TMS Provider Application User Manual









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Customer : National Health Authority, India

Project : PMJAY 2.0

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

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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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Abbreviations

Abbreviation	Expansion
AB-PMJAY	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana
ABDM	Ayushman Bharat Digital Mission
BIS	Beneficiary Identification System
СТ	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
ОТР	One Time Password
PDF	Portable Document Format
РНС	Primary Healthcare Center

	national health
सत्यमेव जयते	duthority



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
ТАТ	Turn Around Time
TMS	Transaction Management System
ТРА	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).
- I. 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.
- 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.

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	LOGIN	
	Registered Mobile No/User ID*	Clear All
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and national	Captcha*	FORGOT PASSWORD
authority	488df	488df C
	LOGIN	
Welcome to Ayushman Bharat Pradhan Mantri Jan Arogya Yojana		
Copyright © 2023 - All Righta Reserved - Official website of Pradhum Mantri Jan Arogya Yojana (PM-JAY), Government of India		

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.

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A PER A MARKET AND A STATE		۲
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nacional health authority	drghk	drghk C
	LOGIN	
Welcome to Ayushman Bharat Pradhan Mantri Jan Arogya Yojana		
Copyright © 2023 - All Righta Reserved - Official website of Pradhan Martri Jan Arogya Yojana (PM-JAV). Government of India		

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.

national health authority	Transaction Management System - Provider	A+ A A- L
🕷 🔂 C	AADHAR HEALTH INSTITUTE(HOSP6P00618)-HISAR	
Home > Search Beneficiary		
	Search Beneficiary	
	SHA-Haryana V PXWA30AE6	SEARCH
	Please select the Payer/Beneficiary SHA and enter the value to be searched	
	Age: 33 Yr Gender, Male Mansraj PXWA3OAE6 PXWA3OAE6 Age: 33 Yr Gender, Male Address SonrPat Road, NAGAR NA State: NARYNA Carejain: PMJAY/HR/S ABHAWIMBE: 61-4717-2853 VERIFY	
		٢

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.

health authority	Transaction Management System - Provider	A+ A A- 💭	Deshabathini Vivek ~ Medical-Superintendent
🕷 🔂 C	AADHAR HEALTH INSTITUTE(HOSP6P00618)-HISAR		
	Age: 33 Yr Gender, Male Monget 100, BANJARA BASTI NEAR SONIPAT ROAD, NAGAR NA State: MARYANA Careplan: PMJAY/HR/S ABHA Nimber 61.4176-4117-2853 VERIFY		
Verify Beneficiary			
Select the Authenticati	on Type* O Iris I Face Auth har Authentication		0
		PROCEED	ВАСК

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.

BANSRAJ 33 Yr Male	Mobile Number	PMJAY ID PXWA3OAE6		Address 304, BANJARA BASTI N SONIPAT ROAD, , NAGAF HARYANA 131301	EAR 🗌 New I	Born Baby	
Communication Address							
Current communication address is sam	ne as card address						
Pincode*	State*		District*		Village/	Town/City*	
131301	HARYANA	~	SONIPAT		~ Harya	na	
Address Line 1			Address Line 2				
304, BANJARA BASTI NEAR SONIPAT RO	AD, , NAGAR		Type here				
Care Plan							
Care Plan	Patient Status Type*						
		X V					
Self O Other Full Name							
Self O Other Full Name Hansraj Mobile Number* +91 7	Enter OTP			0	VERIFY OTP		
Self O Other Full Name Hansraj Mobile Number* +91 7 Authentication Consent	Enter OTP			•	VERIFY OTP		
Self O Other Full Name Hansraj Mobile Number* +91 7 Authentication Consent MS Declaration Form*	Enter OTP 135631 Consent Form*		Remarks* (j)		VERIFY OTP	0	
 Self O Other Full Name Hansraj Mobile Number* +91 7 Authentication Consent Ms Declaration Form* 123.pdf	Consent Form*		Remarks* ① uploaded		VERIFY OTP		
 Self O Other Full Name Hansraj Mobile Number* +91 7 Authentication Consent MS Declaration Form* 123.pdf i 	Consent Form*		Remarks* (i) uploaded		VERIFY OTP	EDIT	
 Self O Other Full Name Hansraj Mobile Number* +91 7 Authentication Consent MS Declaration Form* 123.pdf This mobile number is owned by beneficiary/benefi	Enter OTP 135631 Consent Form* 2.pdf		Remarks* (i) uploaded		VERIFY OTP	EDIT	
Self O Other Full Name Hansraj Mobile Number* +91 7 Authentication Consent MS Declaration Form* 123.pdf This mobile number is owned by beneficiary/ben Consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share my Personally Identifiable Information (PII) including health day I consent to share m	Enter OTP Enter OTP Consent Form* 2.pdf Enter Consent Form* Enter	ional Health Authority manent retention peri	Remarks* ① uploaded (NHA) in order to ava od. I have been duly vey calls & SMS on th	Il services under Pradhan A informed that my informat e number shared, made by	VERIFY OTP	EDIT (PM-JAY), I understand that my Personal I be shared with NHA empaneled hospital NHA.	y 3,
Self O Other Full Name Fansraj Mobile Number* +91 7 Authentication Consent MS Declaration Form* 123.pdf This mobile number is owned by beneficiary/ben Consent to share my Personally Identifiable Information (PI) including health da Insurance Agencies (ISAs) and State Health Age	Enter OTP	ional Health Authority manent retention per	Remarks* ① uploaded (NHA) in order to ava od. I have been duly vey calls & SMS on th	Services under Pradhan A informed that my informat te number shared, made by	VERIFY OTP	EDIT	

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.

