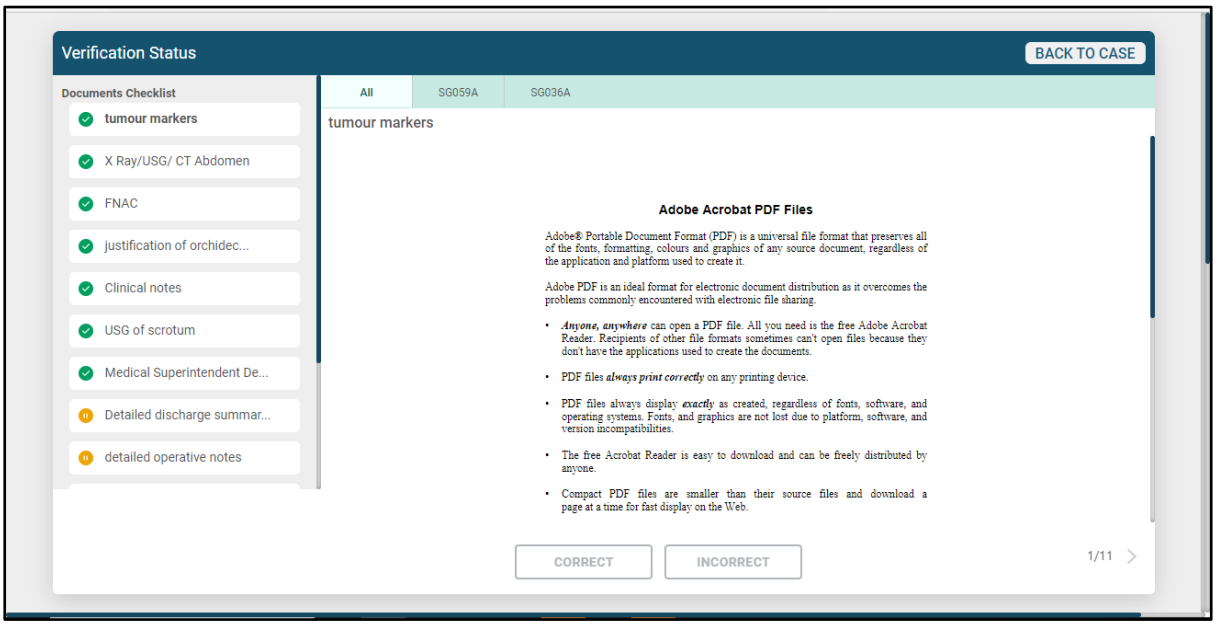
User can see details pertaining to admission such as Admission Date, Proposed Surgery Date, Admission Type, Medico Legal Case and Consent information in Admission Information Section as shown in Admission Information screen shot below:



Admission Information

2.2.4 PPD Documents Checklist

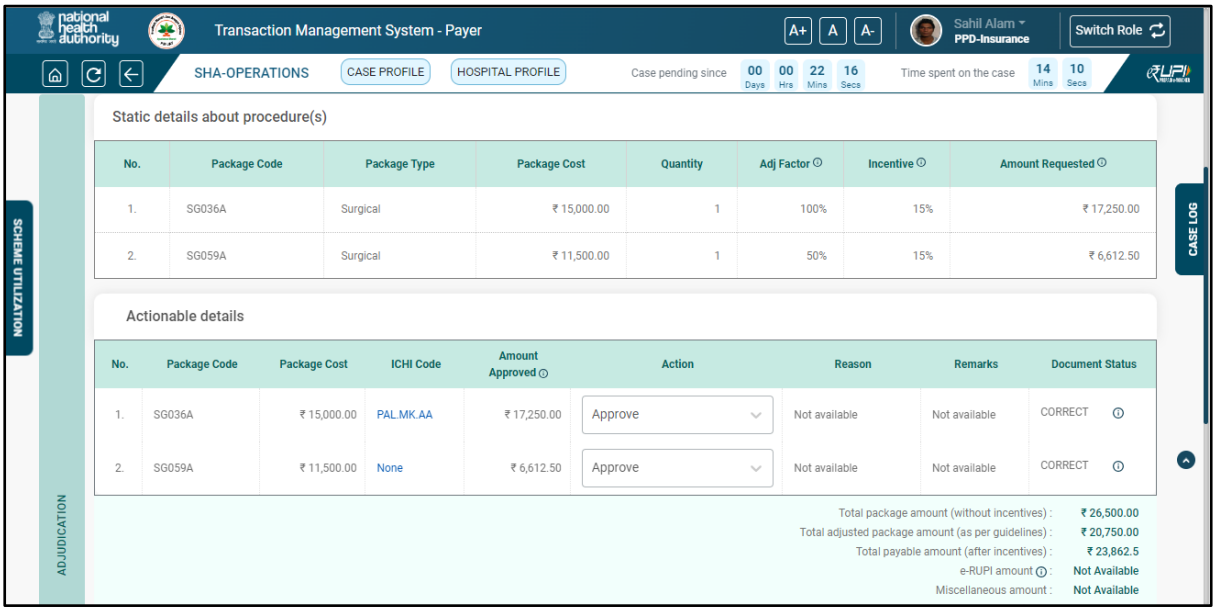
User can see verification forms and STG Questionnaire and act accordingly and save the response as shown below in document verification screenshot.



PPD Document Verification checklist

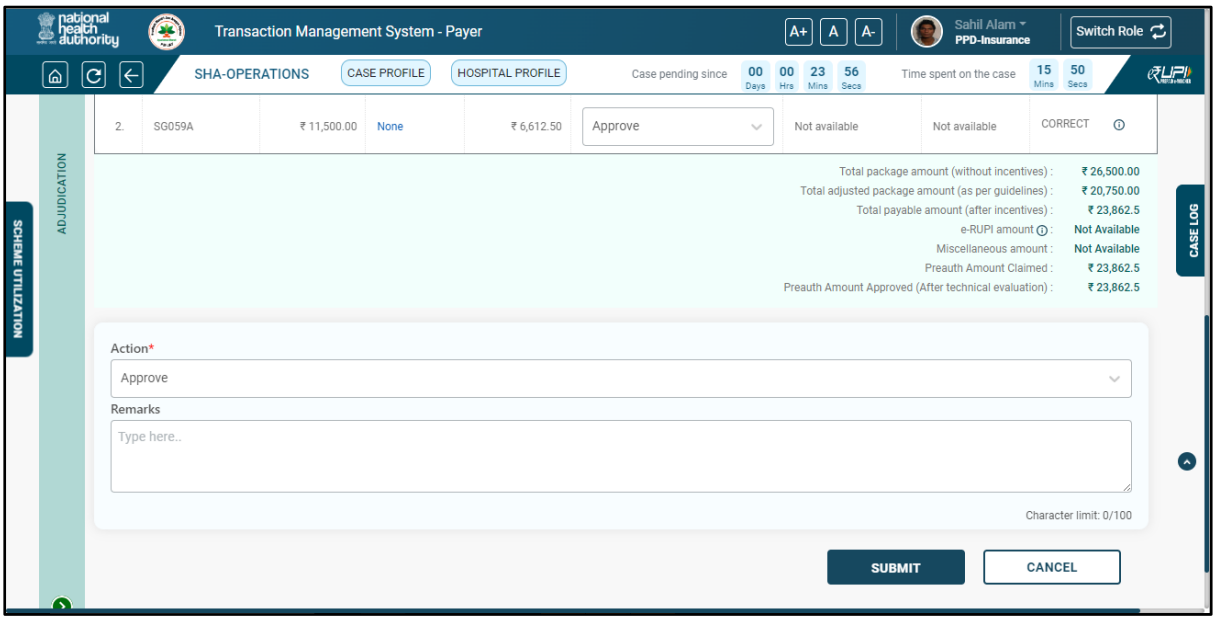
2.2.5 Adjudication Section

User can see details pertaining to adjudication in “Static details about procedure(s)” and Actionable details tabs. In actionable details “Action” column user can select the relevant action as “Approve”, “Reject”, “Query” for the respective package as shown in below adjudication section 1 screen shot.



Adjudication Section 1

Based on the selection of the “action” from the actionable details final “Action” will be prepopulated based on the algorithm and finally preauthorization can be adjudicated accordingly as shown in adjudication section 2 screen shot. Actions can be “Approve”, “Reject” and “Query”.

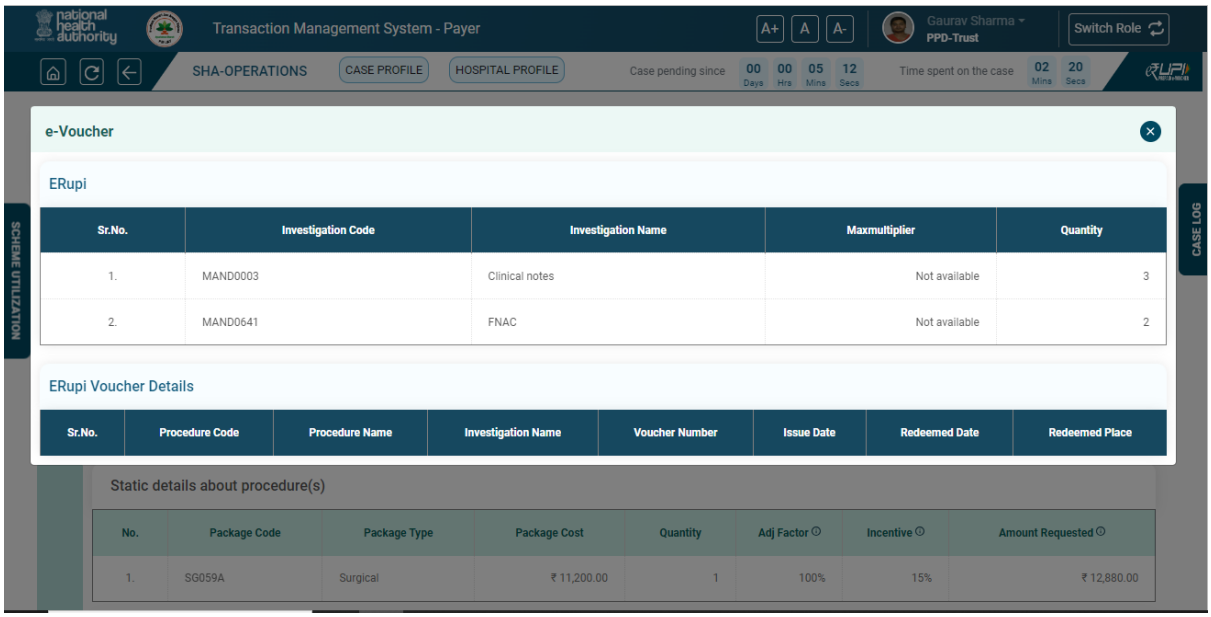


Adjudication Section 2

2.2.6 e-RUPI

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 centre.

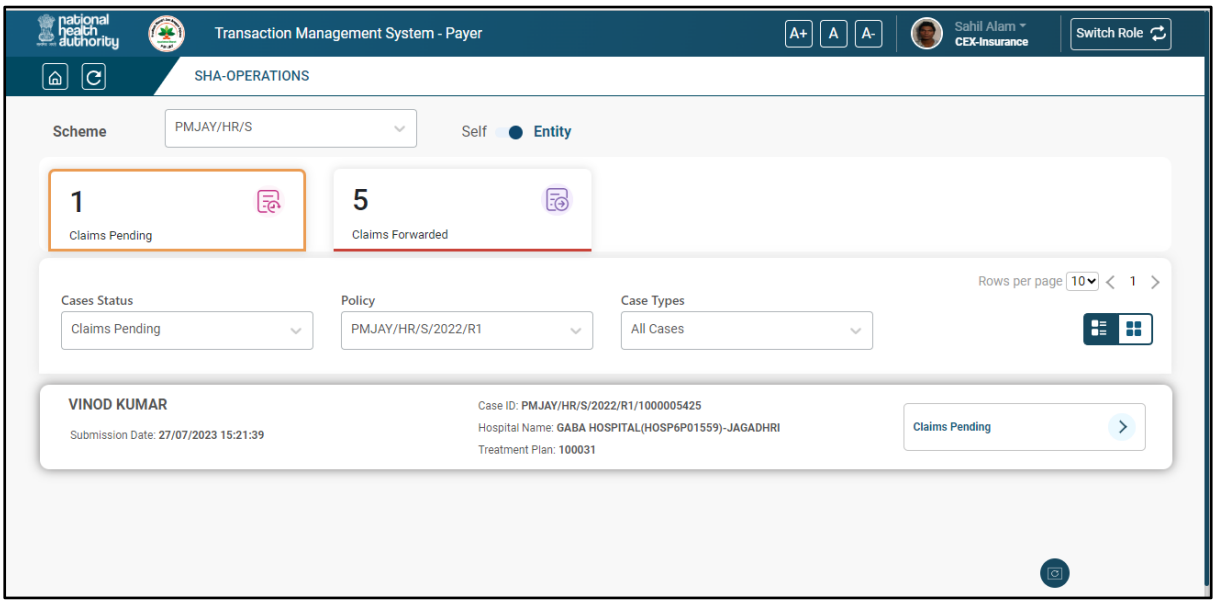
Upon approval of the preauthorization request by PPD, case will be sent to Provider and initiation of voucher will happen.



e-RUPI

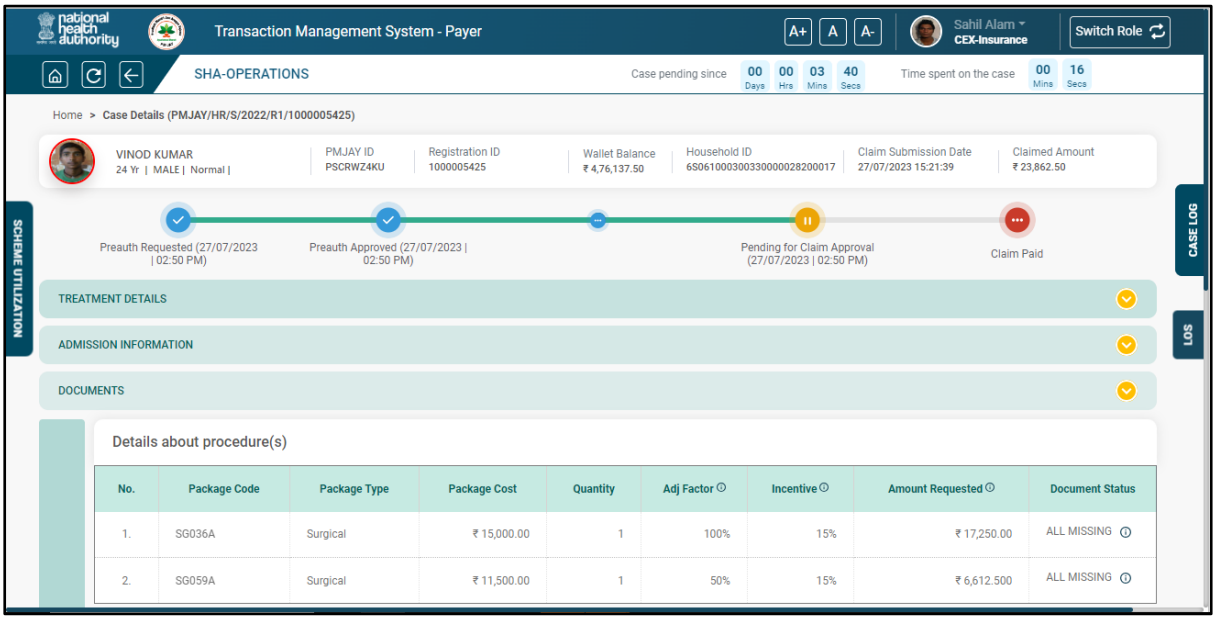
2.3 Claim Processing by Claim Executive (CEX)

After claim submission by Hospital from TMS Provider system, request will come to CEX login for the processing. Login as CEX and landing page will be displayed as shown in CEX Worklist screen shot.



CEX Worklist

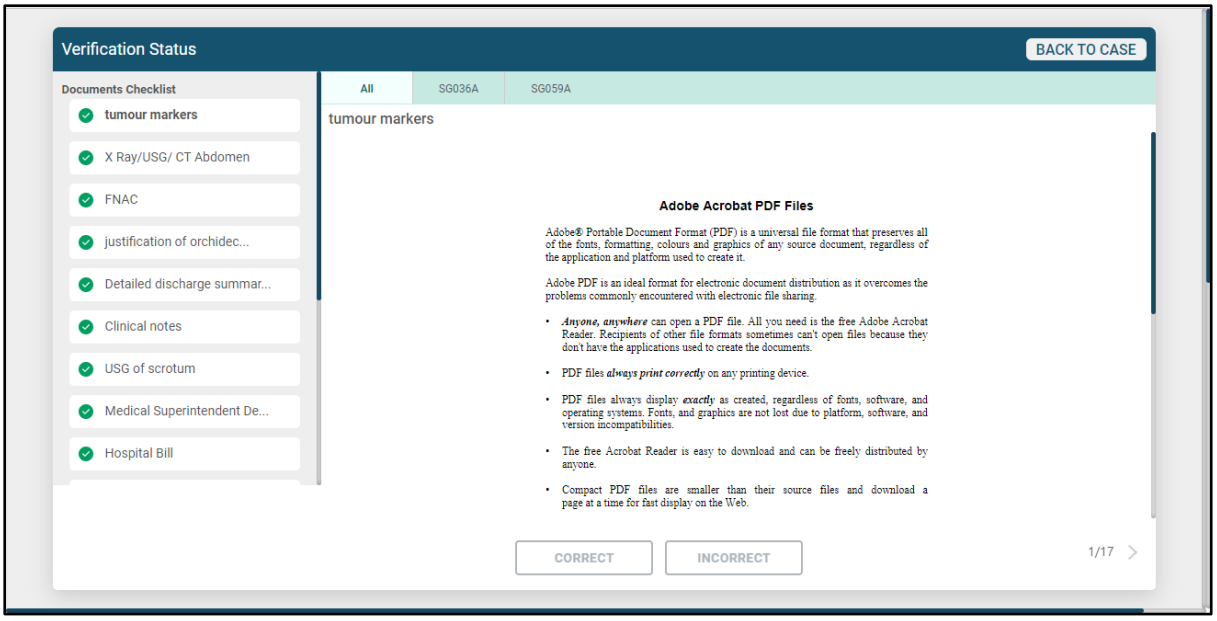
User can see Treatment Details, Medical Information, Documents, Adjudication sections as shown in CEX case details view screen shot.



CEX case details view

2.3.1 CEX Documents Non-Technical Checklist

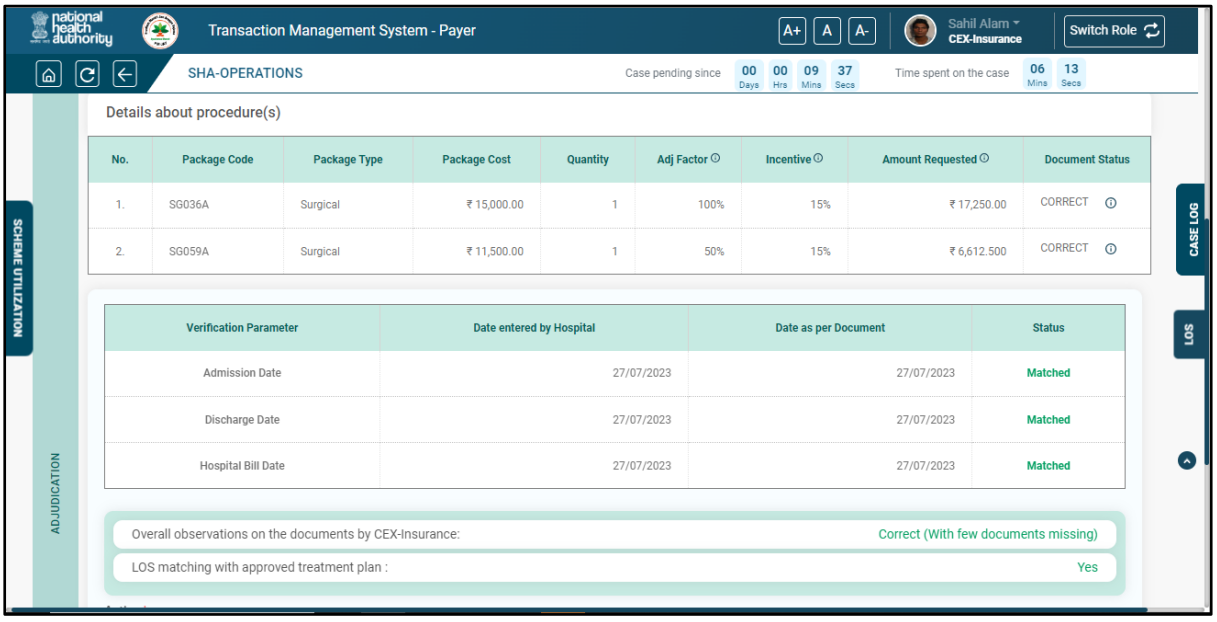
User can fill the non-checklist and verify the forms by clicking “Documents” section as shown in CEX document checklist verification screen shot. And mark documents Correct and Incorrect. Correct and Incorrect button will be enabled when user scroll to the bottom of document.