'our Hospital Dashboard ! Self e Entity			
3 A 12 Presuthorization to be Submitted	Norization Pending	Claims to be Submitted	
Date Range <u>Clear</u>	Clear Patient Status Preauthorization to be Submitted Sea	Rows per page 10 • <	re ≫ 1)
DD/MM/YYYY			

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.

Date Range Clear C DD/MM/YYYY III to DD/MM/YYYY	Patient Status Preauthorization to be Submitted Search	Rows per page 10 × < 1 >
HIMANSHU 24 Yr Male Program ID:PEXC1B4KU Registration ID: 1000003368 Registration Date: 25/04/2023 Wallet Balance: ₹ 5,00,000.00	KAMLESH DEVI 65 Yr Female Program ID:PD84XJF1E Registration ID: 1000003349 Registration Date: 22/04/2023 Wallet Balance: ₹ 5,00,000.00	SANTOSH 49 Yr Female Program ID:PXIKIDUEB Registration ID: 1000003343 Registration Date: 21/04/2023 Wallet Balance: ₹ 5,00,000.00
SHANTI 65 Yr Female Program ID:PDNJQHPWK Registration ID: 1000003332 Registration Date: 20/04/2023 Wallet Balance: ₹ 5,00,000.00	Select Reason Select Remarks ① Type remarks here Character limit: 0/100 CANCEL REGISTRATION CLOSE	

Hospital Dashboard

Date Range Clear Ck DD/MM/YYYY to DD/MM/YYYY	ear Patient Status Preauthorization to be Submitted Search	Rows per page 10 v < 1 >
HIMANSHU 24 Yr Male Program ID:PEXC1B4KU Registration ID: 1000003368 Registration Date: 25/04/2023 Wallet Balance: ₹ 5,00,000.00	KAMLESH DEVI 65 Yr Female: Program ID:PD84XJF1E Registration ID: 1000003349 Registration Date: 22/04/2023 Wallet Balance: ₹ 5,00,000.00	SANTOSH 49 Yr Female Program ID:PXIKIDUEB Registration ID: 1000003343 Registration Date: 21/04/2023 to be added and added added added and added and added added and added anded added
SHANTI 65 Yr Female Program ID:PDNJQHPWK Registration ID: 1000003332 Registration Date: 20/04/2023 Wallet Balance: ₹ 5,00,000.00	Select Reason Beneficiary registered by mistake Remarks () Cancelled Character limit: 9/100 CANCEL REGISTRATION CLOSE	0







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.

🔞 🔂 C 🛛 AADHAR HEAL	TH INSTITUTE(HOSP6P00618)-HISAR	
Hello, Deshabathini Vivek Your Hospital Dashboard ! Self • Entity		
3 Preauthorization to be Submitted	rization Pending L Under Treatment	Claims to be Submitted
		View More 🛛
Date Range Clear	Clear Patient Status	Rows per page 10 - < 1 >
DD/MM/YYYY to DD/MM/YYYY	Preauthorization to be Submitted	Search Q 🛈 🗄 🖽
HANSRAJ 33 Yr Male Program ID:PXWA30AE6 Registration ID: 1000003371 Registration Date: 25/04/2023	SAHIL KUMAR 28 Yr Male Program ID:PM7LASWME Registration ID: 1000003370 Registration Date: 25/04/2023	SANTOSH 49 Yr Female Program ID:PXIKIDUEB Registration ID: 1000003343 Registration Date: 21/04/2023
Wallet Balance: ₹ 5,00,000.00	Wallet Balance: ₹4,56,530.00	Wallet Balance: ₹ 5,00,000.00

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 --

С	← 🗈		AADHAR HEALTH INSTITUTE(HOSP6P00	618)-HISAR			
me > Pre (HJ 33)	ANSRAJ Yr Male	Care Plan PMJAV For SECC Beneficiaries PMJAV ID PWWA30AE6 ABHA Number NA	Mobile Number Address 304, BANJARA BASTI NEAR SONIPAT ROAD, , NAGAR HARYANA 131301	Registration Number 1000003371 Registration Date 25/04/2023 14:21:16	Total Wallet Amount ₹ 5,00,000.00 Wallet Balance ₹ 5,00,000.00		
Reg	gistered (25/04/202	13 02:21 PM)	Preauth Pending	Discharge Pending	Claim Pending	•	
NFORMALIUN	Family History	I S				0	
MEDICAL	Personal Histor	у				O	
D							

Admission Information --

Admission Details						SAVE	J 🤇
Admission Date *	Clear	Proposed Surgery Date *	Clear	Admission Type*		Medico Legal Case*	
25/04/2023		25/04/2023		PLANNED	~	Yes O No	
FIR Report*		Incident Date *	Clear	FIR Date *	Clear		
123.pdf 💼		25/04/2023	4-4 	25/04/2023			

Diagnosis:

	Diagnos	sis	Search Diagnosis Type here	Selected Diagnosis	Diagnosis Type*	ADD	0	
E	No.		Diagnosis Code	Diagnosis Description	Diagnosis Type	Action		
ATMEN	1.	MG26		Fever of other or unknown origin	primary			SASE LOC
TRE	Treatme	nt Plan					0	
	Investig	ations					0	0
0	Care Te	am Details					0	





Treatment Plan:

	Diagno	sis						O
	Treatme	ent Plan						٢
		Speciality:	Select				~	
		Procedure:	Select				~	
MENT		No. of Days/Units:						
IREATI		ICHI Code:	None				+	
	No.	Speciality	Procedure	Stratification	Days/Units	Amount	ICHI Code	Action
	1.	Paediatric Medical management	Acute febrile illness(MG001A-Acute febrile illness)Show Less	Routine Ward	1	₹ 1,800.00	None	

Investigations & Care Team details:

			Select			~	ADE	, ,	
AENT	Invest	ligations	ADD OTHER DOCUM	INTS					V
REATIN	No.	Name		Attac	nment*				
Ε.	1.	any investigatiShow More		123	.pdf X				
	2.	Clinical notesShow More		2.p	df				
	Care	Team Details	RAKESH KUMAR			× ×	ADE	,	٢
	No.	Doctor Name	Registration ID / HPR ID $^{\odot}$		Qualification	Contact Number		Action	
	1.	RAKESH KUMAR	27	980 G'	MIR	XXXXX X3333		Ť	

Finance:

	Amo	unt and Incentive	Details								
ANCE	No.	Package Code	Package Type	Procedure Cost	Stratification Cost	Quantity	Package Cost	Adj Factor	Incentives 🛈	Total Amount	
FIN	1.	MG001A	Conservative	₹ 0.00	₹ 1,800.00	1	₹ 1,800.00	100%	Incentive=15%	₹ 2,070.00	NA
\odot				-			1	Total Adj	tal Package Amount(wit usted Package Amount(. Total Payable Am	hout any incentives) : As per the guideline) : Nount (As per bill proce	t 1,800.00 t 2,070.00 ssing): NA
										PREVIEW & VA	LIDATE





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

national heath authori	Preview	nt Outers - Desuider			bathini Vivek * perintendent
Regi MEDICA ADMISS	HANSRAJ 33 Yr Male	Care Plan PMJAY for SECC Beneficiaries Household ID 65060800100650000046500056 Program ID PXWA30AE6	Registrations Number 1000003371 Address HARYANA,304, EAShow More	Registration Date 25/04/2023 14:21:16 Wallet Balance ₹ 5,00,000.00	O
TREATM	Diagnosis Details 1.Diagnosis Code Diagnosis des MG26 Fever of other	cription or unknown origin			
FINANCE	Treatment Plan 1.Paediatric Medical Procedur management Acute fel Amount NA Acute fel	e Stratification brile i. Show More Routine Ward	No of Days/Units 1		NA CYSE LOG
\odot				VALIDATE EDIT	070.00 19): NA

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.

health health health	Turnerati		est Queters - Dre	, idaa					C Deshaha	athini Vivek perintendent	T
G C	Preview										
Regi MEDICA ADMISS	HANSRAJ 33 Yr Ma	le	Care Plan PMJAY for SECC Bo Household ID 6S060800100650 Program ID PXWA30AE6	eneficiaries 000046500056	Registrations Numb 1000003371 Address HARYANA,304, BA	Show More	Registration Da 25/04/2023 1/ Wallet Balance ₹ 5,00,000.00	te 4:21:16			
TREATM	Diagnosis Details										
	1.Diagnosis Code MG26	Diagnosis des Fever of other	cription or unknown origin								
FINANCE	Treatment Plan 1.Paediatric Medical management Amount NA	Procedur Acute fel	e brile iShow More	Stratification Routine Ward	No of Days/Units 1						CASE LOG
\odot						INITIATE PRE-AUTH	ORIZATION	ED	IT	800.00 070.00 ng): NA	0





heach _ Transaction Monorcom	ant Quatana - Dravidar			🗢 Deshabathini Vivek 🛪 👘
Your request is submitted successful	ly.			×
Reg MEDICA ADMISS 33 Yr Male	Care Plan PMJAY for SECC Beneficiaries Household ID 65060500100650000046500056 Program ID PXWA30AE6	Registrations Number 100003371 Address HARYANA,304, BAShow More	Registration Date 25/04/2023 14:21:16 Wallet Balance ₹ 5,00,000.00	○

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.

2 Image Ima	0 2 Claims to be Submitted 2 View More S Rows per page 10 v < 1
Date Range Clear Patient Status DD/MM/YYYY to DD/MM/YYYY Under Treatment ~	View More Nore Nore Nore Nore Nore Nore Nore N
Date Range Olear Clear Patient Status DD/MM/YYYY to DD/MM/YYYY Under Treatment ~	Rows per page 10 V < 1
HANSRAJ CHHJJU RAM 33 Yr Male Program ID:PXWA30AE6 99 Yr Male Program ID:P3U717XHC Registration ID: 1000003371 Registration ID: 1000003362 Registration Date: 24/04/2023 Registration Date: 24/04/2023	KUMKUM KUMARI 20 Yr Female Program ID:PH5R7HSR6 Registration ID: 1000003356 Registration Date: 24/04/2023

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.

AADHAR HEALTH	NSTITUTE(HOSP6P00618)-HISAR	
RIHAN 14 Yr Male Program ID:PDCLYEQRP Registration ID: 1000003340 Registration Date: 21/04/2023	GURMUKH SINGH 74 Yr Male Program ID: PRJ7L3TR4 Registration ID: 1000003337 Registration Date: 20/04/2023	
Wallet Balance: ₹4,79,530.00	Wallet Balance: ₹ 4,73,205.00	The first state of the first sta
Copyright © 2022 - All F	Select v	overnment of India
	Remarks ① Type remarks here Character limit: 0/100 CANGEL PREAUTH CLOSE	C

Hospital Dashboard

Image: Walk and the second	GURMUKH SINGH 74 Yr Male Program ID.PRJ7L3TR4 Registration ID: 1000003337 Registration Date: 20/04/2023 Wallet Balance: ₹ 4,73,205.00 > (a) Select Reason Other	veriment of India
	Remarks* ① cancel Character limit: 6/100 CANCEL PREAUTH CLOSE	0

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.