CEX document verification checklist

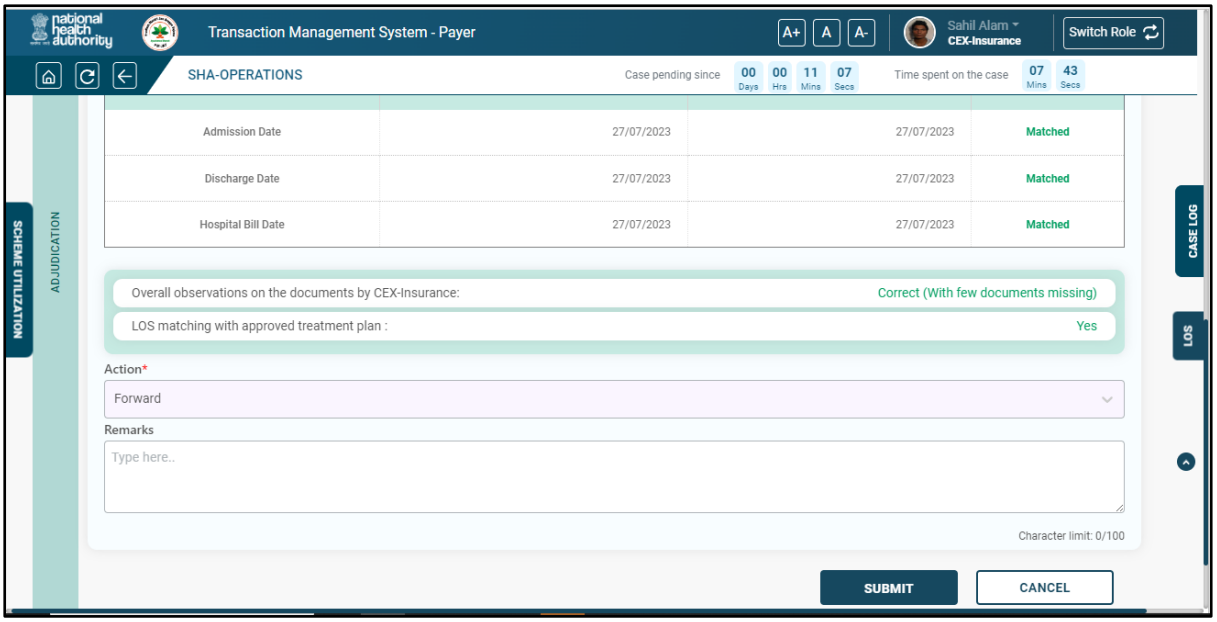
2.3.2 Adjudication by CEX

CEX can verify the details in Adjudication section such as Details about the procedure(s), Admission Date, Discharge Date, Hospital Bill Date, CEX observation and Length of Stay as shown in screen shot.



Adjudication by CEX 1

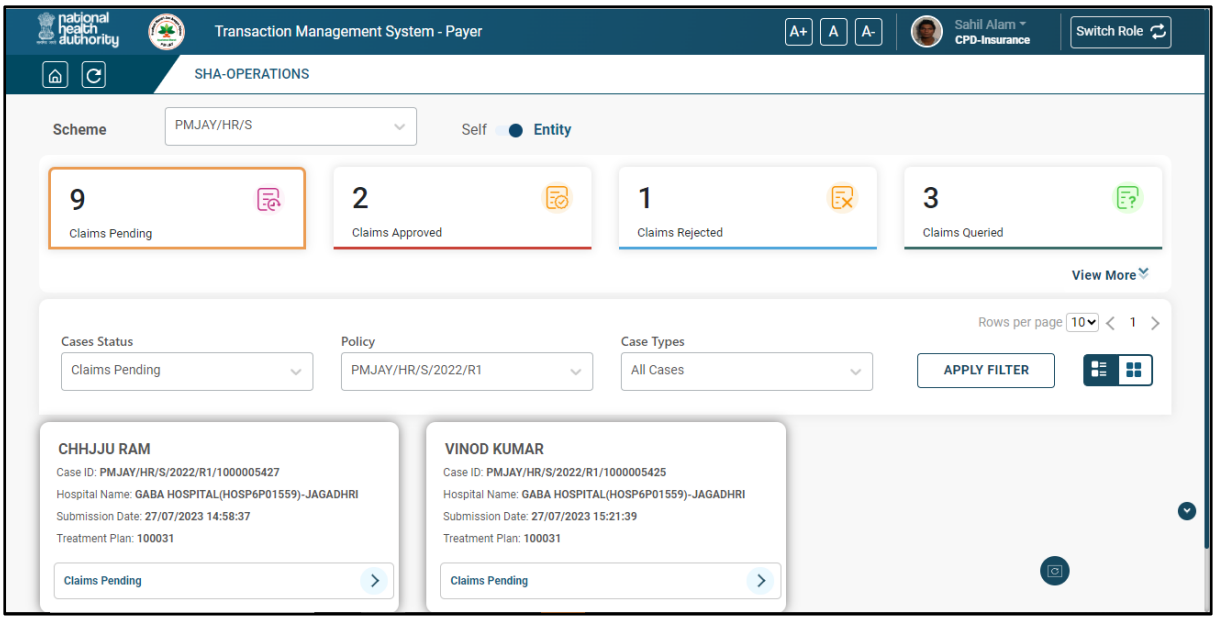
CEX can forward the case to CPD by Action button as shown in Adjudication by CEX 2 screen shot.



Adjudication by CEX 2

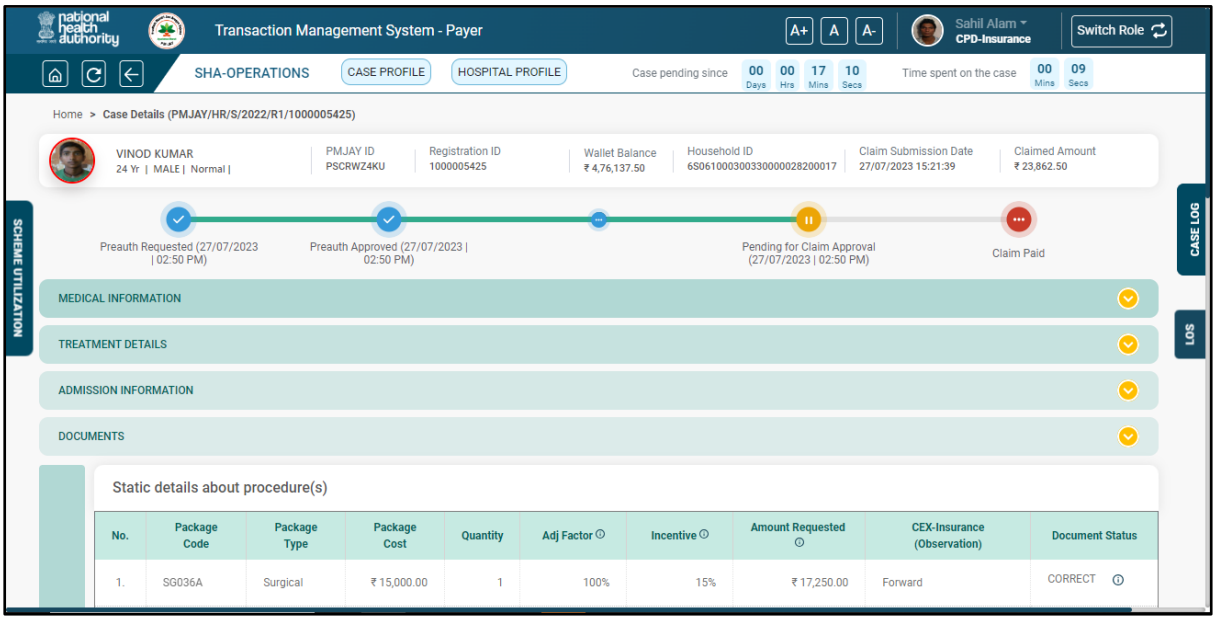
2.4 Claim Processing by Claim Processing Doctor (CPD)

After non-technical check list, documents verification by CEX the case will be displayed on CPD login for the processing. Login as CPD and landing page will be displayed as shown in CPD worklist screen shot.



CPD worklist

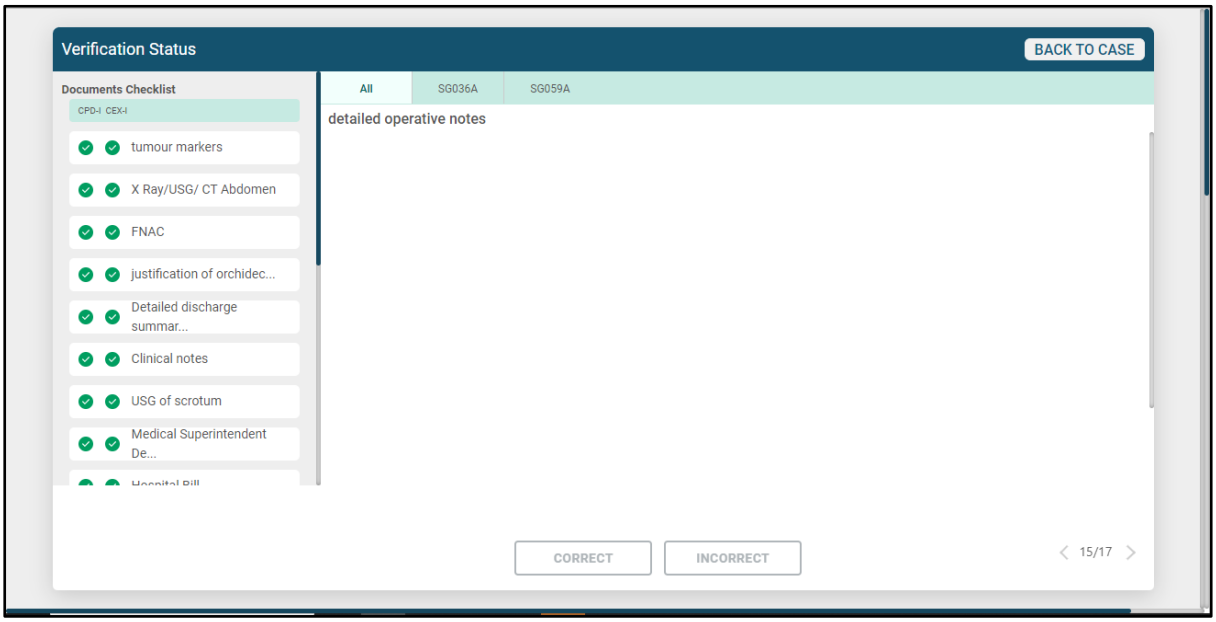
User can see Medical Information, Treatment Details, Admission Information, Documents, Adjudication sections as shown in accordion collapsed view screen shot.



Accordion collapsed view

2.4.1 CPD Documents Checklist

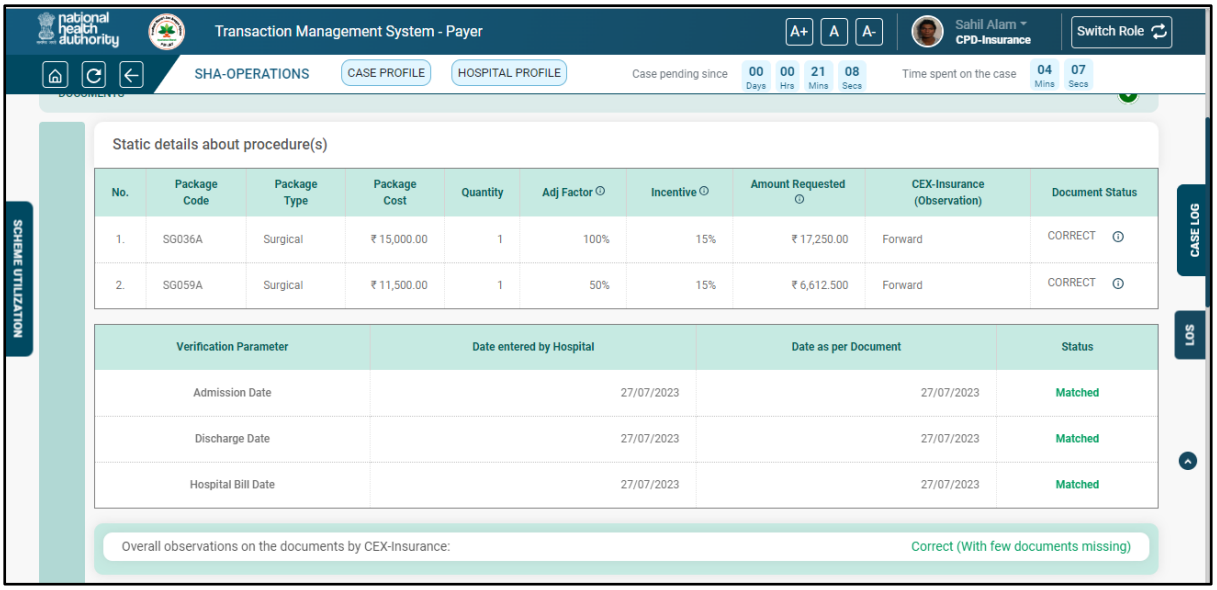
CPD can verify the details in checklist and verify the forms as shown in CPD document verification checklist screen shot.



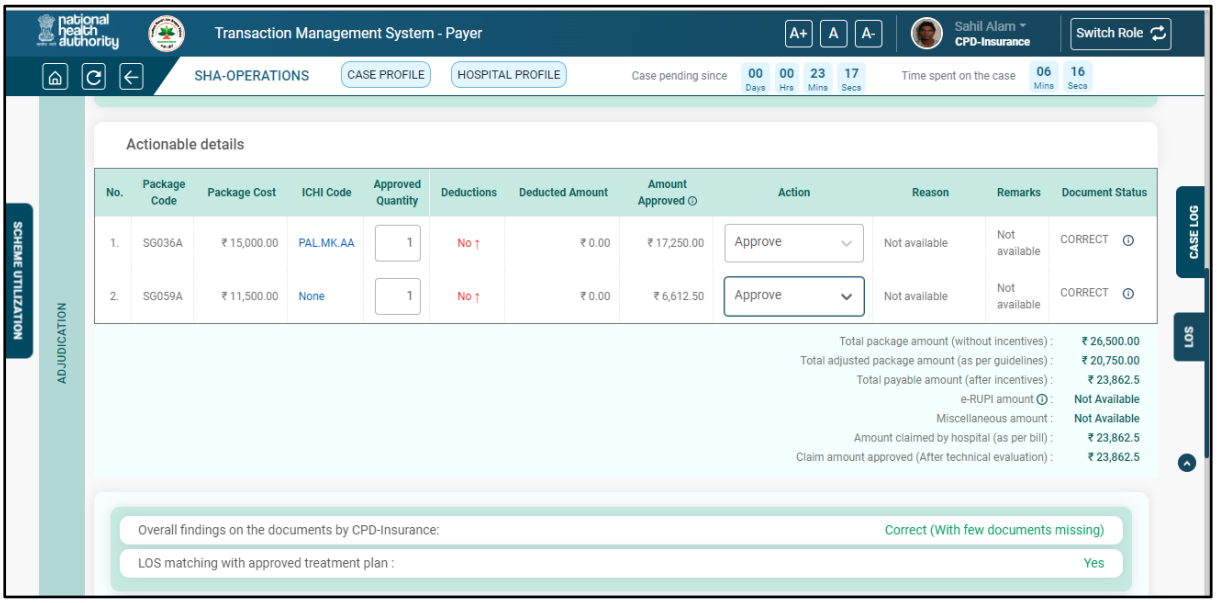
CPD document verification checklist

2.4.2 Adjudication Section

User can see details pertaining to adjudication in “Static details about procedure(s)” and Actionable details tabs. In actionable details “Action” column user can select the relevant action as “Approve”, “Reject”, “Query” for the respective package as shown in Static details about procedure(s) screen shot.

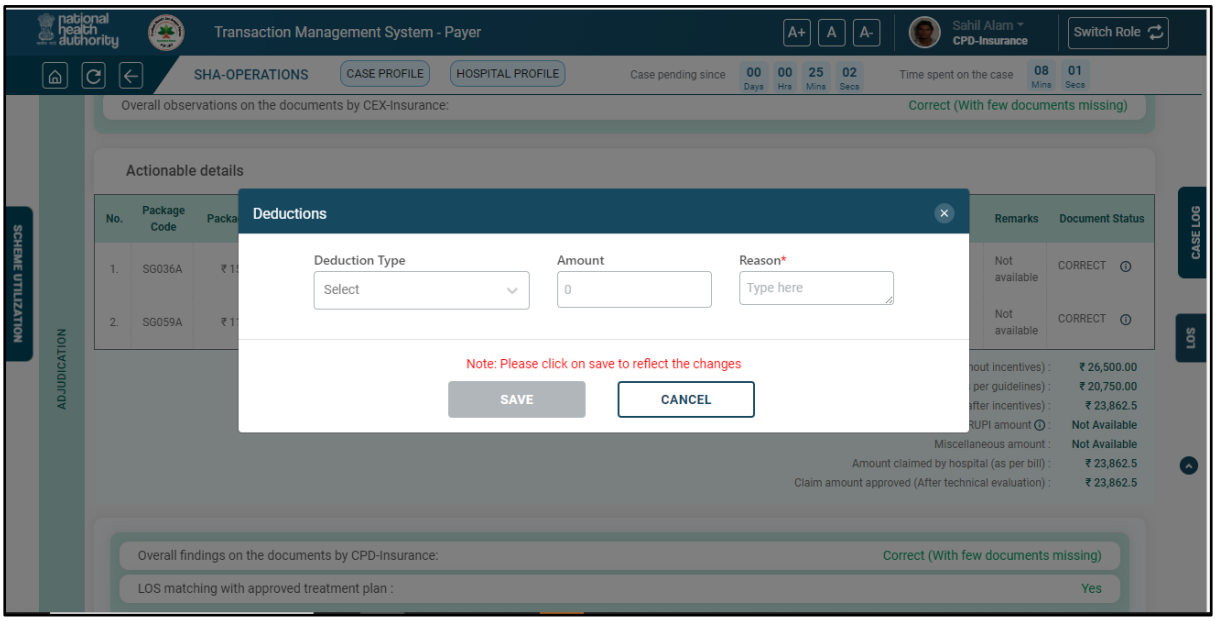


Static details about procedure(s)



Adjudication by CPD 1

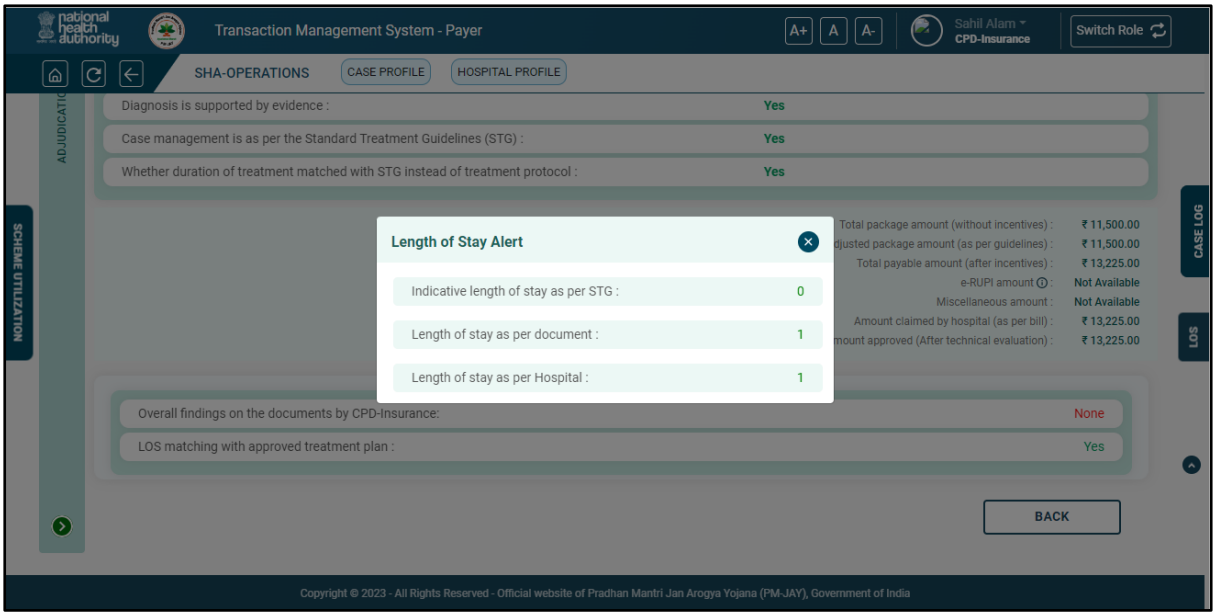
Deduction can be added by CPD as shown in below deduction screen shot. Select appropriate Deduction Type, amount and reason and save.



Deduction Screen

2.4.3 LOS Alert

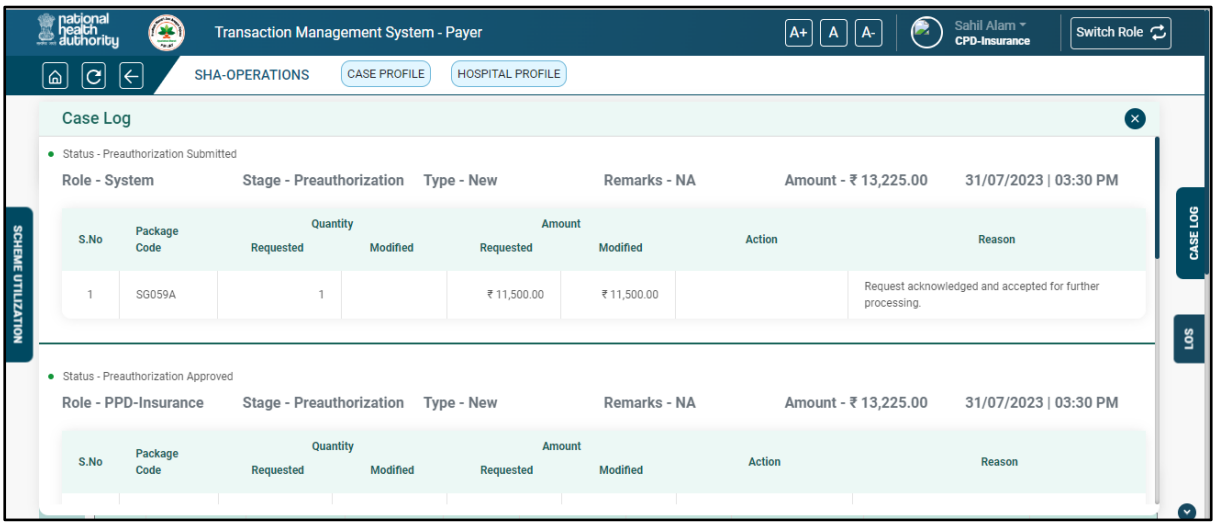
CPD can see the Length of Stay by clicking on LOS button present next to CASE LOG button as shown in LOS Alert screen shot.



LOS Alert

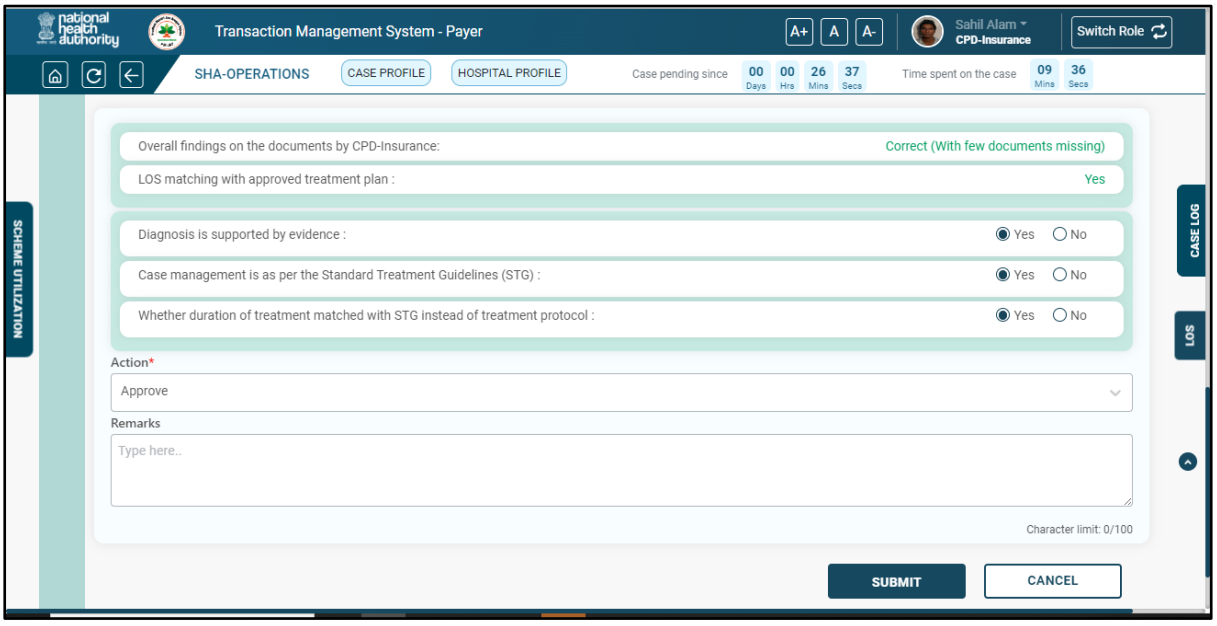
2.4.4 CASE LOG

CPD can see the Case log by clicking on CASE LOG button present next to LOS button as shown in Case Log screen shot.



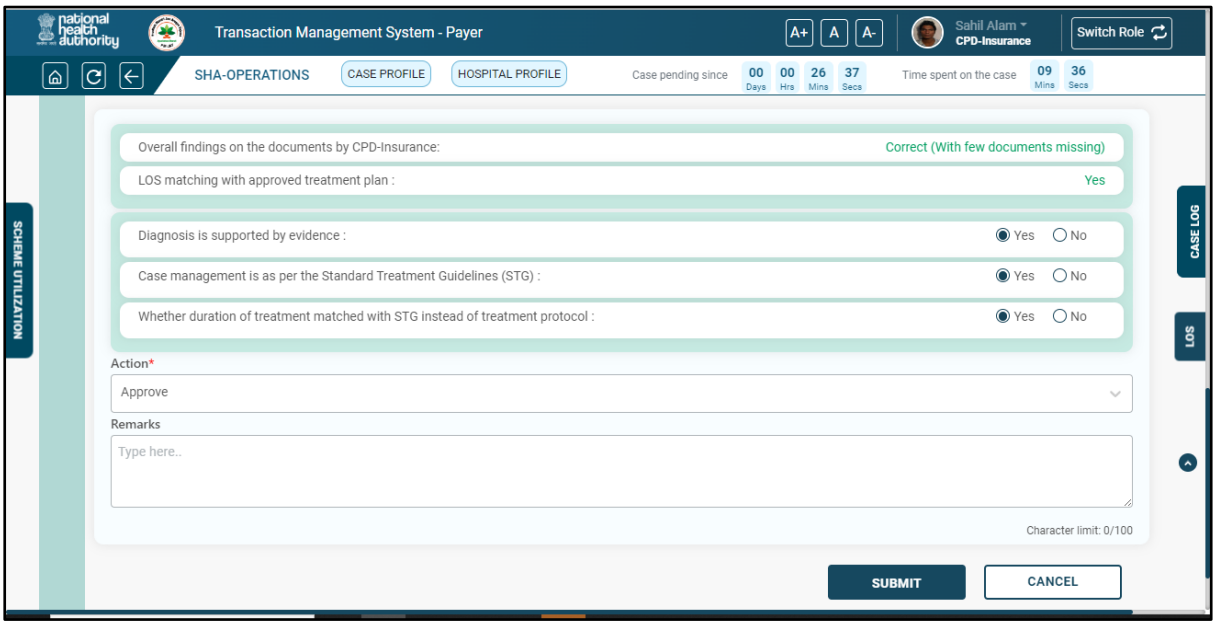
Case Log

User can verify the recommendations given by CEX and fill the questionnaire and select the appropriate action from Actionable details as shown in Adjudication by CPD 2 screen shot.



Adjudication by CPD 2

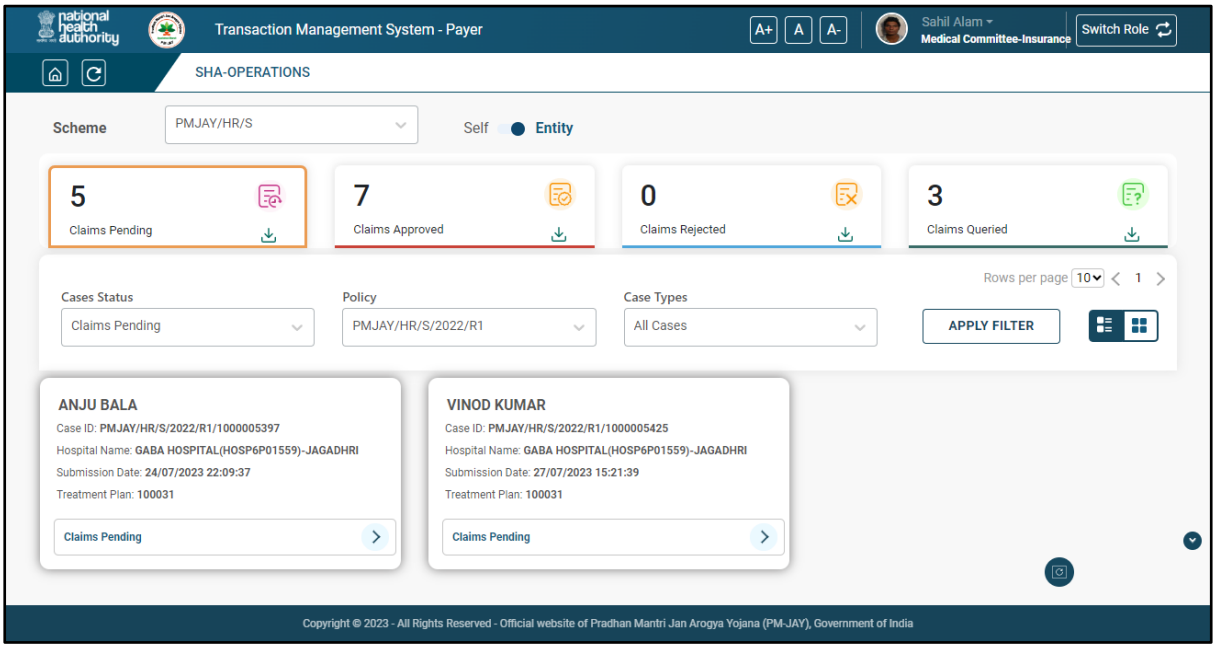
Based on the selection of the “action” from the actionable details final “Action” will be prepopulated based on the algorithm and finally preauthorization can be adjudicated accordingly as shown in Adjudication by CPD 3 screen shot. Actions can be “Approve”, “Reject” and “Query”.



Adjudication by CPD 3

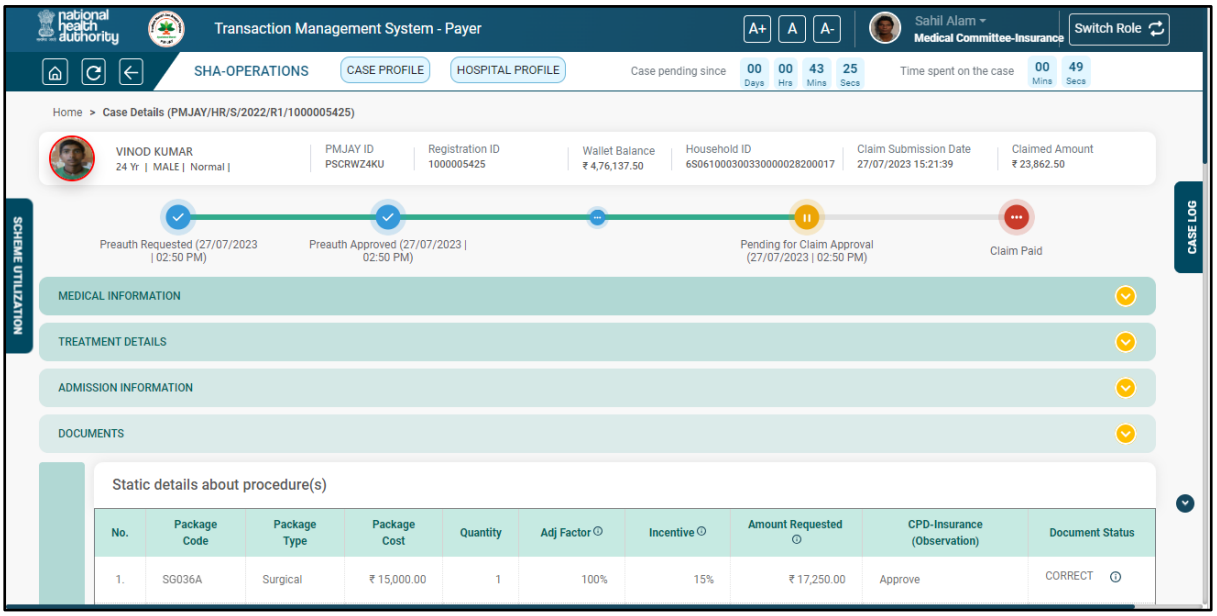
2.5 Claim Processing by Medical Committee

After CPD adjudication the case will be displayed on MC (Medical Committee) login for the processing. Login as Medical Committee and landing page will be displayed as shown in Medical Committee worklist screen shot.



Medical Committee worklist

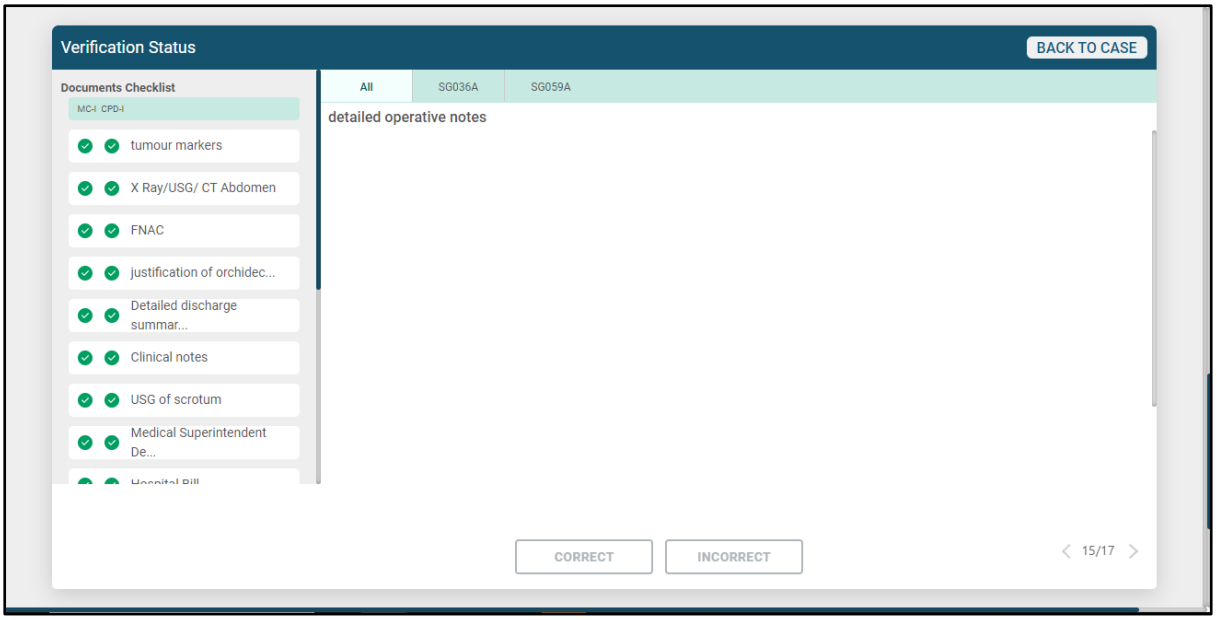
User can see Medical Information, Treatment Details, Admission Information, Documents, Adjudication sections as shown in Accordion collapsed view screen shot.



Accordion collapsed view

2.5.1 Medical Committee Documents Checklist

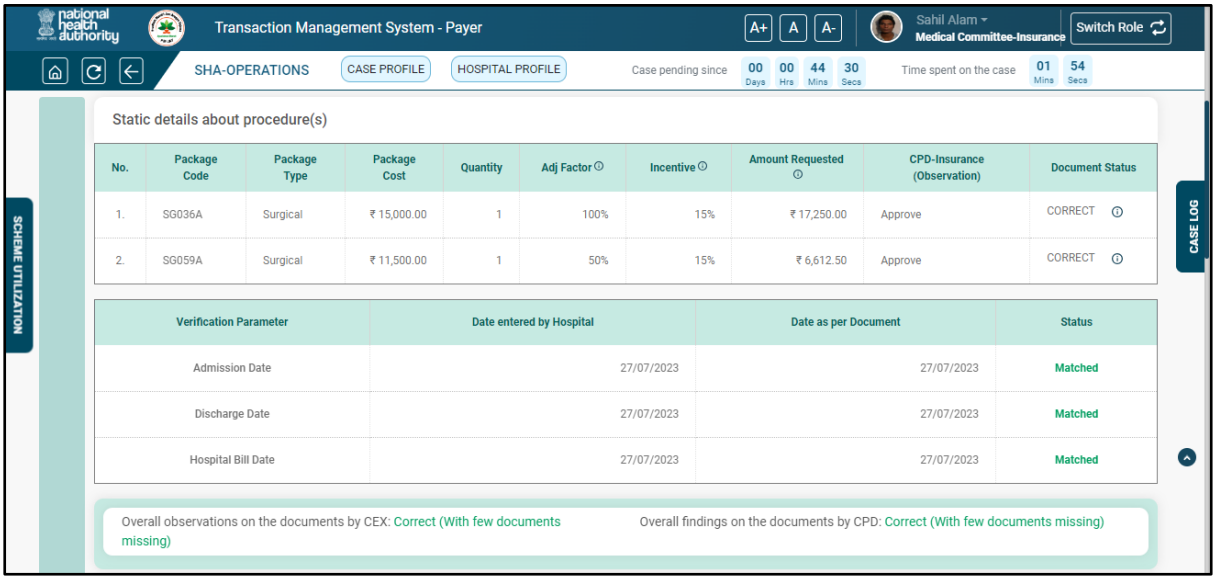
Medical Committee can verify the details in checklist and verify the forms as shown in Medical Committee document verification checklist screen shot.