HANSRAJ 33 Yr Male	Care Plan PMJAY For SECC Beneficiaries PMJAY ID PXWA30AE6 ABHA Number NA	Mobile Number Address 304, BANJARA BASTI NEAR SONIPAT ROAD, , NAGAR HARYANA 131301	Registration Number 1000003371 Registration Date 25/04/2023 14:21:16	Total Wallet Amount ₹ 5,00,000.00 Wallet Balance ₹ 4,97,930.00	_
Registered (25/04/	2023 02:21 PM) Preauth Appro	ved (25/04/2023 02:36 PM)	U Discharge Pending	Claim Pendir	ng
					©
ADMISSION INFORM	ATION				\odot
ADMISSION INFORM	ATION				©

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
- o Discharge Date
- Post-Surgery Photo with doctor/PMAM
- o 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'
- $\circ \quad \text{Surgery Date} \\$
- o LAMA Date
- o 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'
- o Discharge Date
- Surgery Date
- o In-Treatment Photo with doctor/PMAM
- o 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'
- o Death Date
- Death Certificate
- Clinical Note/Death Summary
- Mortality Audit Report

as shown in preauthorization form screenshot.

Image: state	AADHAR HEALTH INSTITUTE(HOSP6P00618)-HISAR , NAGAR HARYANA 131301			
Registered (25/04/2023 02:21 PM)	Preauth Approved (25/04/2023 02:36 PM)	Discharge Pending	Claim Pending	
MEDICAL INFORMATION			\odot	
ADMISSION INFORMATION			\odot	
TREATMENT			\odot	
FINANCE			\odot	100
Discharge Type Şelect 🗸				C
Normal Discharge				0
LAMA			DISCHARGE BACK	
DAMA				
Death	Copyright © 2022 - All Rights Reserved - Official website of Pradhan Ma	antri Jan Arogya Yojana (PM-JAY), Governmer	nt of India	

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.

ormal Discharge	DOWNLOAD MANGALKAMNA	PATRA	(i)			
			0			
Discharge Information						Sector 1
Discharge Stage*	Surgery Date *	Clear	Discharge Date *	Ω	lear	
After Surgery 🗸	25/04/2023	÷+	25/04/2023	ł	+	
Post Surgery Photo with Doctor/PMAM*	Discharge Summary*		Feedback Form*			
123.pdf	2.pdf		3.pdf	m		
Have Hospital provided the medicines during treatment/for post on care?*	Upload Medical Slip*					
Yes No	3.pdf 💼					
						SAVE

ischarge Type	Please handover the page 1 of the Mangalkamna Pai	tra to the beneficiary and upload the filled feedback form.	
Normal Discharge 🗸 🗸	DOWNLOAD MANGALKAMNA PATRA	0	
Discharge Information			
Discharge Stage*	Surgery Date *	Discharge Date *	
After Surgery V	25/04/2023	25/04/2023	
Post Surgery Photo with Doctor/PMAM*	Discharge Summary*	Feedback Form*	
123.pdf	2.pdf	3.pdf	
Have Hospital provided the medicines during	Upload Medical Slip*		
Yes O No	3.pdf		
			EDII
		DISCHAI	GEBACK

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.

ormal Discharge	~	DOWNLOAD MANGALKAMNA	PATRA	()		
Discharge Information						C
Discharge Stage*		Surgery Date *		Discharge Date *		
After Surgery	~	25/04/2023		25/04/2023	đ	
Post Surgery Photo with Do	ctor/PMAM* medicines during *	2.pdf Image: Summary* Upload Medical Slip* Image: Summary* 3.pdf Image: Summary*		Feedback Form*	ā	
						 EDIT

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.

Select the Authentication Type	
Face Auth 🗸	
Proceed without Aadhar Authentication	
Discharge Consent	•
Consent Form*	
123.pdf	
	SAVE
	DISCHARGE
ne > Under Treatment (1000003371) > Verify	
Patient has been discharged successfully.	
Verify Patient - Hansrai	





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.

		AADHAR HEALTH INSTITUTE	(HOSP6P00618)-HIS/	AR			
1 Preauthorization to be Submitte	ed	13 Preauthorization Pending	*	5 Under Treatment	بر پن	1 Claims to be Submitted	بع بل View More ~
Date Range Clear	to DD/N	Clear Patier	it Status ms to be Submitted	~	Search	Rows per page 10	□▼ < 1 >
HANSRAJ		Program ID: PXWA: Registration ID: 10/ Registration Date:	30AE6 00003371 25/04/2023		Wallet Balance:	₹ 4,97,930.00	> 💼

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.

1 Preauthorization to be Submitted	1	13 Preauthorization Pending	✓ 5 ⊍ Und	ler Treatment	Claims to be Submitted
					View More
Date Range Clear		Clear Patient S	Status		Rows per page 10 V < 1
DD/MM/YYYY	to DD/MM/Y	Claims	to be Submitted 🔍	Search	Q 🛈 🚦 🔣

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.





me > Fi	Ie Claim (1) HANSRAJ 3 Yr Male	000003371) Care Pi PMJAY PMJAA PXWA: ABHA NA	AADHAK F Jan / For SECC Beneficiaries / ID 30AE6 Number	BALTH INS	Mobile 98125 Addres 304, B , NAG/	DSP6P00618)-HISAK Number 19010 15 ANJARA BASTI NEAR SONIP AR HARYANA 131301	R 1 R AT ROAD, 2	legistration 10000337 Registratio 25/04/202	n Number 71 n Date 3 14:21:16	Total Wallet. ₹ 5,00,000 Wallet Balan ₹ 4,97,9 3	Amount .00 ICe \$0.00			
Re	egistered ((25/04/2023 02:21 P	'M) Preau	ith Approved	2 (25/04/20)	23 02:36 PM)	Discharged (:	25/04/20	023 03:06 PM	.)		U Claim Pendi	ng	2
ADMIS TREAT	SSION IN	IFORMATION											6	
	Amou	unt and Incentive D	etails			Am	ount Claime	d(as pei	r the hospita	l bill) 207(0			
	No. 1.	Package Code MG001A	Package Type Conservative	Procedu	te Cost ₹ 0.00	Stratification Cost ₹ 1,800.00	Quantity 1	Pace	tage Cost ₹ 1,800.00	Adj Factor 100%	Incentive	es O	Total Amount ₹ 2,070.00	,
	No.	Package Code	Approved Quan	tity	Requ	uested Quantity	Package	Cost	Adj Factor	Incentives	O	Total Amo	ount	
	1.	MG001A		1	1		₹1,8	400.00	100%	Incentiv	ve=15%	₹ 2,07	70.00 NA	
FINANCE		1	1				1		7	i Total Packaç l'otal Adjusted Pack Tol	je Amount(v kage Amour tal Payable J	without any ince nt(As per the gu Amount (As per	intives) : ₹ 1,800.00 Jideline) : ₹ 2,070.0 r bill processing): N	0 0(
	Suppo	orting Documents											¢	>
	Hospi ⁴	tal Bill Number* 4		Date *	023	Clear								