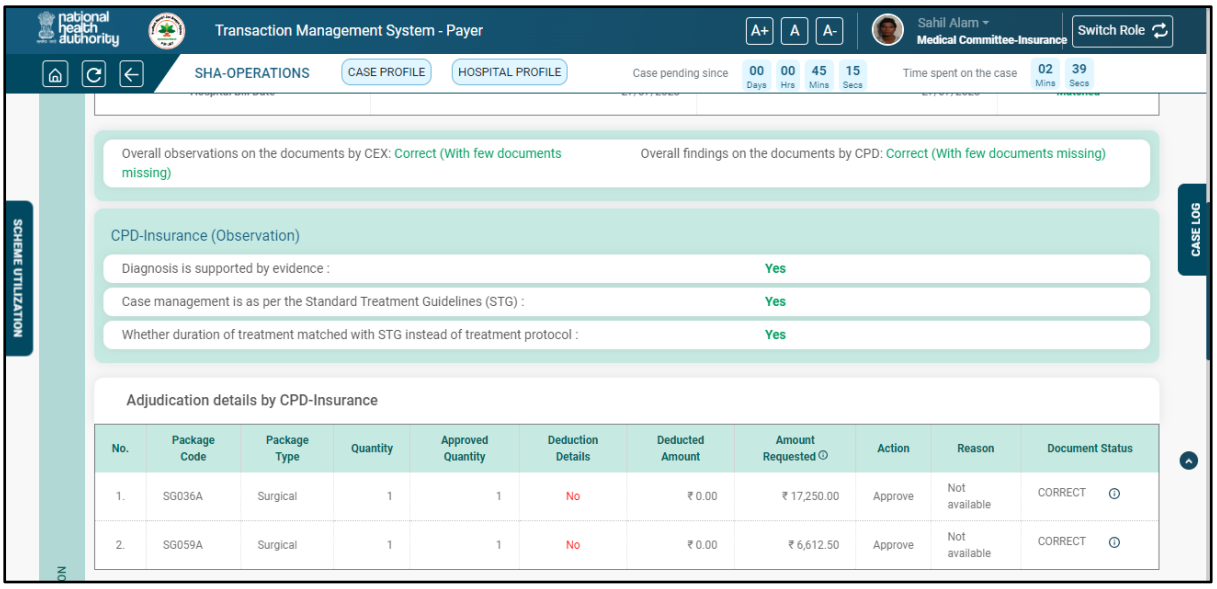
Medical Committee document verification checklist

2.5.2 Adjudication Section

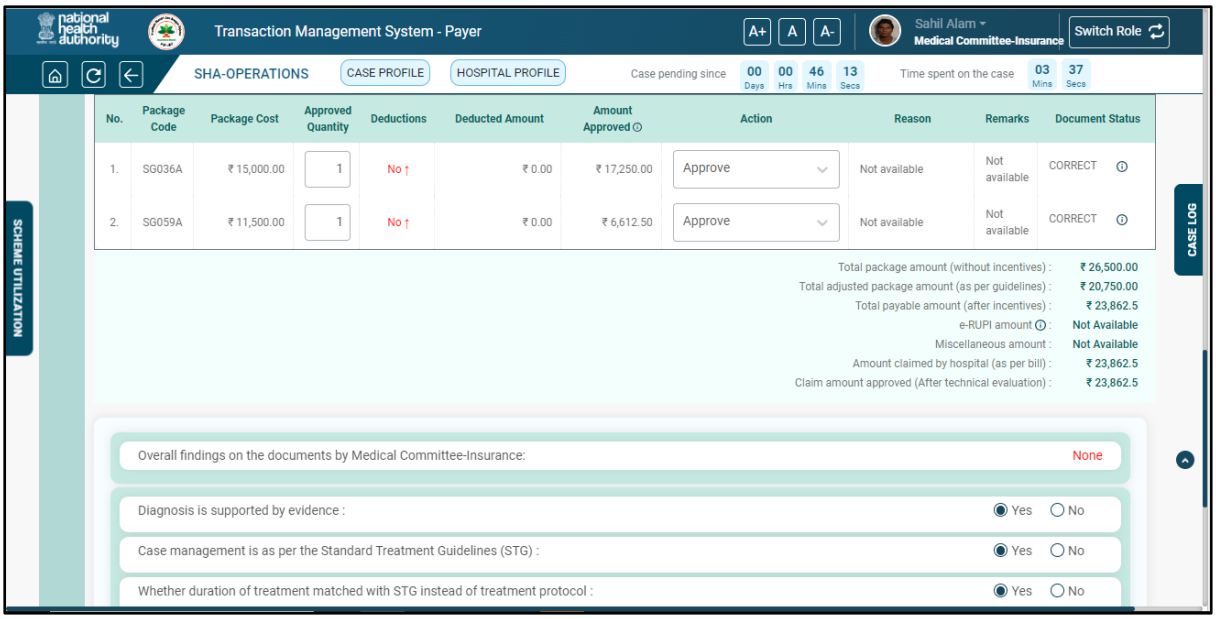
User can see details pertaining to adjudication in “Static details about procedure(s)” and Actionable details tabs. In actionable details “Action” column user can select the relevant action as “Approve”, “Reject”, “Query” for the respective package as shown in below Adjudication by Medical Committee 1 screen shot.



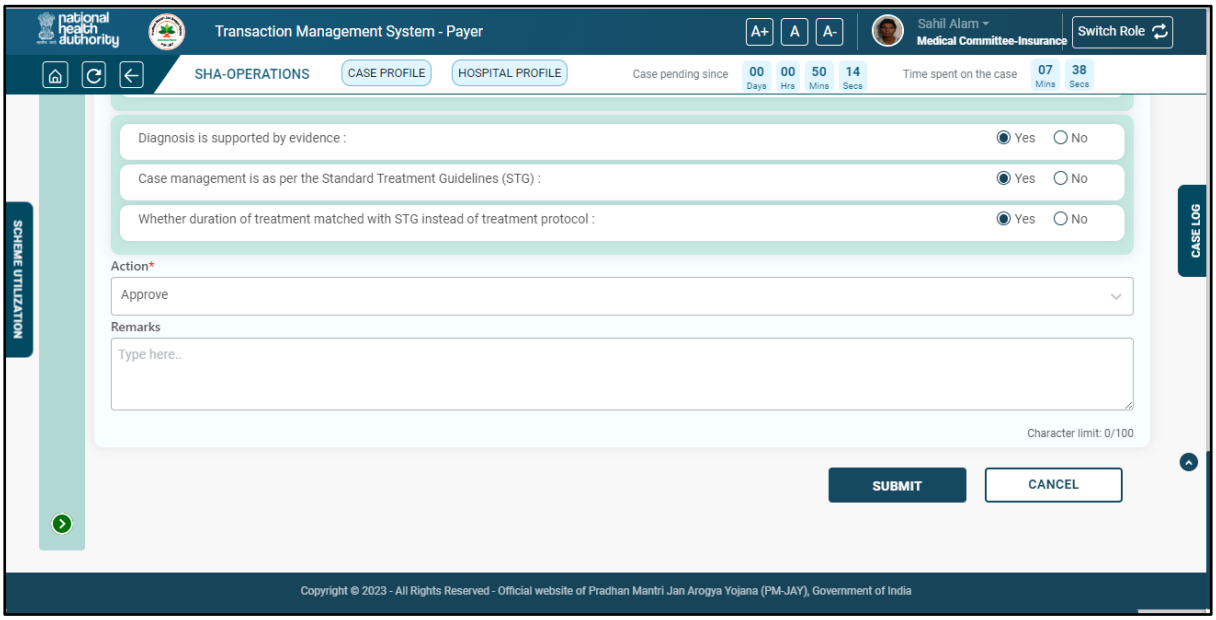
Adjudication by Medical Committee 1



Adjudication by Medical Committee 2



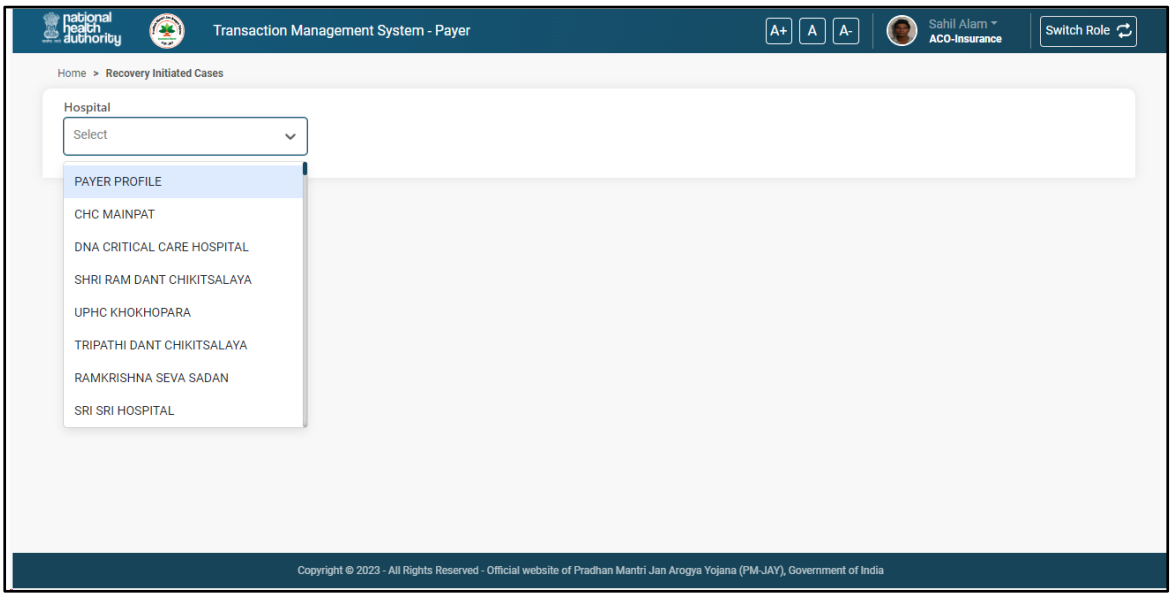
Adjudication by Medical Committee 3



Adjudication by Medical Committee 4

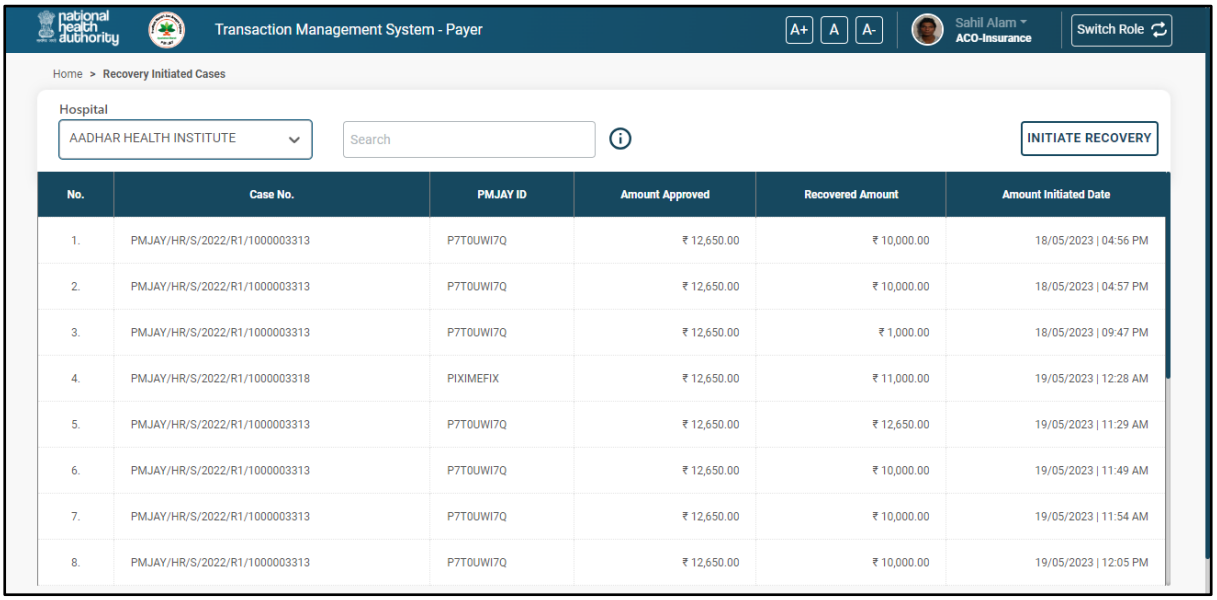
2.6 Recovery Section (ACO)

Login as ACO to select the cases of a particular hospital on which recovery needs to be initiated as shown in recovery screenshot.



Recovery Screen

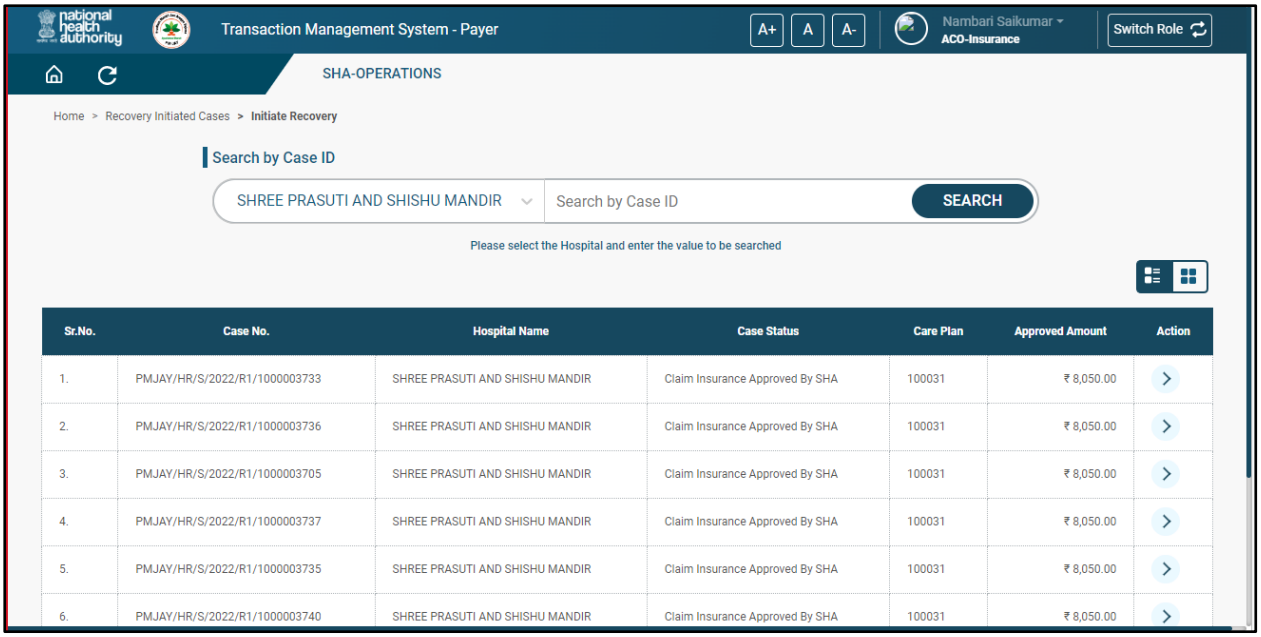
After selection of hospital respectively cases will be displayed as shown in recovery-initiated cases screenshot.



No.	Case No.	PMJAY ID	Amount Approved	Recovered Amount	Amount Initiated Date
1.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 10,000.00	18/05/2023 | 04:56 PM
2.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 10,000.00	18/05/2023 | 04:57 PM
3.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 1,000.00	18/05/2023 | 09:47 PM
4.	PMJAY/HR/S/2022/R1/1000003318	PIXIMEFIX	₹ 12,650.00	₹ 11,000.00	19/05/2023 | 12:28 AM
5.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 12,650.00	19/05/2023 | 11:29 AM
6.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 10,000.00	19/05/2023 | 11:49 AM
7.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 10,000.00	19/05/2023 | 11:54 AM
8.	PMJAY/HR/S/2022/R1/1000003313	P7T0UWI7Q	₹ 12,650.00	₹ 10,000.00	19/05/2023 | 12:05 PM

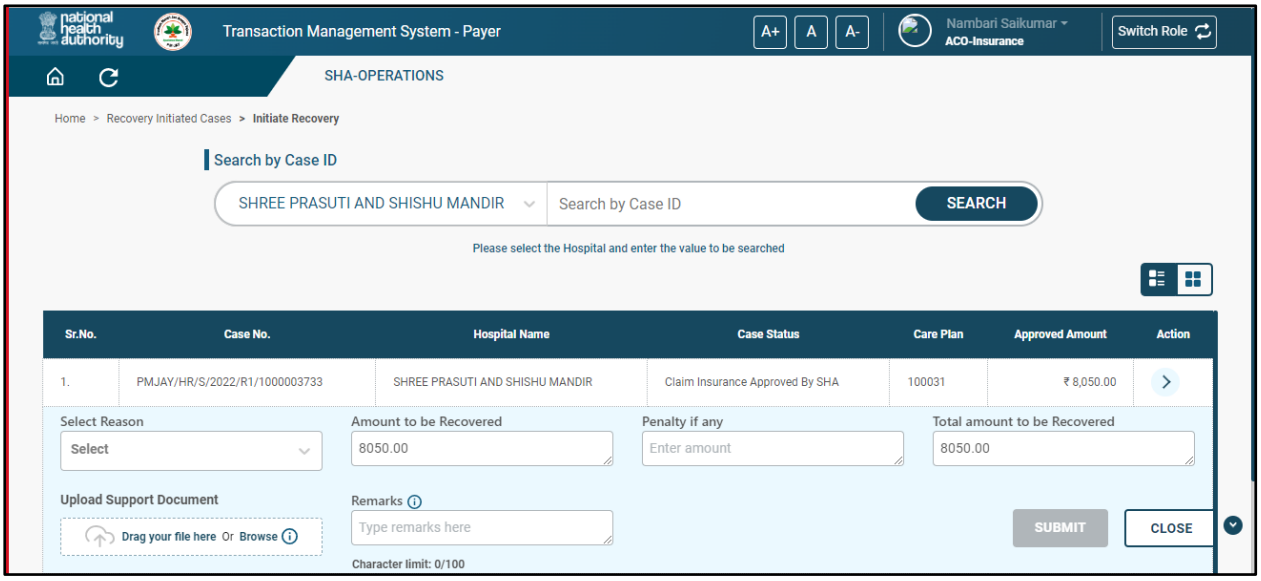
Recovery Initiated Cases

Click on initiate recovery button as shown in recovery-initiated cases screenshot, and initiate recovery screen will be displayed as shown in initiate recovery 1 screenshot. Click on the action button and particular case will be opened for which recovery needs to be initiated as shown in initiate recovery 2 screenshot.



Initiate Recovery 1

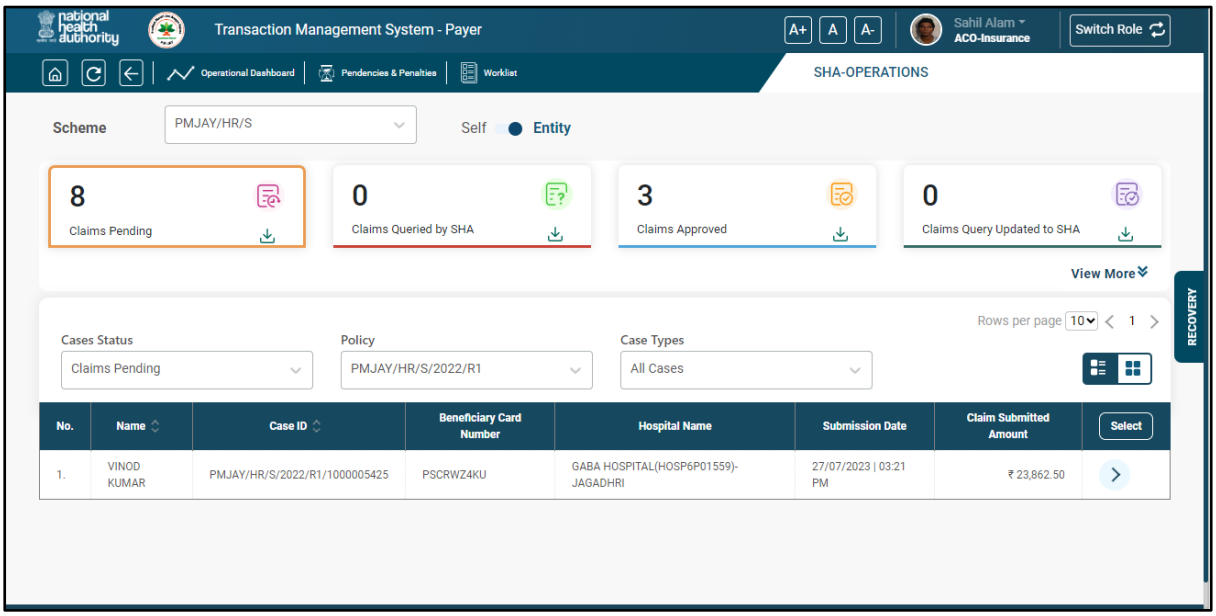
User can fill the Amount to be recovered,penalty,upload supporting documents and remarks(if any) and submit the case for recovery.



Initiate Recovery 2

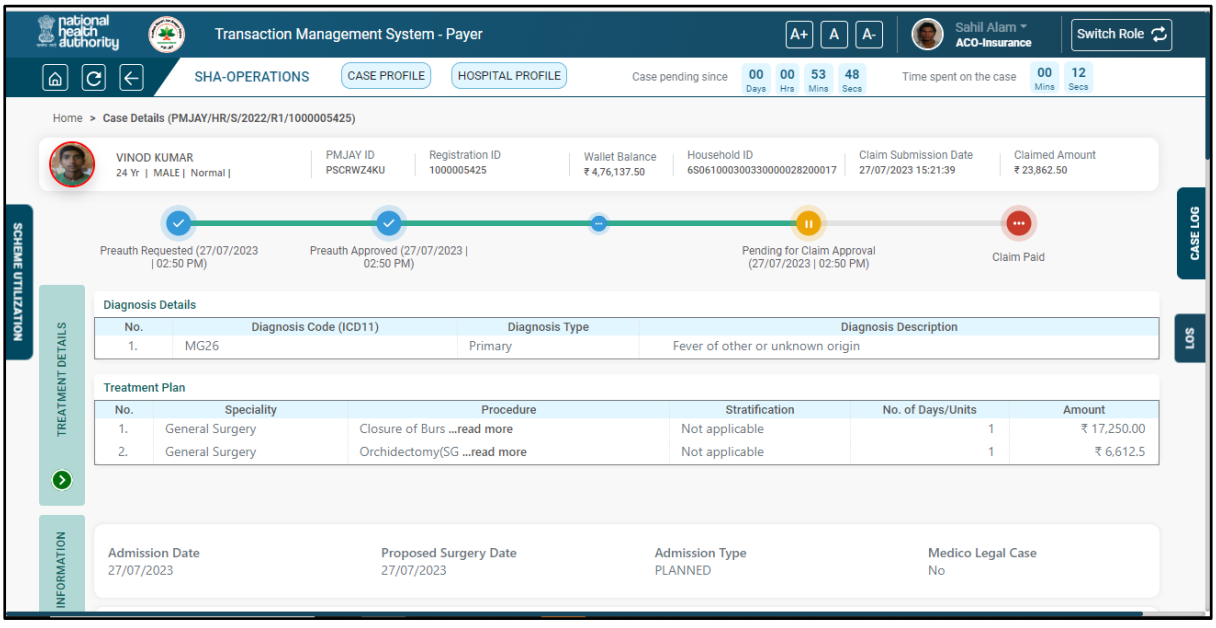
2.6.1 Adjudication by Account Officer (ACO)

After check list and documents verification by CPD the case will be displayed on ACO login for the processing. Login as ACO and landing page will be displayed as shown in ACO worklist screenshot.

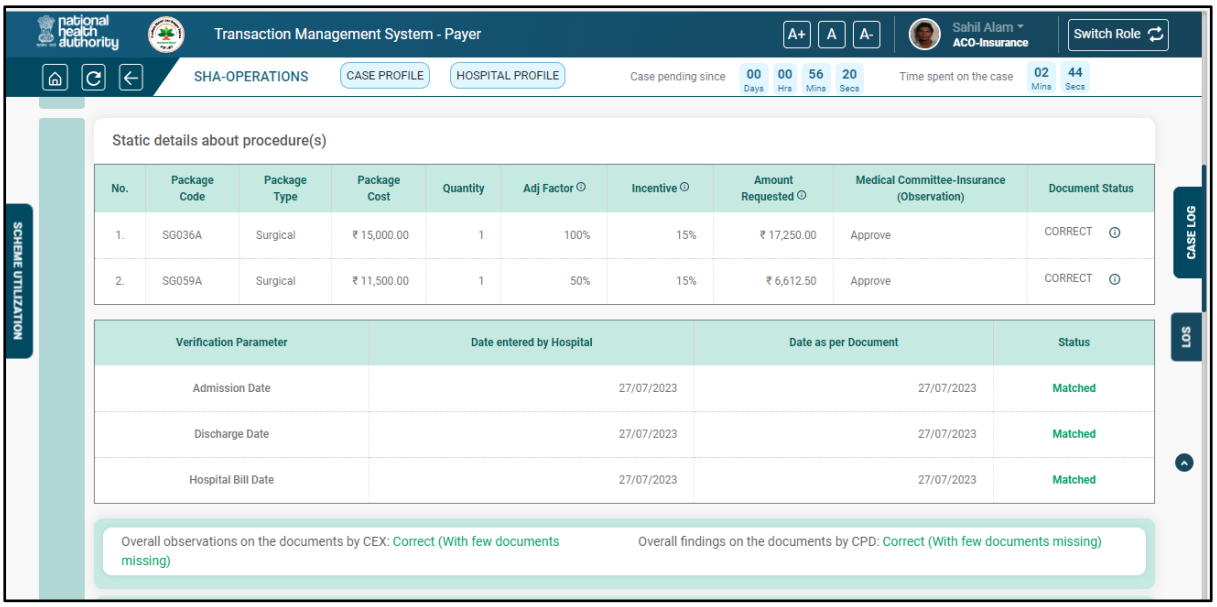


ACO Worklist

User can see Hospital Profile, Case Profile, Treatment Details, Admission Information, Adjudication sections as shown in accordion expanded view screenshot and adjudication by ACO 1 screenshot.

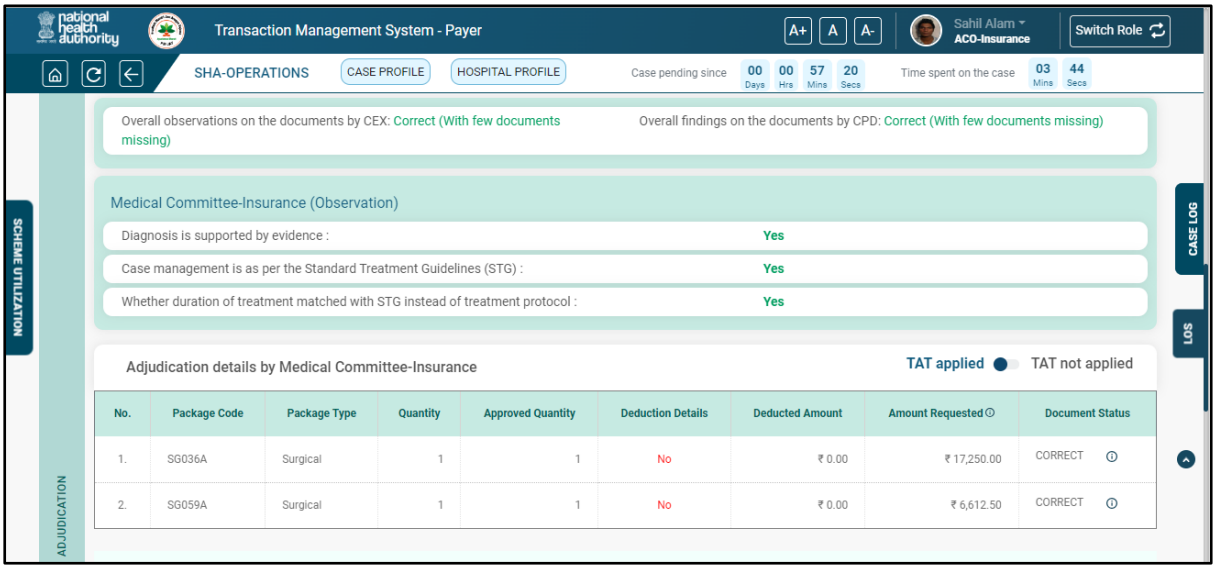


Accordion expanded view



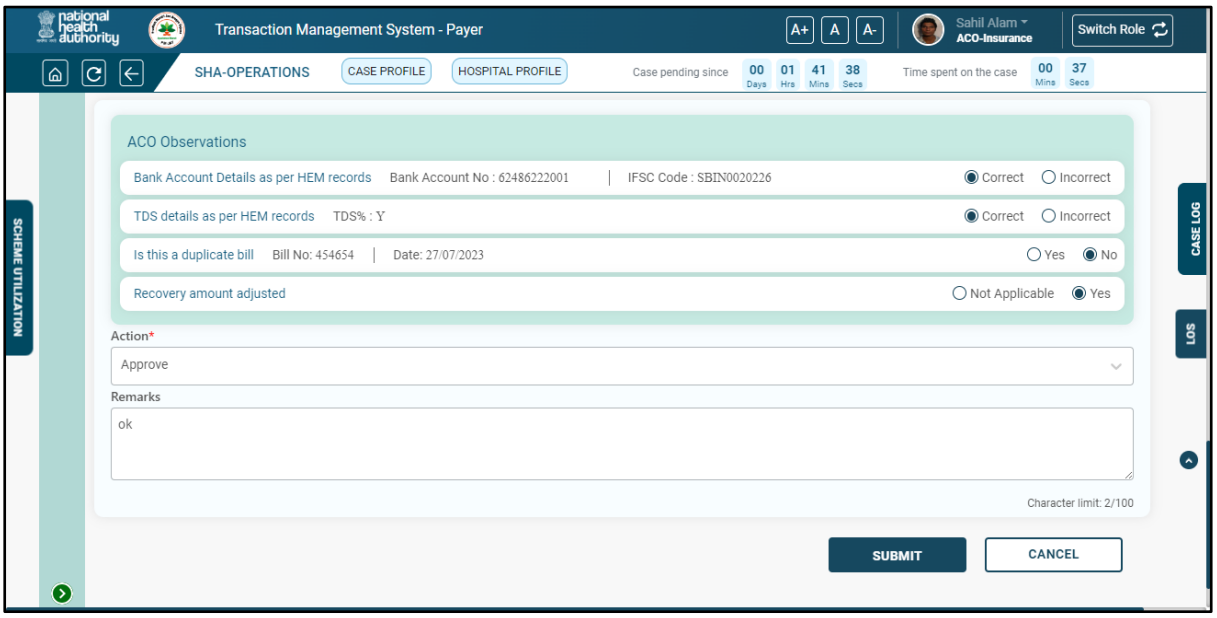
Adjudication by ACO 1

User can select appropriate action from “Action” mentioned in the Actionable details section. Options would be “Approve”,”Reject”,”Query”



Adjudication by ACO 2

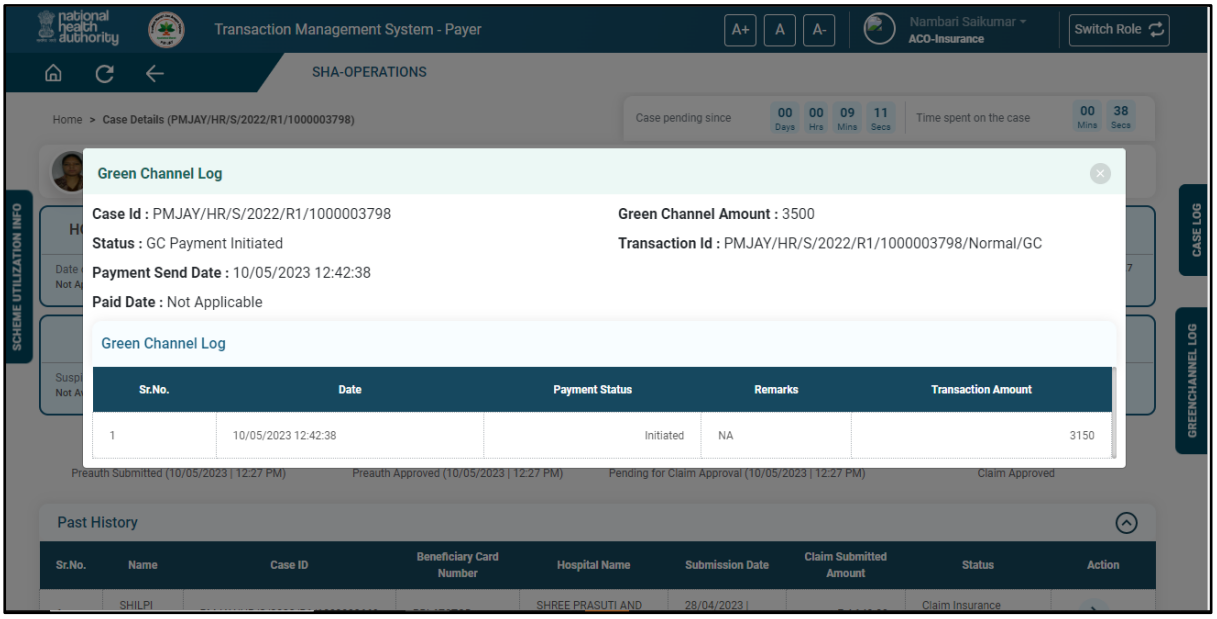
Based on the selection of the “action” from the actionable details final “Action” will be prepopulated based on the algorithm and finally preauthorization can be adjudicated accordingly as shown in adjudication by ACO 4 screen shot. Actions can be “Approve”, “Reject” and “Query”.



Adjudication by ACO 4

2.6.2 Green Channel Log

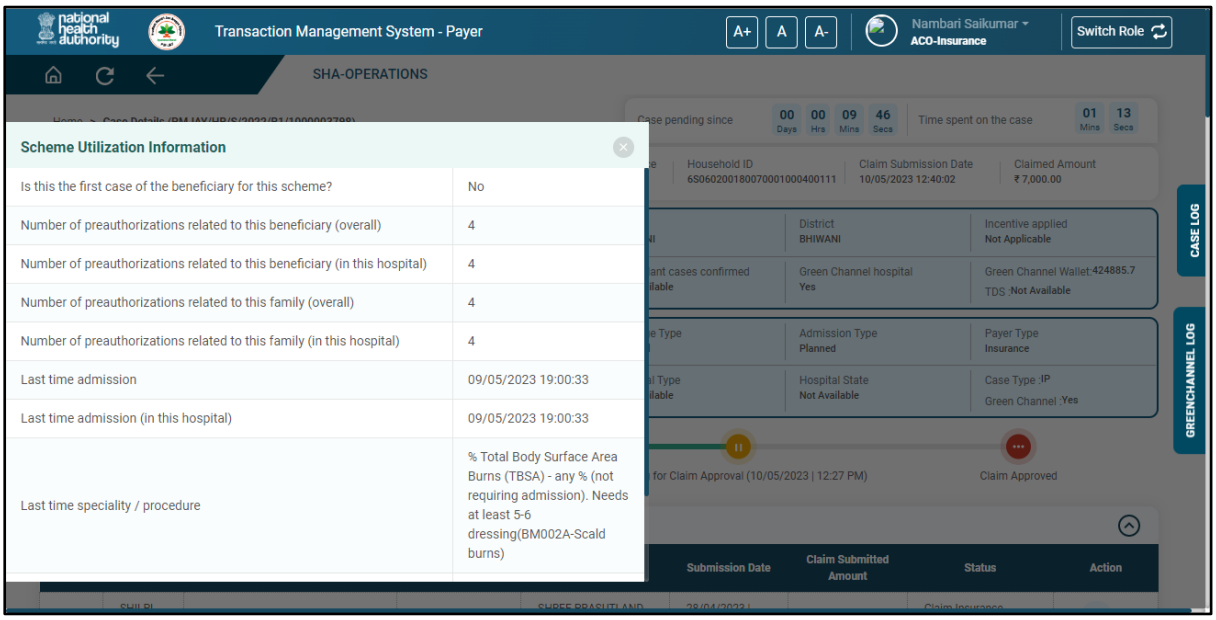
Green Channel log can be verified by clicking on the green channel log button available on right side as shown in green channel log screen shot.



Green Channel Log

2.6.3 Scheme Utilization Information

Scheme utilization information can be verified by clicking on scheme utilization information button present on the left side as shown in scheme utilization information screenshot.



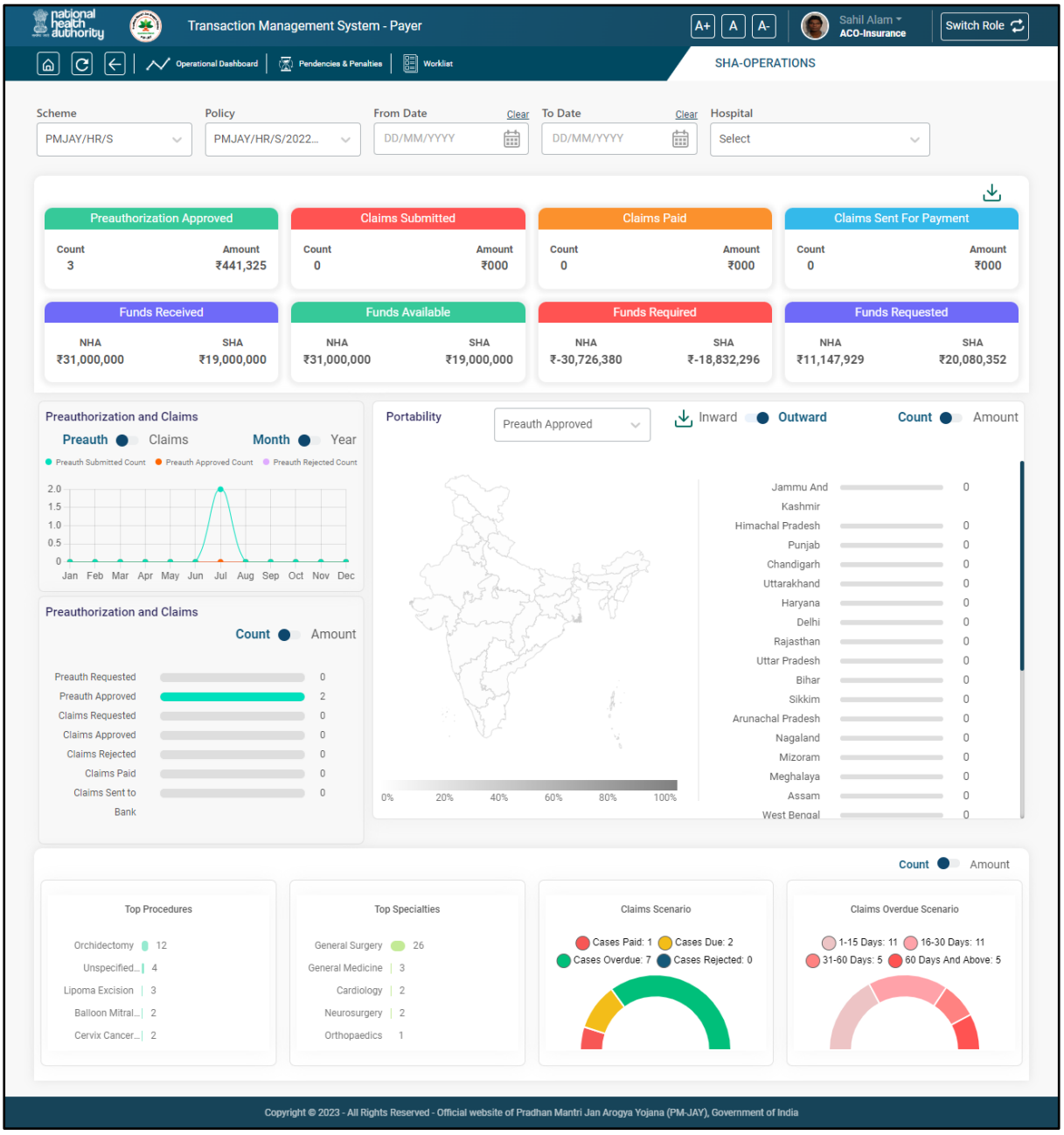
Scheme utilization information

2.6.3 ACO Operational Dashboard

ACO dashboard view will be displayed on clicking Operational Dashboard button available on the landing page of ACO view.

Count and Amount, information pertains to Preauthorization Approved, Claims Submitted, Claim Paid, Claims Sent For Payment, Funds Received, Funds Available, Funds Required and Fund Requested will be displayed on dashboard.