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.

	Post Operative Investigation	₿elect ✓	ADD	
~		All investigations reports		
OTHE		Detailed discharge summary		
		Detailed ICPs		DOL
		Treatment details		CASE
				4
\bigcirc				0





	F	Post C	Operative Investigation	All investigations report	ts			× ~	ADD]	\odot	
e e		٩o	Name		Upload							
OTHE	1		All investigations reportsShow Less		123.pdf							g
							1				1	CASE LO
\odot												0
												0
										PREVIEW & CLAII	м	

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.

authori	(CO) Transaction Managan	ant Custom Drouider			shabathini Vivek -
~i	Preview				Jenntendent
ADMISS TREATM FINANC	HANSRAJ 33 Yr Male	Care Plan PMJAY for SECC Beneficiaries Household ID 65060800100650000046500056 Program ID PXWA30AE6	Registrations Number 1000003371 Address HARYANA,304, BAShow More	Registration Date 25/04/2023 14:21:16 Wallet Balance ₹ 4,97,930.00	
OTHER	Diagnosis Details 1.Diagnosis Code Diagnosis des Fever of other Treatment Plan 1.Paediatric Medical Procedur	cription or unknown origin re Stratification	No of Days/Units		ASE LOG
\odot	management Acute fei Amount ₹ 1,800.00	brile iShow More Routine Ward	1	SUBMIT CLAIM	
	Your Claim request is submitted such	cessfully.			habathini Vivek * X
ADMISS TREATM FINANC	HANSRAJ 33 Yr Male	Care Plan PMJAY for SECC Beneficiaries Household ID 63060800100650000046500056 Program ID PXWA30AE6	Registrations Number 1000003371 Address HARYANA,304, BAShow More	Registration Date 25/04/2023 14:21:16 Wallet Balance ₹ 4,97,930.00	
OTHER	Diagnosis Details 1.Diagnosis Code MG26 Fever of other Treatment Plan 1.Paediatric Medical Procedur management Acute fet Amount ₹ 1,800.00	e Stratification or ulknown origin	No of Days/Units		
\odot					

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.

i G C AADHAR HEALT	TH INSTITUTE(HOSP6P00618)-HISAR		
Hello, Deshabathini Vivek Your Hospital Dashboard ! Self • Entity			
1 Presuthorization to be Submitted Presuthorized Presuthorized	ization Pending	O الاللہ اللہ اللہ اللہ اللہ اللہ اللہ ال	
		View More ♥	TIENT
Date Rande Clear	Clear Patient Status	Rows per page 10 🗸 1 >	NEW PA
DD/MM/YYYY to DD/MM/YYYY	Under Treatment V	ch Q 🛈 🗄 🎛	ং
CHHJJU RAM 99 Yr Male Program ID:P3U717XHC Registration ID: 1000003362 Registration Date: 24/04/2023	KUMKUM KUMARI 20 Yr Female Program ID:PH5R7HSR6 Registration ID: 1000003356 Registration Date: 24/04/2023	KASHMIR SINGH 55 Yr Male Program ID:PEL0ZG80F Registration ID: 1000003344 Registration Date: 21/04/2023	C
Wallet Balance: ₹4,77,000.00	Wallet Balance: ₹4,87,120.00	Wallet Balance: ₹ 4,82,750.00	

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.





CHHJJU RAM 99 Yr Male	Care Plan PMJAY For SECC Beneficiaries PMJAY ID P3U717XHC ABHA Number NA	Mobile Number Address Makan No 186, , Paprala HARYANA 136034	Registration Number 1000003362 Registration Date 24/04/2023 14:13:56	Total Wallet Amount ₹ 5,00,000.00 Wallet Balance ₹ 4,77,000.00		
Registered (24/04,	(2023 02:13 PM) Preauth Appro	oved (24/04/2023 03:13 PM)	Discharge Pending		Claim Pending	
EDICAL INFORMAT	TION					୍ଦ୍
IEDICAL INFORMAT						⊘ ⊘
IEDICAL INFORMA DMISSION INFORM REATMENT						⊘⊘⊘

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.

	Treatr	nent Plan								0	
		Speciality:	Orthopaedics						× ~		
		Procedure:	re: Rockwood Type - I(SB032A-AC Joint reconstruction / Stabilization) 🗴 🗸								
Ę		No. of Days/Units:	1	1							
TMEN		ICHI Code:	Stabilisation of shoulder								
TREA		Resubmission Reason:	Additional facts were diagnosed	during treatment.				X ~	+		200
	No.	Speciality	Procedure	Stratification	Days/Units	Amount	ICHI Code	Reason		Action	CAS
	1.	Cardio-thoracic & Vascular surgery	Re-do sternotomy(SV033A-Re-do sternotomy) Show Less	NA	1	₹ 20,000.00	None	NA		1	0





	Treatn	ient Plan							0	
		Speciality:	Select					~		
		Procedure:	Select					~		
		No. of Days/Units:	1							
		ICHI Code:	Select					~		
REATMENT		Resubmission Reason:	Select					~ (+)		CASE LOC
	No.	Speciality	Procedure	Stratification	Days/Units	Amount	ICHI Code	Reason	Action	
	1.	Cardio-thoracic & Vascular surgery	Re-do sternotomy(SV033A-Re-do sternotomy)Show Less	NA	1	₹ 20,000.00	None	NA	1	
	2.	Orthopaedics	Rockwood TypeShow More	NA	1	₹ 20,500.00	MDL.LC.AA	Additional factShow More		

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.