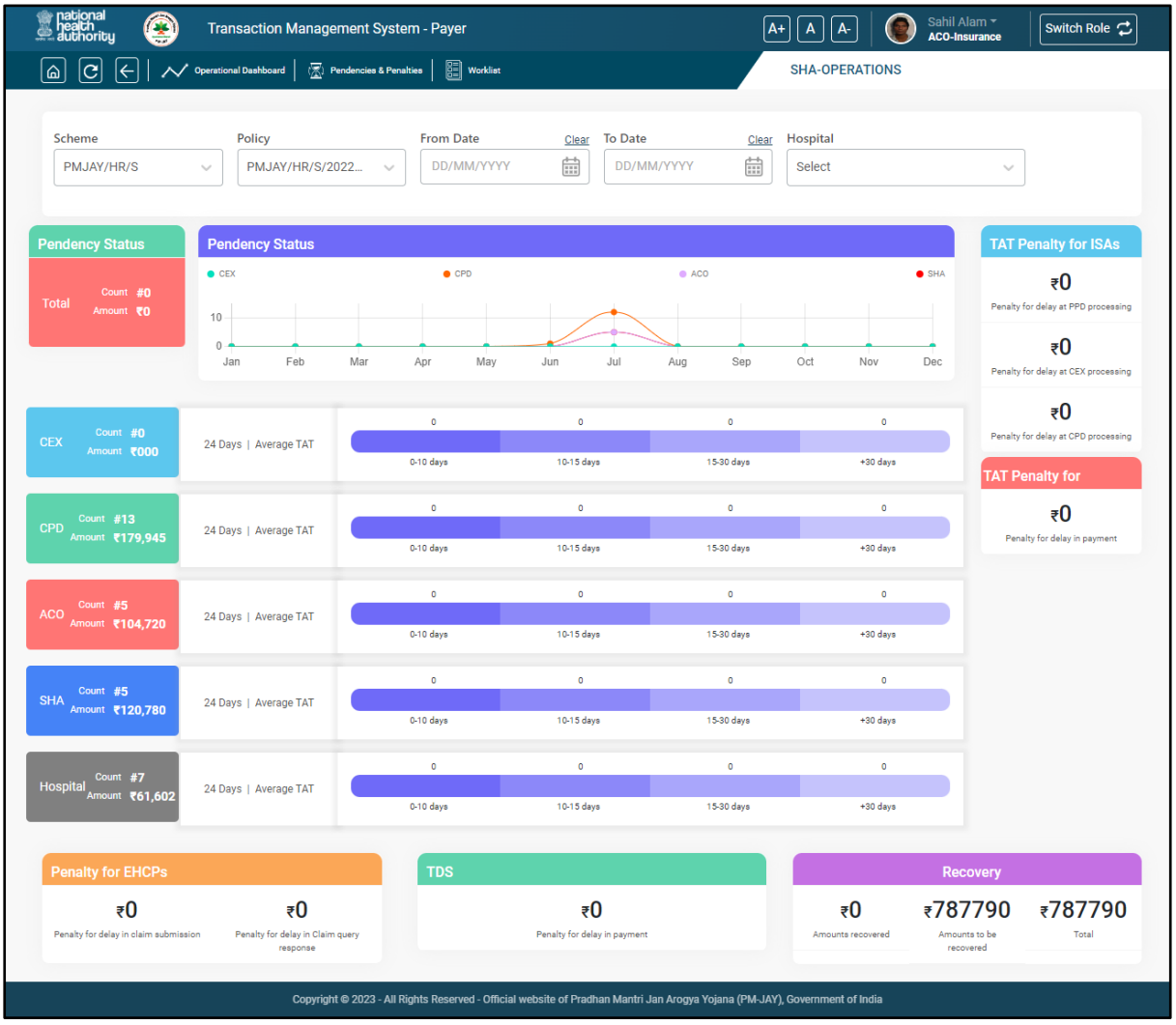
Apart from that live graph for Claims and Preauthorization, portability case specific to each state with respective to inward and outward cases are also available.



2.6.4 ACO Pendencies and Penalties Dashboard

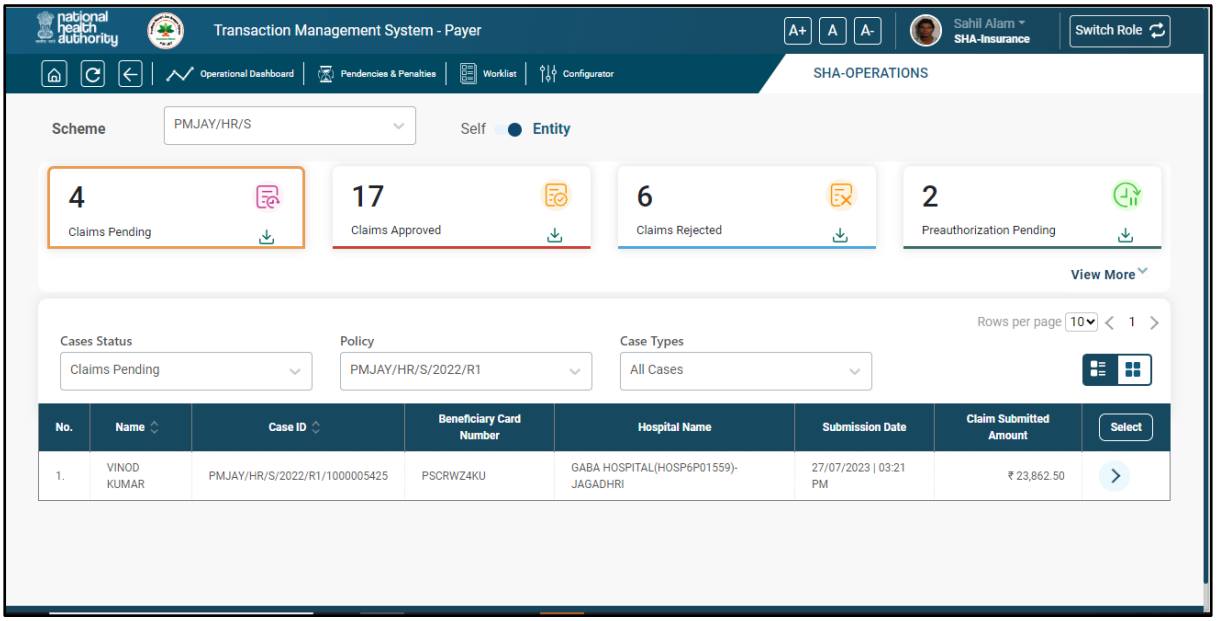
ACO Pendencies and Penalties dashboard will be visible on clicking Pendencies and Penalties button available on the landing page of ACO view.

User can select Scheme, Policy, From Date, To Date and Hospital from the dropdowns and accordingly details pertains to Pendencies Status for CEX, CPD, ACO, SHA and Hospital will be displayed in respective sections.



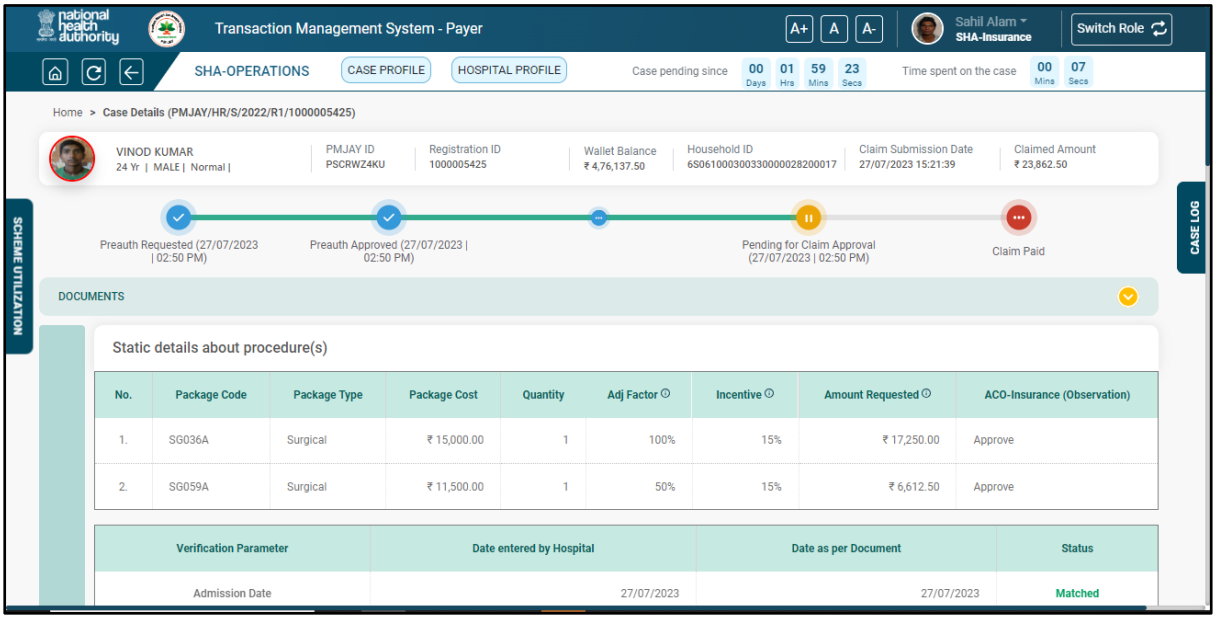
2.7.1 Adjudication by State Health Authority (SHA)

After adjudication by ACO the case will be displayed on SHA login for the processing. Login as SHA and landing page will be displayed as shown in Worklist SHA screenshot.



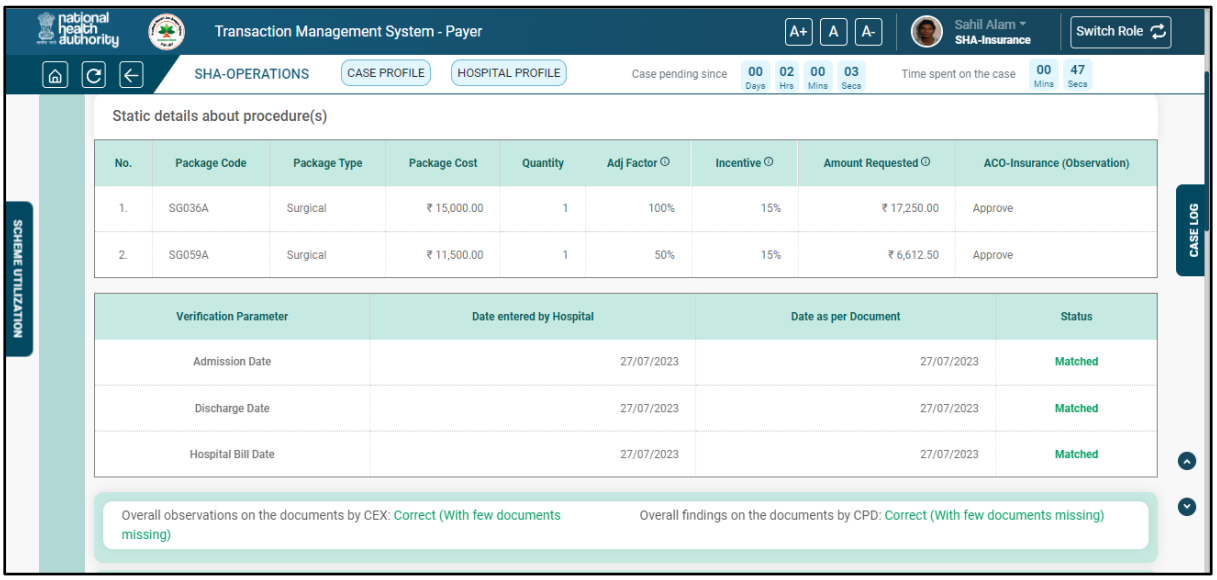
Worklist SHA

Click on select button as shown in Static details about procedure(s) screenshot.

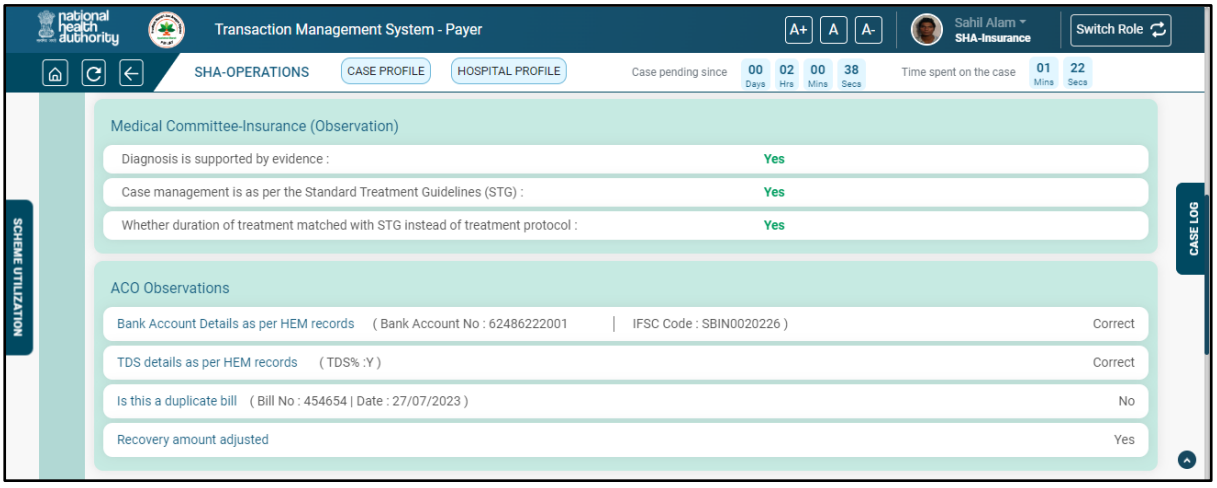


Static details about procedure(s)

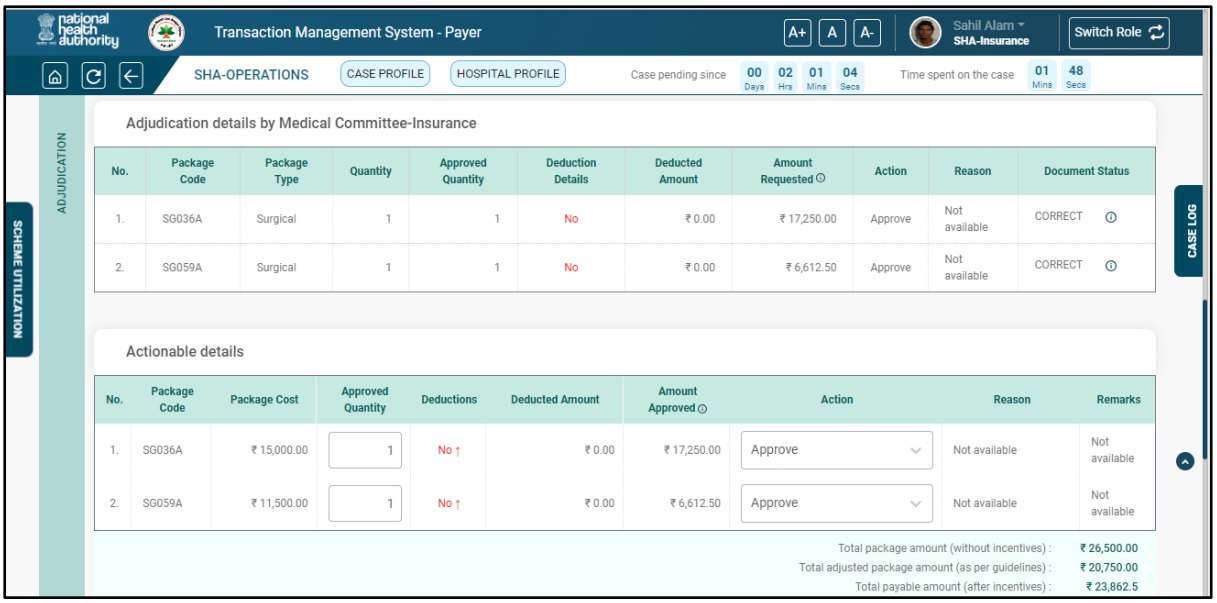
SHA can do the adjudication based on the recommendation of CEX, CPD and ACO and select appropriate action from the drop down such as “Approve”, “Query to CPD”, “Query to ACO” as shown in Adjudication by SHA screenshots.



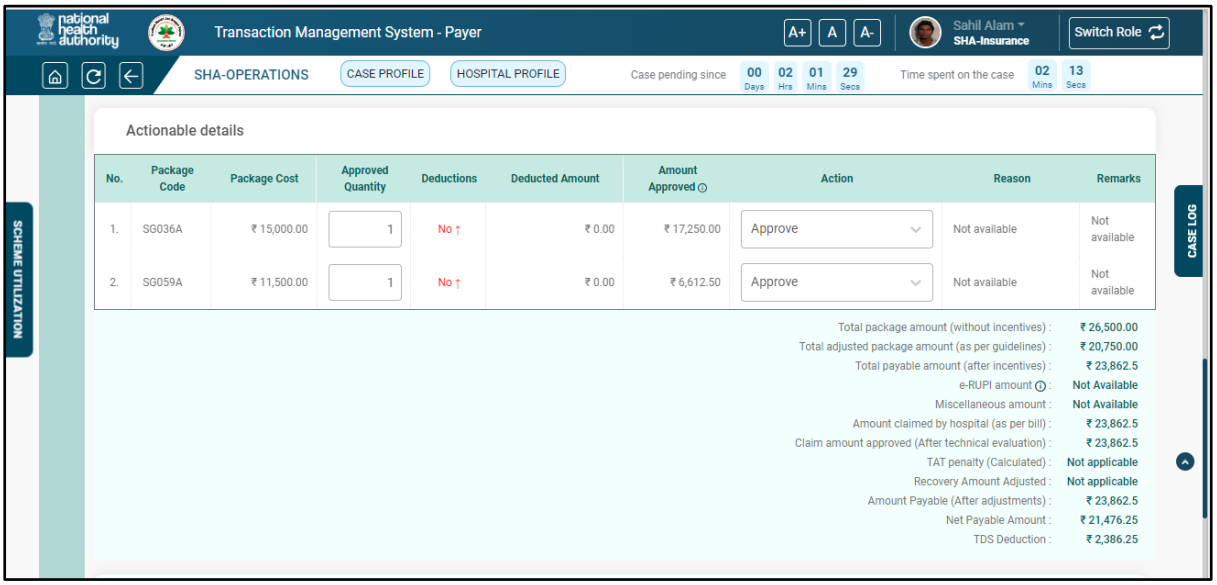
Adjudication by SHA 1



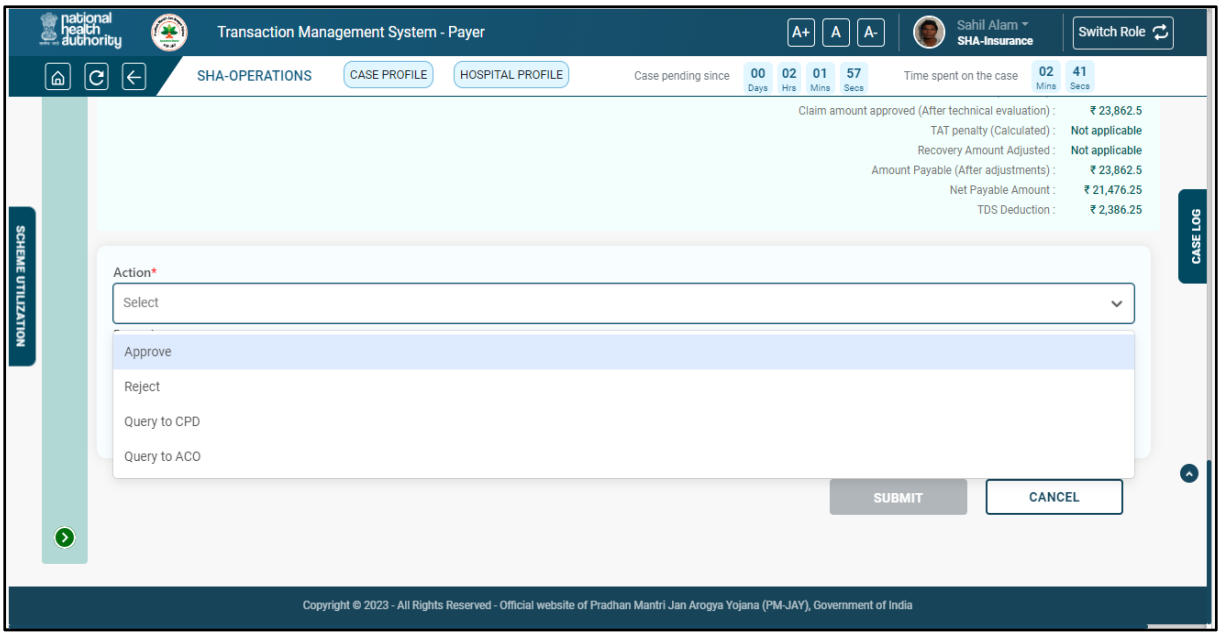
Adjudication by SHA 2



Adjudication by SHA 3



Adjudication by SHA 4



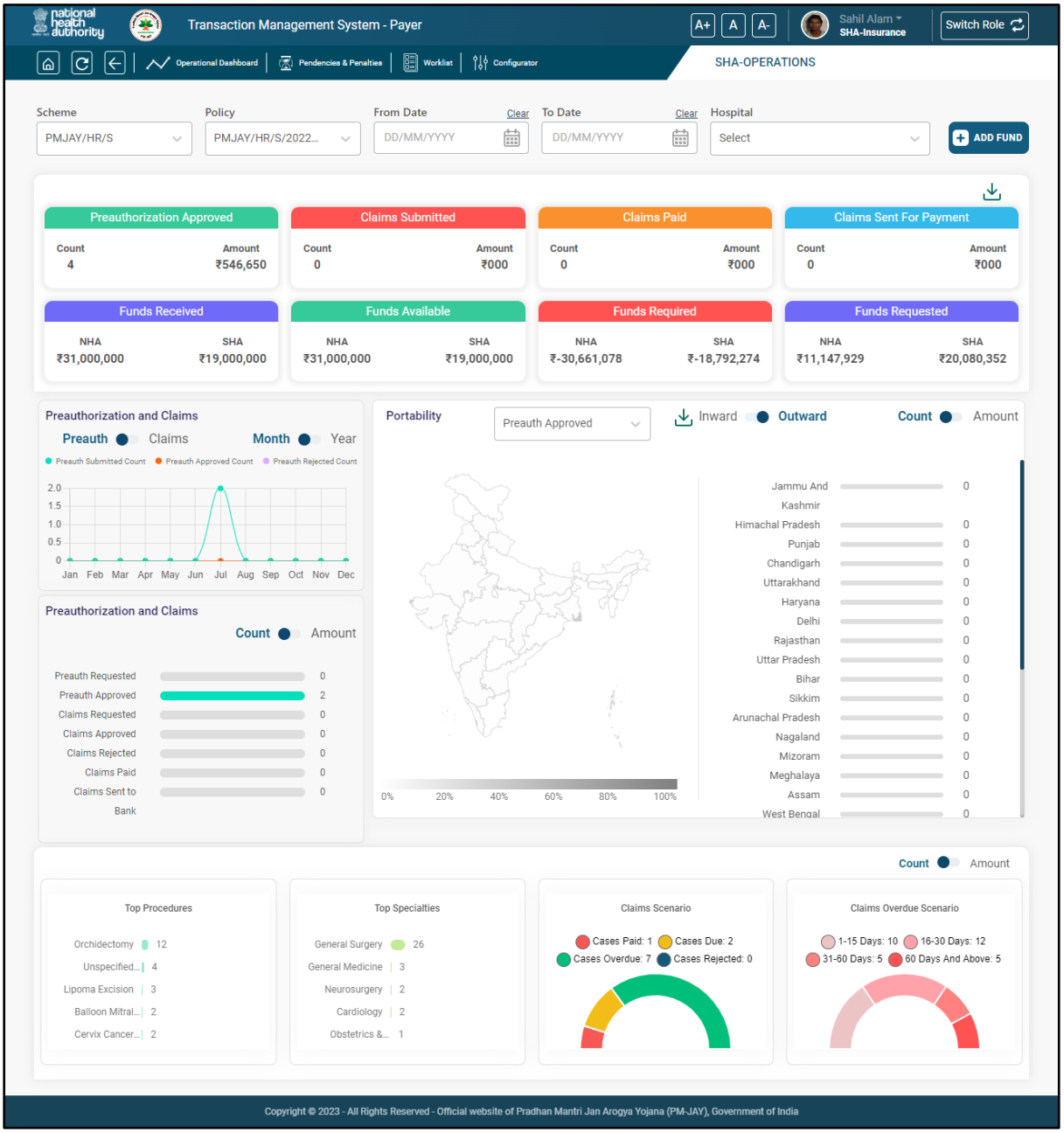
Adjudication by SHA 5

2.7.2 SHA Operational Dashboard

SHA dashboard view will be displayed on clicking Operational Dashboard button available on the landing page of SHA view.