	Invos	tigations	Select			× /	ADD		
μ.	inves	ugations	ADD OTHER DO	CUMENTS				.	
ATME	No	Name		Upload					
TRE	1	Clinical notesShow More		123.pdf ×					ğ
	2	Clinical notesShow More		123.pdf ×					CASE
	3	X-ray/ MRI		2.pdf X					0
REATI					Quantit	у			
Ŧ	Impla	ints	Implant for AC Joint	reconstruction / Stabilization (Plate/ sc	re X V		A		
	No	Name		Upload		Amount	Quantity	Action	гоg
	1	Implant for AC Joint reconstruction / Sta screw / Fibre wire / reconstruction by ter	ibilization (Plate/ ndon etc)	Drag your file here Or Browse (D	10000	1	1	CASE

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.





		Desilvery Orali	Desile and Desi	Descendary Ocet	Obertification Coast	Quest No.	Declarate Oct	A d' Trachas	tti		
	NO.	Раскаде Соде	Раскаде Туре	Procedure Cost	Stratification Cost	Quantity	Раскаде Соят	Adj Factor		lotal Amount	
ANC	1.	SB032A	Surgical	₹ 20,500.00	NA	1	₹ 20,500.00	100%	Incentive=15%	₹23,575.00	NA
E I	2.	SV033A	Surgical	₹ 20,000.00	NA	1	₹ 20,000.00	50%	Incentive=15%	₹ 11,500.00	NA
	3.	IMP0124	Implant	NA	NA	1	₹ 10,000.00	NA	Incentive=NA	₹ 10,000.00	NA
		1	:		3		1	Tot Total Adju	al Package Amount(with sted Package Amount(A	out any incentives) : ₹ s per the guideline) : ₹	50,500.00 45,075.00
$\overline{\mathcal{S}}$									Total Payable Am	iount (As per bill proce	ssing): NA

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.

authori 🗠	Preview					perintenden
ñi (
		Care Plan	Registrations Number		Registration Date	
TREATM	(mail	PMJAY for SECC Beneficiaries	1000003362		24/04/2023 14:13:56	\odot
_	- Contraction	Household ID	Address		Wallet Balance	
		6806050010009000002100075	HARYANA,makan nS	how More	₹ 4,77,000.00	
	CHHJJU RAM	Program ID				
	99 Yr Male	P3U717XHC				
۳ ۲	Diagnosis Details					NA
FINAN	1.Diagnosis Code Diagnosis MG26 Fever of o	description ther or unknown origin				NA
	Treatment Plan					NA
-	1.Cardio-thoracic & Vascular surgery	Procedure	Stratification	Reason	No of Days/Units	500.00
	Amount ₹ 20,000.00	Re-do sternotomShow More	NA	NA	1	075.00
\odot	0 Orthansadias	Draadura	Ottotification	Decor	No of Dava / Inita	ng): NA
PAST TR						

Preauthorization Form - Preview

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

Your request is submitted s	uccessfully.			×
TREATM CHHJJU RAM 99 Yr Male	Care Plan PMJAY for SECC Beneficiaries Household ID 6806050010009000002100075 Program ID P3U717XHC	Registrations Number 1000003362 Address HARYANA,makan nShow More	Registration Date 24/04/2023 14:13:56 Wallet Balance र 4,77,000.00	

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.

iello, Deshabathini Vivek 'our Hospital Dashboard !	Self entity					
1 Preauthorization to be Submitted	13 Preauthoriza	tion Pending	6 Under Treatment	×	O Claims to be Submitted	لل
						View More 🌱
Date Range <u>Clear</u> DD/MM/YYYY to to	DD/MM/YYYY	Patient Status Under Treatment	Search	1		⊻ < 1 > ≣ ₩
SATISH KUMAR	H84NRY	CHHJJU RAM 99 Yr Male Program ID	P3U717XHC	KUMKUM KU 20 Yr Femal	JMARI e Program ID:PH5R7HSR	6

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.





ne > Under Treatment (1	1000003372)				
SATISH KUMAR 26 Yr Male	Care Plan PMJAY For SECC Beneficiaries PMJAY ID PCZH94NRY ABHA Number NA	Mobile Number Address " , Syana HARYANA 123027	Registration Number 1000003372 Registration Date 25/04/2023 17:23:10	Total Wallet Amount ₹ 5,00,000.00 Wallet Balance ₹ 4,97,930.00	
Registered (25/04	4/2023 05:23 PM) Preauth App	roved (25/04/2023 05:45 PM)	U Discharge Pending	Claim Pending	
MEDICAL INFORMA	TION				\odot
ADMISSION INFORM	MATION				\odot
TREATMENT					\odot
					\odot
INANCE					

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.

	Treatr	nent Plan									\bigcirc	
		Speciality:	Select							~		
		Procedure:	Select							~		
H		No. of Days/Units:	1									
ATME		ICHI Code:	Select							~		
TR		Enhancement Reason:	Select			~) (7	🖒 Drag your fil	le here Or Browse 🤅	>		OC TOC
	No	Speciality	Procedure	Stratification	No. of Days/Units	Amount	ICHI Code	Reason	Attachment(s)	Status	Action	0
	1	Paediatric Medical management	Septic shock(MG002B- Severe sepsis)	Routine Ward	1	₹1,800.00	None	you can	change Stratification	and no.of days	+	•

Treatm	nent Plan									\odot
	Speciality		Stratification	No. of Days/Units		ICHI Code			Status	
1	Paediatric Medical management	Septic shock(MG002B- Severe sepsis)	Routine Ward	1	₹1,800.00	None	NA	NA	Approved	+
Edit	Paediatric Medical management	Septic shock(MG002B- Severe sepsis)	R ~	2	₹1,800.00	None	Others X V	NA	Refreshing	•
Invest	tigations									\odot
Care ⁻	Team Details									\odot





(b) Add a new procedure

	Treat	ment Plan									\bigcirc	
		Speciality:	Paediatric Medical ma	anagement						× ~		
		Procedure:	Severe anemia(MG06	4A-Severe anemia)					x ~		
		Stratification:	Routine Ward							~		
E.		No. of Days/Units:	1									
TMEN		ICHI Code:	None									
TREA		Enhancement Reason:	Others			× ~	123.p	df]×	(+)		CASE LO
	No	Speciality	Procedure	Stratification	No. of Days/Units	Amount	ICHI Code	Reason	Attachment(s)	Status	Action	0
	1	Paediatric Medical management	Septic shock(MG002B- Severe sepsis)	Routine Ward	1	₹ 1,800.00	None	NA	NA	Approved	(+)	•
	2	Paediatric Medical management	Septic shock(MGShow More	Routine Ward	2	₹ 1,800.00	None	Others	NA	Added	Ē	

		Speciality:		Paediatric Mec	lical management						× ~		
		Procedure:		Select							~		
		No. of Days/Uni	ts:	1									
Ļ		ICHI Code:		Select							~		
REATMEN		Enhancement Reason:		Others				× ~	123.pdf	×	+		100
	No	Speciality	Ρ	rocedure	Stratification	No. of Days/Units	Amount	ICHI Code	Reason	Attachment(s)	Status	Action	CASI
	1	Paediatric Medical management	Septic sl Severe s	hock(MG002B- sepsis)	Routine Ward	1	₹ 1,800.00	None	NA	NA	Approved	+	
	2	Paediatric Medical management	Septic shock(N	/GShow More	Routine Ward	2	₹ 1,800.00	None	Others	NA	Added		
	3	Paediatric Medical management	Severe anemia(MShow More	Routine Ward	1	₹ 1,800.00	None	Others	View Attachment	Added		

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.





NNCE .1	o. Package Code	Approved Quantity	Requ	uested Ouantity					
I.					Package Co	st Adj Factor	Incentives ⁽¹⁾		
ш.	MG002B	1	1		₹ 1,800.	.00 100%	Incentive=15	5% ₹ 2,070.00	NA
2.	MG002B	NA	2		₹ 3,600.	.00 100%	Incentive=15	5% ₹ 4,140.00	NA
3.	. MG064A	NA	1		₹ 1,800.	.00 50%	Incentive=15	5% ₹ 2,070.00	NA
ົ –		Ĭ	- i		1	To	i Total Package An otal Adjusted Package Total Pa	i nount(without any incentives) Amount(As per the guideline) yable Amount (As per bill pro) : ₹ 5,400.00) : ₹ 8,280.00 icessing): NA

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.

aut	aich thori					perintendent
íú	1					
CE	SATISH KUMAR 26 Yr Male	Care Plan PMJAY for SECC Beneficiaries Household ID 68061600101190000050900035 Program ID PCZHS4NRY	Registrations Number 1000003372 Address HARYANA, syShow Mo	Registr 25/04, Wallet ₹ 4,97	ation Date /2023 17:23:10 Balance 930.00	nount
NAN	Diagnosis Details					NA
Ē	1.Diagnosis Code Diagnosis MG26 Fever of o	description ther or unknown origin				NA
	Treatment Plan					8
	1.Paediatric Medical management Amount ₹ 1,800.00	Procedure Septic shock(MGShow More	Stratification Routine Ward	No of Days/Units 1		A
	Enhanced Treatment Plan					400.00
\odot			_			ng): NA
				SUBMIT ENHANCEMEN	T EDIT	
PAS	STER					\sim

Preauthorization Form - Preview

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

Your request is submitted successf	ully.			×
	Care Plan PMJAY for SECC Beneficiaries Household ID Exceptional appropriate appropriote appropriate appropriate appropriate appropriate appropriate appropriote appropriate appropriote appropriate appropriate appropriate ap	Registrations Number 1000003372 Address	Registration Date 25/04/2023 17:23:10 Wallet Balance	nount

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.

T	reatment Plan							0		
	Speciality: Select ~									
	Procedure:	Selec	zt				~			
	No. of Days/Units:	1								
	ICHI Code:	Selec	х х				~ (+)			
	No. Speciality		Procedure	Stratification	Days/Units	Amount	ICHI Code	Actio		
	1 Cardia thoracia & Vaccular a	urgery	Carotid Body tumour - Excision(SG069A-Carotid Body tumour - Excision) Show Less	NA	1	₹ 20,000.00	None			
Г	1. Carulo-trioracic & vascular s	urgery Oesophagectomy(Show More			1	₹ 28 300 00	None	m		
F	2. General Surgery		Oesophagectomy(Show More	NA		120,000.00				

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%.