Count and Amount, information pertains to Preauthorization Approved, Claims Submitted, Claim Paid, Claims Sent For Payment, Funds Received, Funds Available, Funds Required and Fund Requested will be displayed on dashboard.

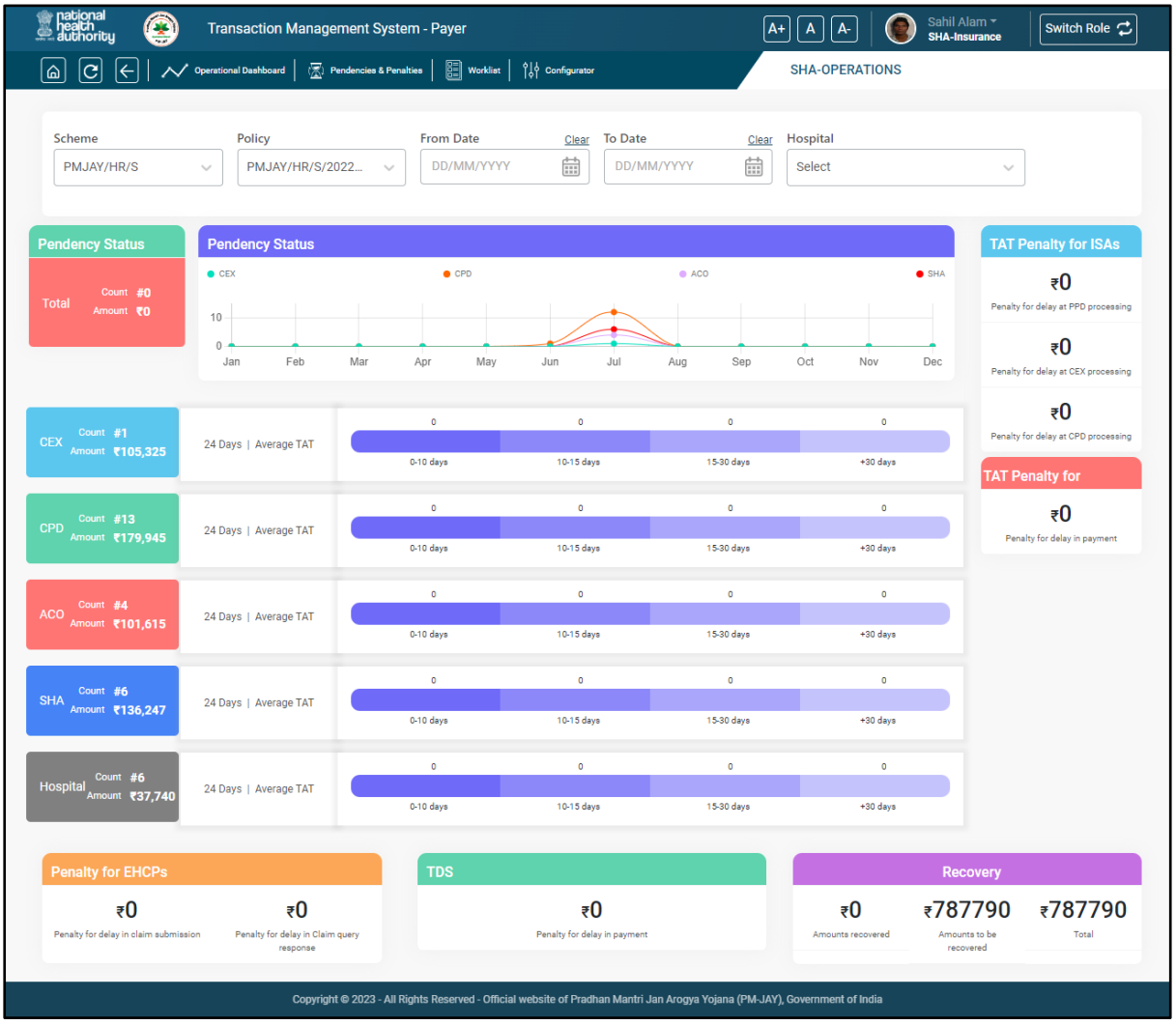
Apart from that live graph for Claims and Preauthorization, portability case specific to each state with respective to inward and outward cases are also available.



2.7.3 SHA Pendencies and Penalties Dashboard

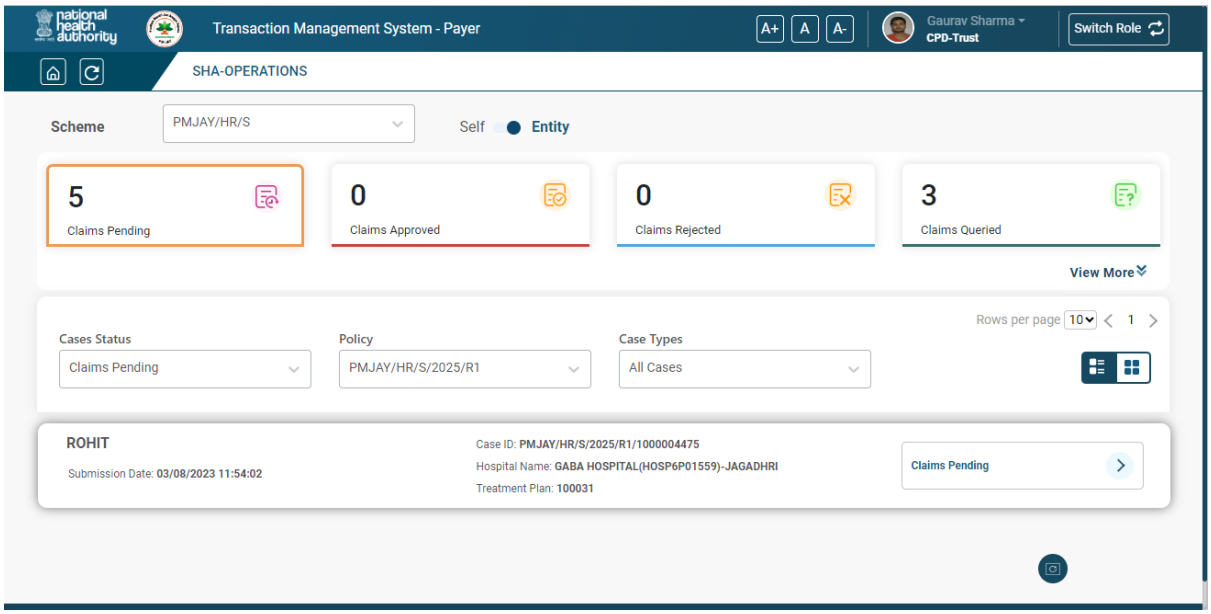
SHA Pendencies and Penalties dashboard will be visible on clicking Pendencies and Penalties button available on the landing page of SHA view.

User can select Scheme, Policy, From Date, To Date and Hospital from the dropdowns and accordingly details pertains to Pendencies Status for CEX, CPD, ACO, SHA and Hospital will be displayed in respective sections.

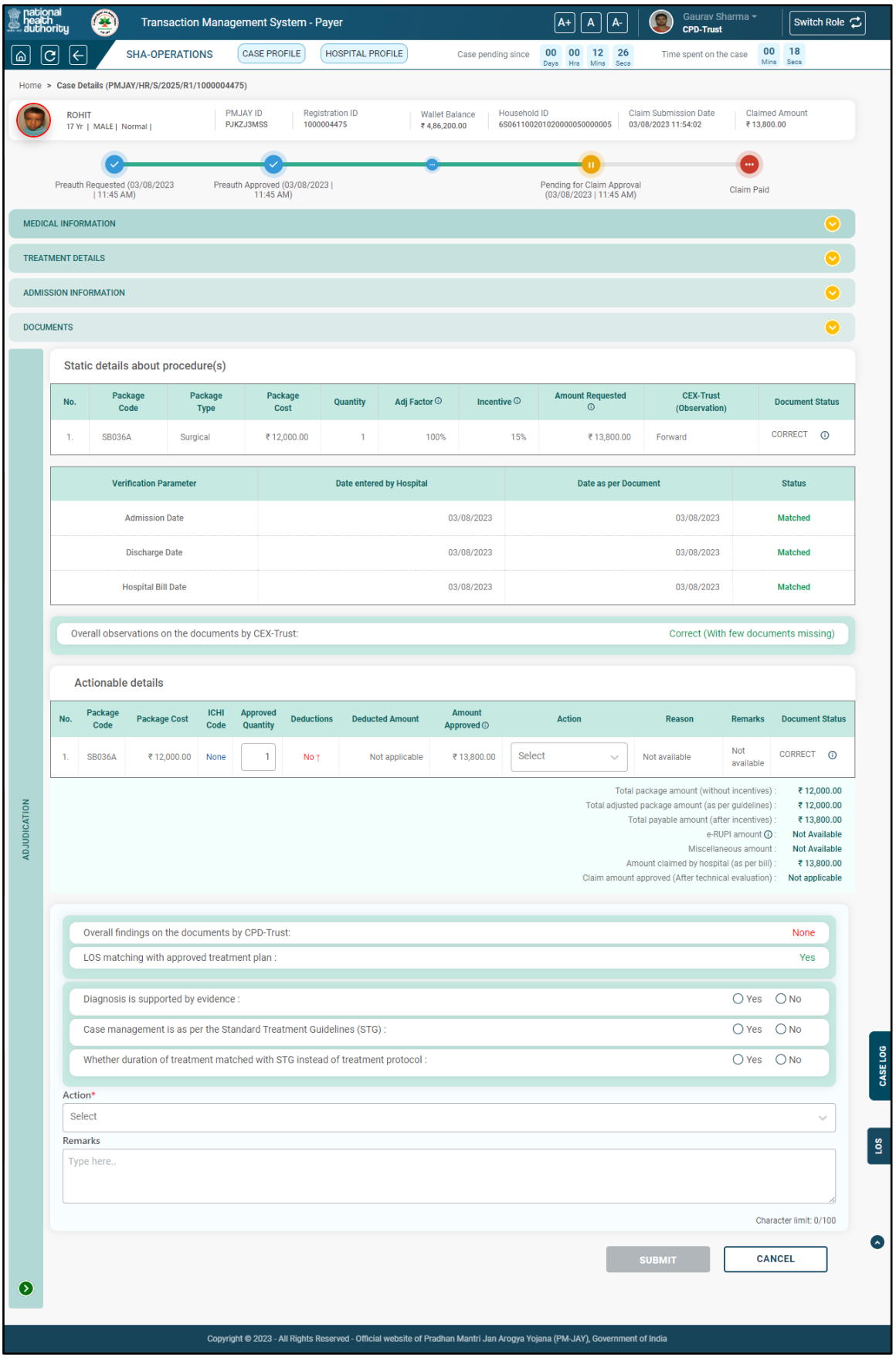


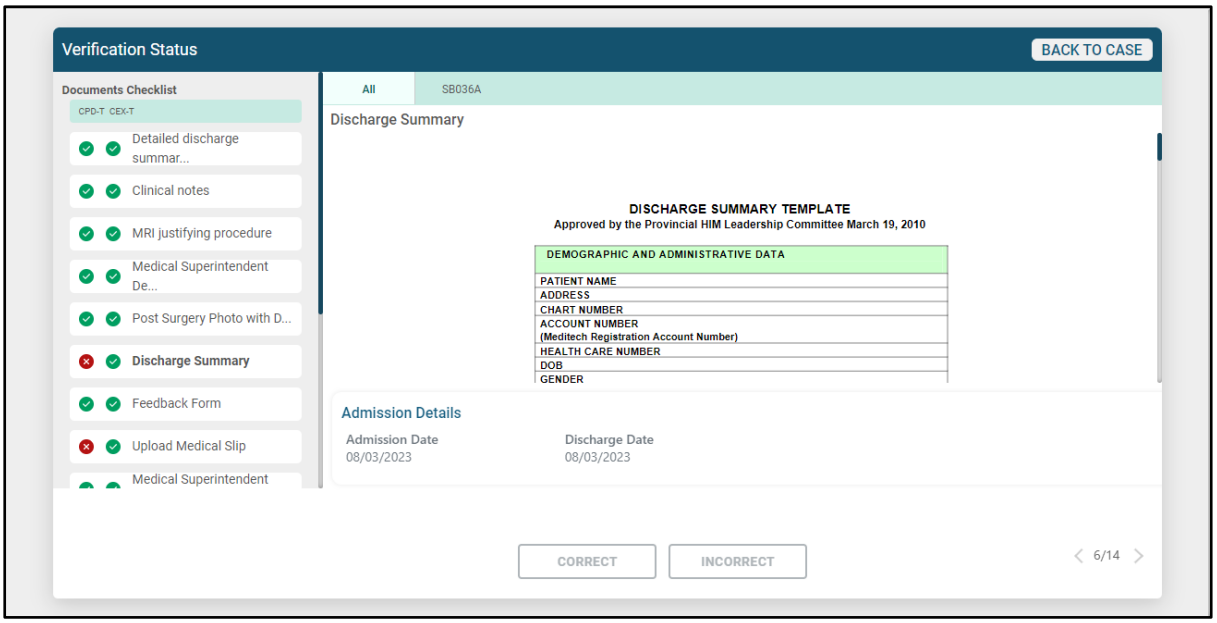
2.8 Suspicious workflow

- CPD user will open the case from worklist and clicking on action button, detail case view will be displayed and after document checklist verification CPD can mark case as suspicious as shown in below screenshots:

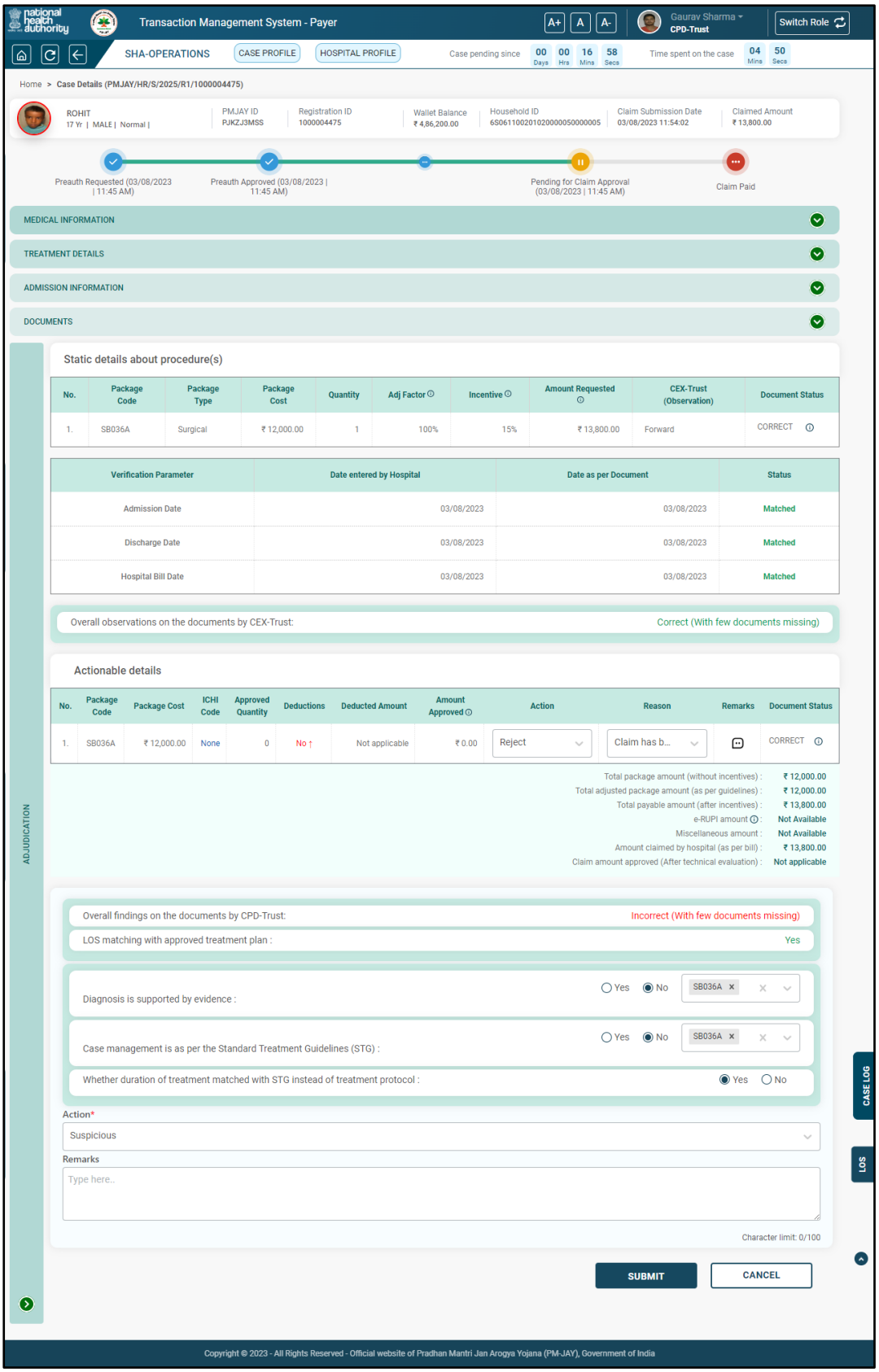


CPD Trust Landing Page


Transaction Management System - Payer
Gaurav Sharma
CPD-Trust
Switch Role
SHA-OPERATIONS
CASE PROFILE
HOSPITAL PROFILE
Case pending since 00 Days 00 Hrs 12 Mins 26 Secs
Time spent on the case 00 Mins 18 Secs
Home > Case Details (PMJAY/HR/S/2025/R1/1000004475)
ROHIT
17 Yr | MALE | Normal |
PMJAY ID PJKZJ3MSS
Registration ID 1000004475
Wallet Balance ₹ 4,86,200.00
Household ID 6S0611002010200000500000005
Claim Submission Date 03/08/2023 11:54:02
Claimed Amount ₹ 13,800.00
Preauth Requested (03/08/2023 | 11:45 AM)
Preauth Approved (03/08/2023 | 11:45 AM)
Pending for Claim Approval (03/08/2023 | 11:45 AM)
Claim Paid
MEDICAL INFORMATION
TREATMENT DETAILS
ADMISSION INFORMATION
DOCUMENTS
Static details about procedure(s)
No. | Package Code | Package Type | Package Cost | Quantity | Adj Factor | Incentive | Amount Requested | CEX-Trust (Observation) | Document Status
1. | SB036A | Surgical | ₹ 12,000.00 | 1 | 100% | 15% | ₹ 13,800.00 | Forward | CORRECT
Verification Parameter | Date entered by Hospital | Date as per Document | Status
Admission Date | 03/08/2023 | 03/08/2023 | Matched
Discharge Date | 03/08/2023 | 03/08/2023 | Matched
Hospital Bill Date | 03/08/2023 | 03/08/2023 | Matched
Overall observations on the documents by CEX-Trust: Correct (With few documents missing)
Actionable details
No. | Package Code | Package Cost | ICHI Code | Approved Quantity | Deductions | Deducted Amount | Amount Approved | Action | Reason | Remarks | Document Status
1. | SB036A | ₹ 12,000.00 | None | 1 | No | Not applicable | ₹ 13,800.00 | Select | Not available | Not available | CORRECT
Total package amount (without incentives) : ₹ 12,000.00
Total adjusted package amount (as per guidelines) : ₹ 12,000.00
Total payable amount (after incentives) : ₹ 13,800.00
e-RUPI amount : Not Available
Miscellaneous amount : Not Available
Amount claimed by hospital (as per bill) : ₹ 13,800.00
Claim amount approved (After technical evaluation) : Not applicable
Overall findings on the documents by CPD-Trust: None
LOS matching with approved treatment plan : Yes
Diagnosis is supported by evidence : Yes No
Case management is as per the Standard Treatment Guidelines (STG) : Yes No
Whether duration of treatment matched with STG instead of treatment protocol : Yes No
Action*
Select
Remarks
Type here..
Character limit: 0/100
SUBMIT
CANCEL
ADJUDICATION
CASE LOG
LOS
Copyright © 2023 - All Rights Reserved - Official website of Pradhan Mantri Jan Arogya Yojana (PM-JAY), Government of India