Amo	ount and Incentive	Details								
No.	Package Code	Package Type	Procedure Cost	Stratification Cost	Quantity	Package Cost	Adj Factor	Incentives 🛈	Total Amount	
1.	SG001A	Surgical	₹28,300.00	NA	1	₹ 28,300.00	100%	Incentive=15%	₹ 32,545.00	NA
2.	SG069A	Surgical	₹ 20,000.00	NA	1	₹ 20,000.00	50%	Incentive=15%	₹ 11,500.00	NA
3.	SB028C	Surgical	₹ 5,500.00	NA	1	₹ 5,500.00	25%	Incentive=15%	₹1,581.25	NA
	1	1					Tota Total Adju:	al Package Amount(with sted Package Amount(A	out any incentives) : ₹ s per the guideline) : ₹	53,800.00 45,626.25

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.





ADMI	SSION II	FORM	IATION											0	í
	Diag	nosis													
	Treat	ment f	Plan											0	
		\$	pociality	Select											
		P	rocedure:	Select											
		N	o. of Days/Units:	1											
		ю	CHI Code:	Select								```	+		
MENT	No.		Speciality			Procedure		Stratification	Days/L	Jnits	Amount		ICHI Code	Action	
IREAT	1.	(General Medicine	1	Malaria(MG00	3AShow More		Routine Ward		1	₹ 1,800.00	No	one	a	
	Inve	stigati	ons					^						0	
	Erup	i Initia	tion Form											\bigcirc	
	No		Investigatio	n Code			Investigatio	on Name			Max Multiplier			Quantity	
	1		MAND0409			any investigatio	ons done					2	2		
	Care	Team	Details	Dr. a	nupam mali	k				×	~	ADD		•	
	No.		Doctor Name	Regi	stration ID / I	HPR ID ①	Q	ualification	c	Contact Numb	per		Action		
D	1.	Dr.	anupam malik			MCH121140	DNB (Diploma	te of National Board)		XXXXX X9	121		Ē		
INA	NCE													\odot	
													PREVIEW & VA		

Preauthorization Form - Treatment





μţ	硷 (C ←	GABA HOSPI	TAL(HOSP6P01559)-JAGADHRI						
Home > I PA 4	Under Treatmo	ent (1000003376) Care Plan PMJAY For SECt PMJAY ID P06JY897E ABHA Number NA	C Beneficiaries	Mobile N Address , Village	lumber - Dhaikola HARYANA 12110	Registrati 10000033 Registrati 1 26/04/202	on Number 176 on Date 23 17:40:45	Total Wallet Amount ₹ 5,00,000.00 Wallet Balance ₹ 4,98,020.00		_	
R	egistered (2	26/04/2023 05:40 PM)	Preauth A	Approved (26/04/2023	3 05:57 PM)	U Discharge F	Pending		Claim Pendir	ng	
MEDI	CAL INFO	RMATION								\odot	
ADMI	ISSION INF	ORMATION								\odot	CASE LO
	Diagno	sis Details								\odot	
	Treatm	ent Plan								\odot	•
	Investi	gations								\odot	
	Erupi l	Initiation Form								\odot	
TMEN.	No.	Investigation C	Code	Inve	stigation Name	Max	Multiplier	Updated Quan	tity	Quantity	
TREA	1	MAND0409		any investigations d	one		2		2 2		
	e-Rupi	i Voucher Details								\bigcirc	
	No.	Procedure Code	Proc	edure Name	Inve s tigation Name	Voucher Number	Issue Date	Redeemed Date	Redeemed Place	Upload/View Attachment	g
	Care Te	eam Details			1					\odot	CASE LC
\odot	DRG Fo	orms								\odot	٥
FINAI	NCE									\odot	







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.

	Care Plan PMJAY For S PMJAY ID P06 IV987E	ECC Beneficiaries	Mobile Number Auuress Villago Dhaikola HARVANA 121101	Registration Number 1000003376 Registration Date 26(4/2023 17:40.45	Total Wallet Amount ₹ 5,00,000.00 Wallet Balance	
PA 42	AWAN KUMAR ABHA Numb 42 Yr Male NA	er	, village - Utlaikula HARTANA 121101	20/04/2023 17:40:45	₹ 4,98,020.00	-
R	Registered (26/04/2023 05:40 PM)	Preauth Approved	(26/04/2023 05:57 PM)	U Discharge Pending	Claim Pending)
MEDI	ICAL INFORMATION					\odot
ADMI	ISSION INFORMATION					\odot
	Diagnosis Details					\odot
	Diagnosis Details Treatment Plan					⊘ ⊙
LU	Diagnosis Details Treatment Plan Investigations					© ©
REATMENT	Diagnosis Details Treatment Plan Investigations Erupi Initiation Form					© © ©
TREATMENT	Diagnosis Details Treatment Plan Investigations Erupi Initiation Form e-Rupi Voucher Details					© © © ©
TREATMENT	Diagnosis Details Treatment Plan Investigations Erupi Initiation Form e-Rupi Voucher Details Care Team Details					© © © ©

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.





DRG Form	ns										\odot
Diagn	losis details	Diagnosti	c Name	Count of Tes Type here	it		Unit Price Type here	e		ADD	
No.	Diag	nostic Name		Count of Test			Unit P	rice			Action
1	Blood test		1			200					
Drug Details Drug Name		1e Formul Seler	ation(Tablet/Capsı ;t	ule/Injection)	Quantity Type here	Unit Price Type here ADD		ADD			
No.	Drug N	lame	Form	lation		Quantity		Un	it Price		Action
1	Dolasetron mer oral tablet	silate 50 mg	Oral tablet		1			1			a
Impla	nts Details	Implant N	ame specific	ation here		Quantity Type here		Unit Price Type here		ADD	
No.	Implant	t Name	Specif	lication		Quantity		Ur	it Price		Action
1.	Intraconal ball	implant	1		1			200			Ē
Consi	umable Detail	s Consur	nable Name	Qunatity F Type he	Per Unit re		Unit Pric	se Iere		ADD	
No.	Cons	umable Name		Quantity			Unit P	rice			Action
1	Test strip		1			200					Ē
										SAVE	

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.