CPD document verification checklist



CPD marking case as suspicious

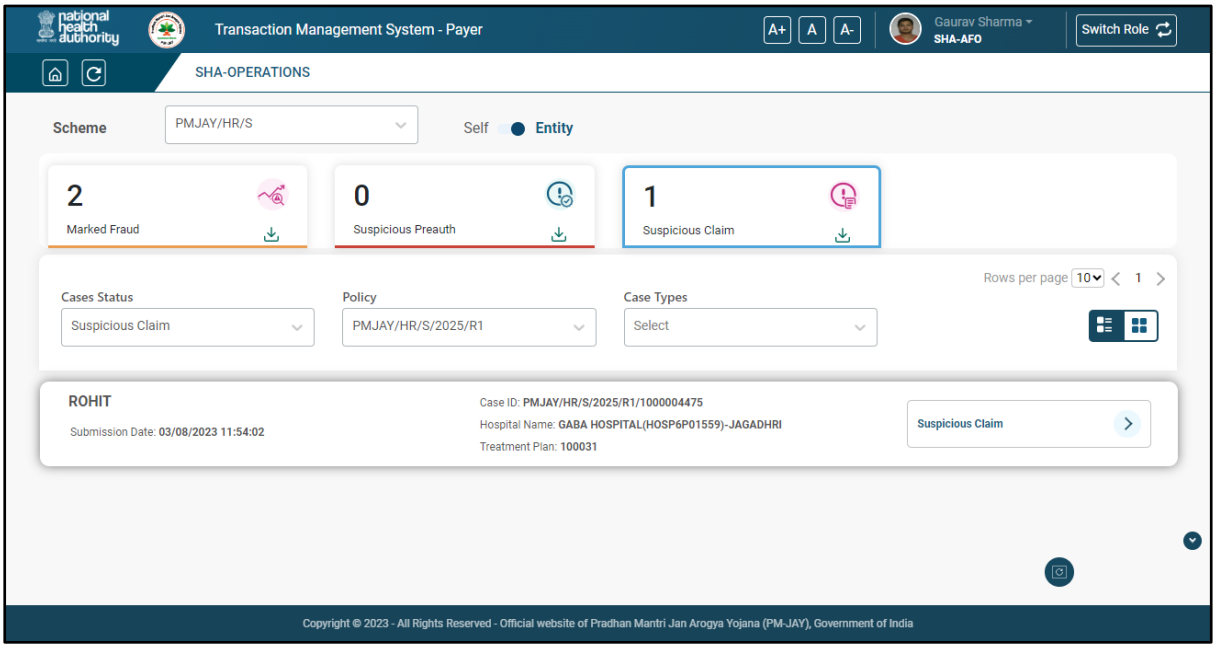
2.9 Adjudication by SHA-AFO

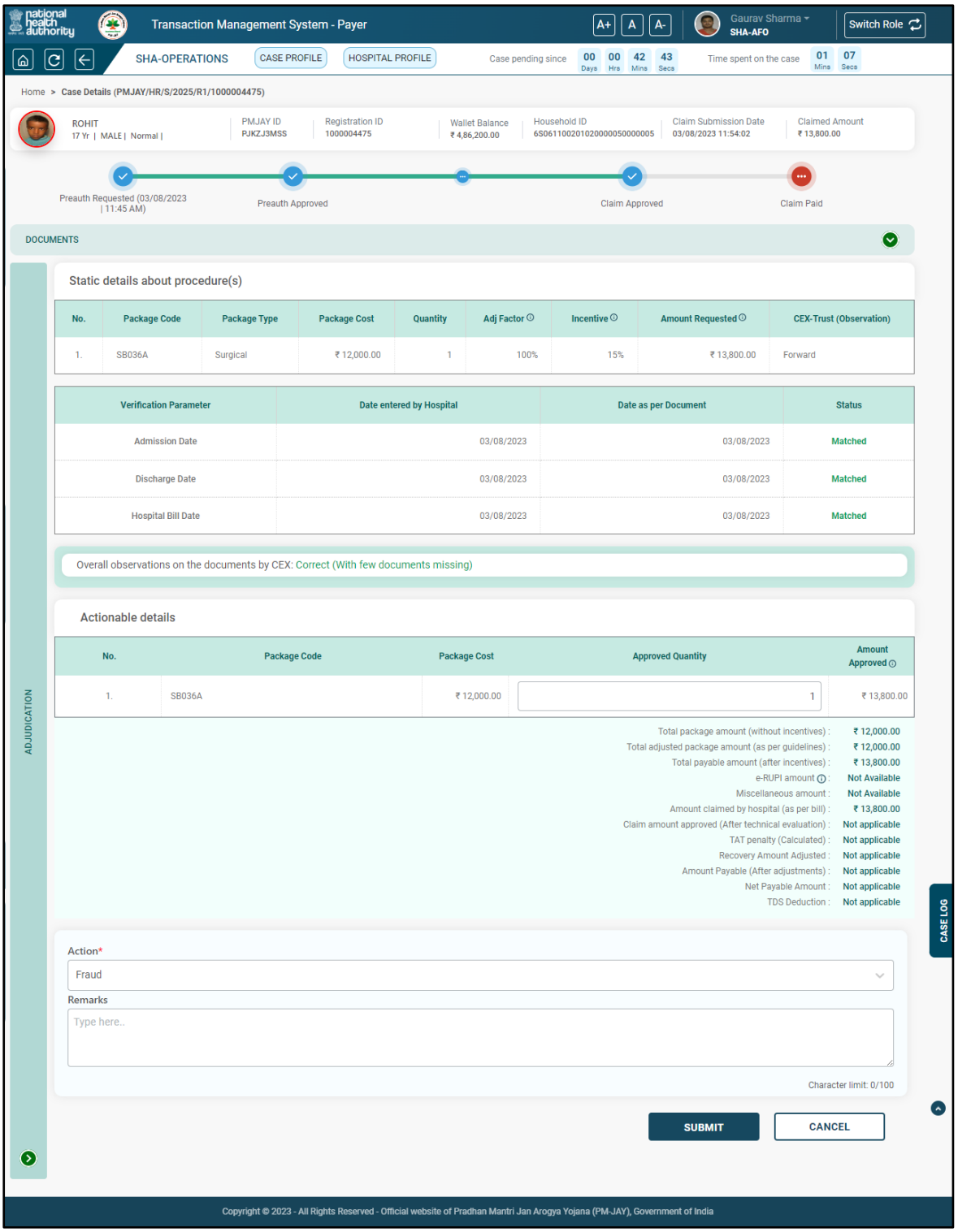
SHA-AFO will review the cases properly and verify them as per recommendation and remarks given by CPD. Then there will be three options available:

a. If AFO agreed with CPD recommendation then take decision accordingly –
   i. Reject in case of confirmation of fraud
   ii. Approve and forward to ACO if found genuine
b. If AFO do not agree with CPD recommendation and discrepancy noted in the case documents or suspicious in nature then forward to SAFU Doctor. SAFU doctor will recommend the case with two option-
   i. Recommend for rejection in case of confirmation of fraud
   ii. Recommend for approval if found genuine
   iii. Recommend for partial payment (Amount reccomended by SHA-AFO)- Sub tab

After CPD marks a case suspicious, then it will be shown in the SHA-AFO worklist for the adjudication.

SHA-AFO can confirm the case as “Fraud” and case will be rejected as shown below.




Transaction Management System - Payer
Gaurav Sharma
SHA-AFO
Switch Role
SHA-OPERATIONS
CASE PROFILE
HOSPITAL PROFILE
Case pending since 00 Days 00 Hrs 42 Mins 43 Secs
Time spent on the case 01 Mins 07 Secs
Home > Case Details (PMJAY/HR/S/2025/R1/1000004475)
ROHIT
17 Yr | MALE | Normal |
PMJAY ID PJKZJ3MSS
Registration ID 1000004475
Wallet Balance ₹ 4,86,200.00
Household ID 650611002010200000500000 05
Claim Submission Date 03/08/2023 11:54:02
Claimed Amount ₹ 13,800.00
Preauth Requested (03/08/2023 | 11:45 AM)
Preauth Approved
Claim Approved
Claim Paid
DOCUMENTS
Static details about procedure(s)
No. | Package Code | Package Type | Package Cost | Quantity | Adj Factor | Incentive | Amount Requested | CEX-Trust (Observation)
1. | SB036A | Surgical | ₹ 12,000.00 | 1 | 100% | 15% | ₹ 13,800.00 | Forward
Verification Parameter | Date entered by Hospital | Date as per Document | Status
Admission Date | 03/08/2023 | 03/08/2023 | Matched
Discharge Date | 03/08/2023 | 03/08/2023 | Matched
Hospital Bill Date | 03/08/2023 | 03/08/2023 | Matched
Overall observations on the documents by CEX: Correct (With few documents missing)
Actionable details
No. | Package Code | Package Cost | Approved Quantity | Amount Approved
1. | SB036A | ₹ 12,000.00 | 1 | ₹ 13,800.00
Total package amount (without incentives) : ₹ 12,000.00
Total adjusted package amount (as per guidelines) : ₹ 12,000.00
Total payable amount (after incentives) : ₹ 13,800.00
e-RUPI amount : Not Available
Miscellaneous amount : Not Available
Amount claimed by hospital (as per bill) : ₹ 13,800.00
Claim amount approved (After technical evaluation) : Not applicable
TAT penalty (Calculated) : Not applicable
Recovery Amount Adjusted : Not applicable
Amount Payable (After adjustments) : Not applicable
Net Payable Amount : Not applicable
TDS Deduction : Not applicable
ADJUDICATION
CASE LOG
Action*
Fraud
Remarks
Type here..
Character limit: 0/100
SUBMIT
CANCEL
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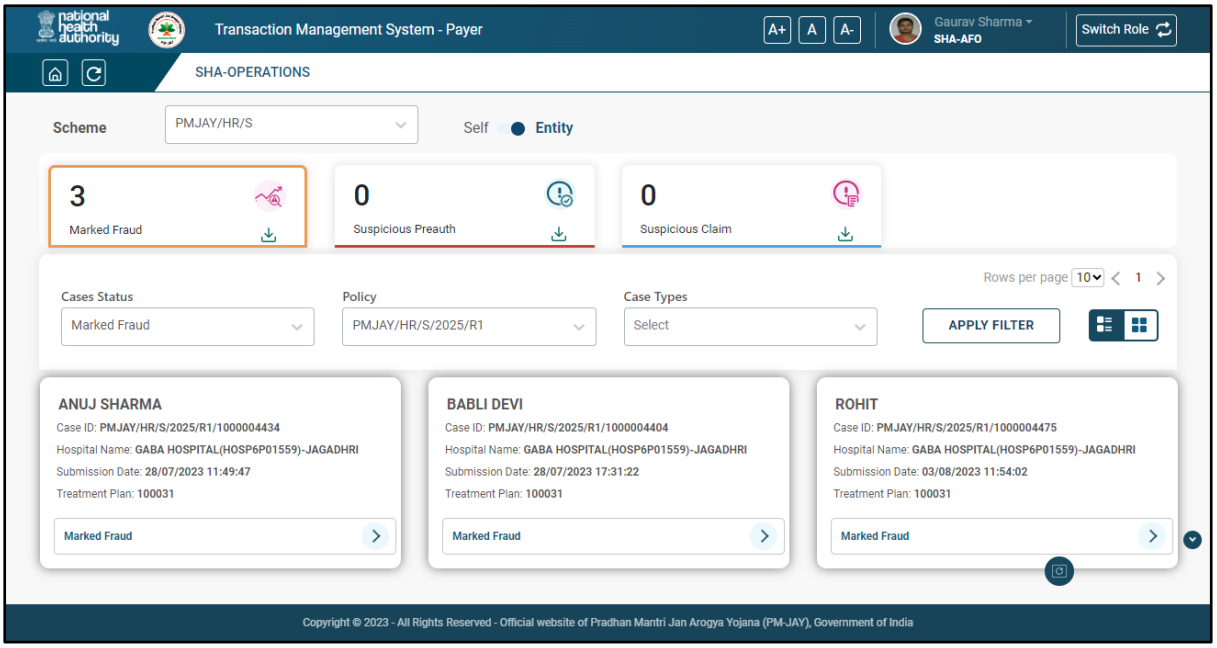
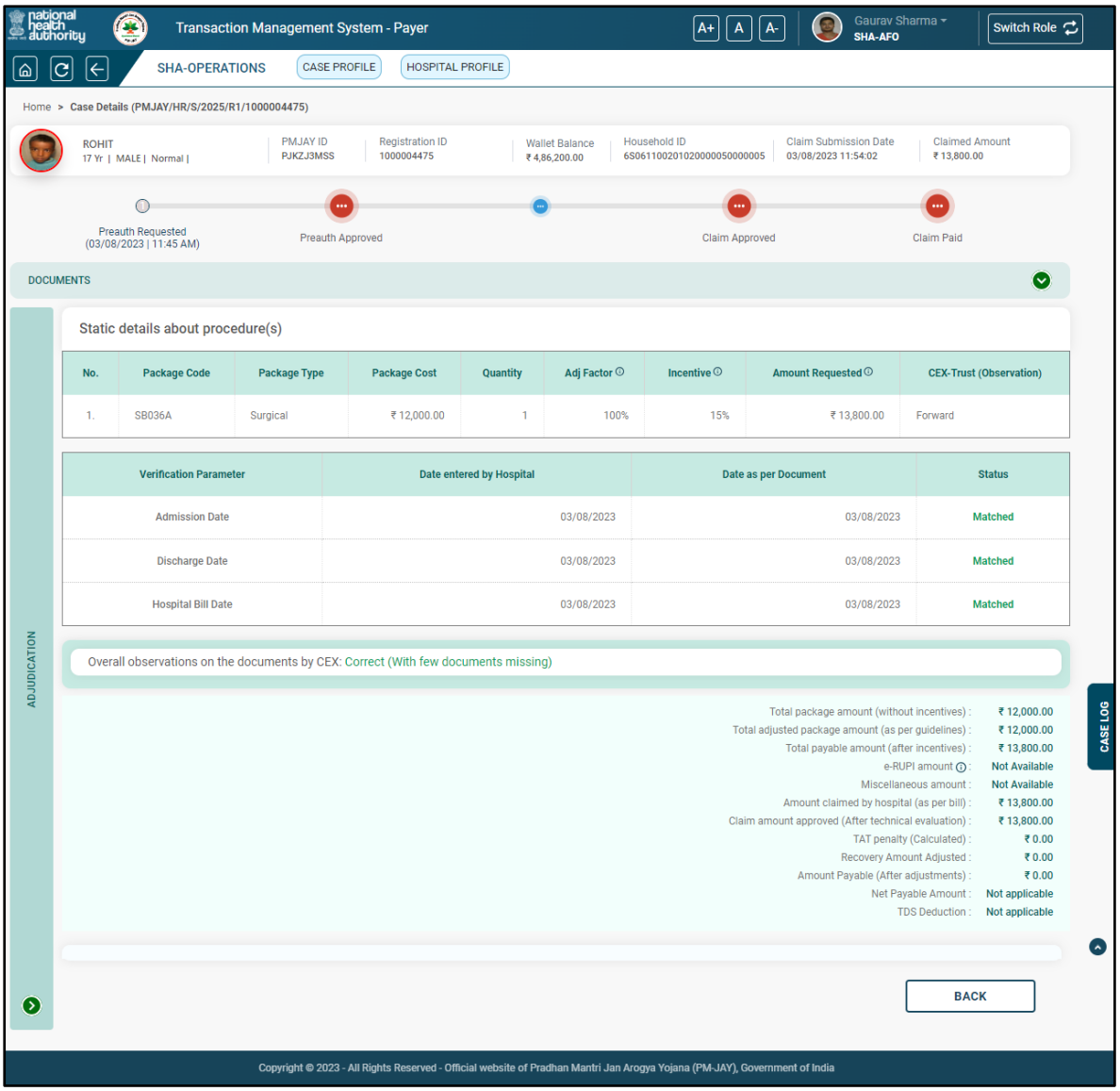
After marking case as fraud it will be available in the “Marked Fraud” dashboard as shown below:




Transaction Management System - Payer
Gaurav Sharma
SHA-AFO
Switch Role
SHA-OPERATIONS
CASE PROFILE
HOSPITAL PROFILE
Home > Case Details (PMJAY/HR/S/2025/R1/1000004475)
ROHIT
17 Yr | MALE | Normal |
PMJAY ID
PJKZJ3MSS
Registration ID
1000004475
Wallet Balance
₹ 4,86,200.00
Household ID
6S061100201020000050000005
Claim Submission Date
03/08/2023 11:54:02
Claimed Amount
₹ 13,800.00
Preauth Requested
(03/08/2023 | 11:45 AM)
Preauth Approved
Claim Approved
Claim Paid
DOCUMENTS
Static details about procedure(s)
No.
Package Code
Package Type
Package Cost
Quantity
Adj Factor
Incentive
Amount Requested
CEX-Trust (Observation)
1.
SB036A
Surgical
₹ 12,000.00
1
100%
15%
₹ 13,800.00
Forward
Verification Parameter
Date entered by Hospital
Date as per Document
Status
Admission Date
03/08/2023
03/08/2023
Matched
Discharge Date
03/08/2023
03/08/2023
Matched
Hospital Bill Date
03/08/2023
03/08/2023
Matched
ADJUDICATION
CASE LOG
Overall observations on the documents by CEX: Correct (With few documents missing)
Total package amount (without incentives) : ₹ 12,000.00
Total adjusted package amount (as per guidelines) : ₹ 12,000.00
Total payable amount (after incentives) : ₹ 13,800.00
e-RUPI amount : Not Available
Miscellaneous amount : Not Available
Amount claimed by hospital (as per bill) : ₹ 13,800.00
Claim amount approved (After technical evaluation) : ₹ 13,800.00
TAT penalty (Calculated) : ₹ 0.00
Recovery Amount Adjusted : ₹ 0.00
Amount Payable (After adjustments) : ₹ 0.00
Net Payable Amount : Not applicable
TDS Deduction : Not applicable
BACK
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2.9 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 meant by 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.