

# TMS Payer Application User Manual



## Document Release Note

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Notice No. : NA

Customer : National Health Authority, India

Project : PMJAY 2.0

### Document Details

Name	Version Number	Description
User Manual	6.0	This document describes the processes and steps to use the TMS Payer Application

### Revision Details

Action Taken (Add/Del/Change)	Previous Page Number	New Page Number	Revision Description
Add	1-45	1-55	Document Updated

### Review By

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

## Document Revision List

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Customer : National Health Authority, India  
Project : PMJAY 2.0  
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### Release Notice Reference (for release)

Revision Date	Version Details	Revision Description
22 Sep 2022	Version 1	User Manual for TMS 2.0 Provider & Payer application.
14 Nov 2022	Version 2	Updated user manual for TMS 2.0 Provider & Payer application
27 Dec 2022	Version 3	Updated user manual for TMS 2.0 Provider & Payer application
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 (NHCE) 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.

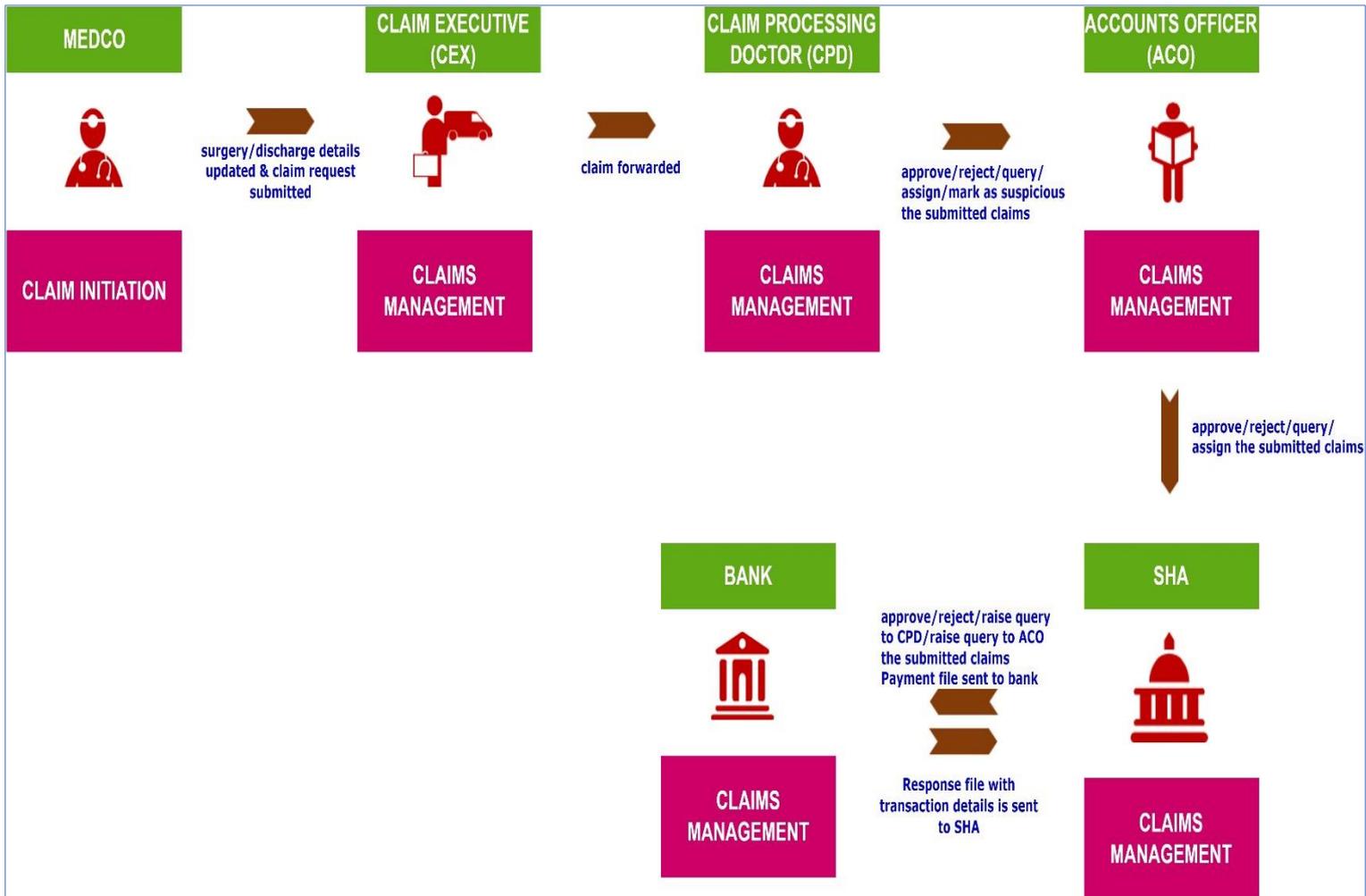
### 1.4 Features of TMS Payer

- 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

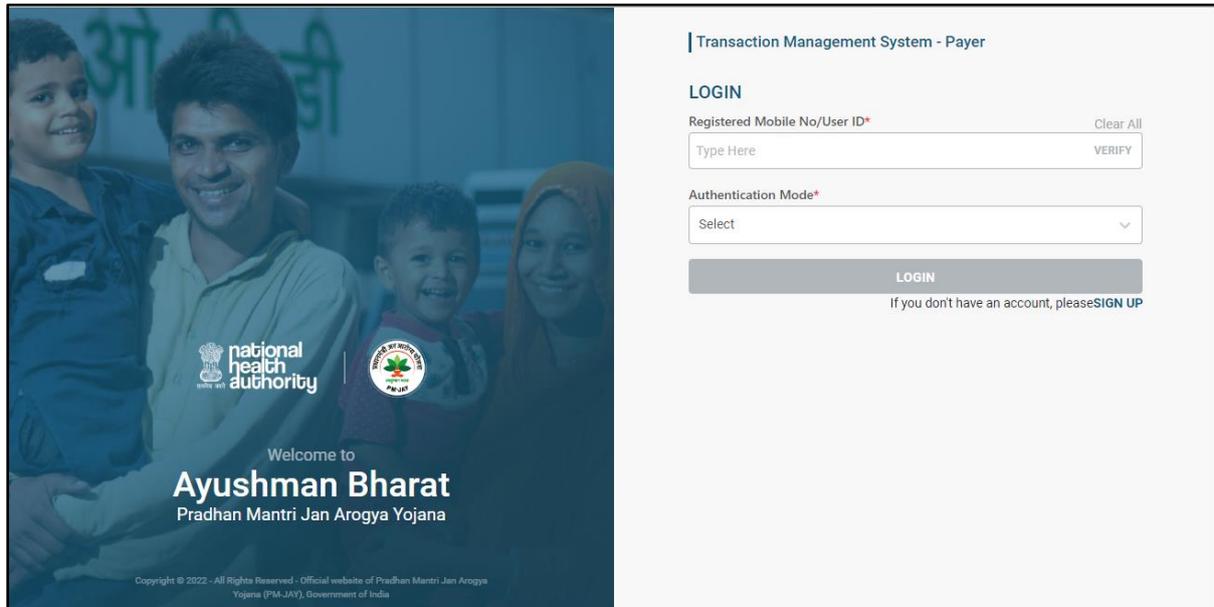
<b>PPD</b>	Pre-authorization Processing Doctor is responsible for processing of pre-authorization request.
<b>CEX</b>	Claim Executive's role involves the review the claim documents and non-technical checklist and forward it to the claim processing doctor (CPD).
<b>CPD</b>	Claim Processing Doctor verifies medical reports to ensure the treatment was done appropriately, and checks invoices to ensure the right amount is being claimed.
<b>MEDICAL COMMITTEE</b>	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.
<b>ACO</b>	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.
<b>SHA-AFO</b>	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.
<b>SHA</b>	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.

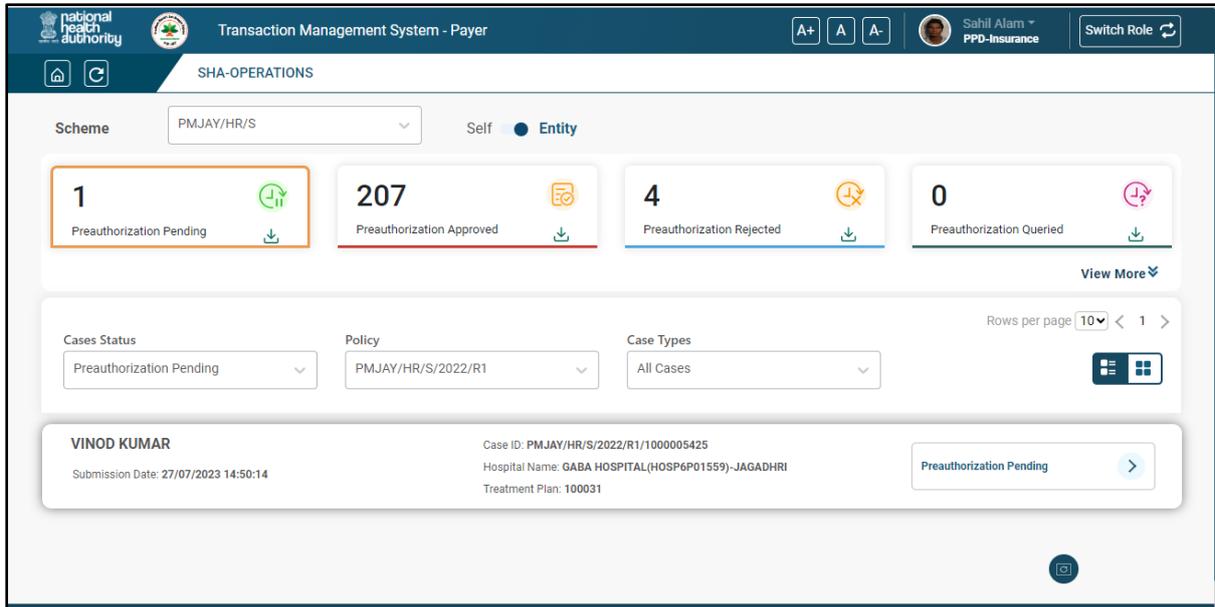


### Login Screen

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).

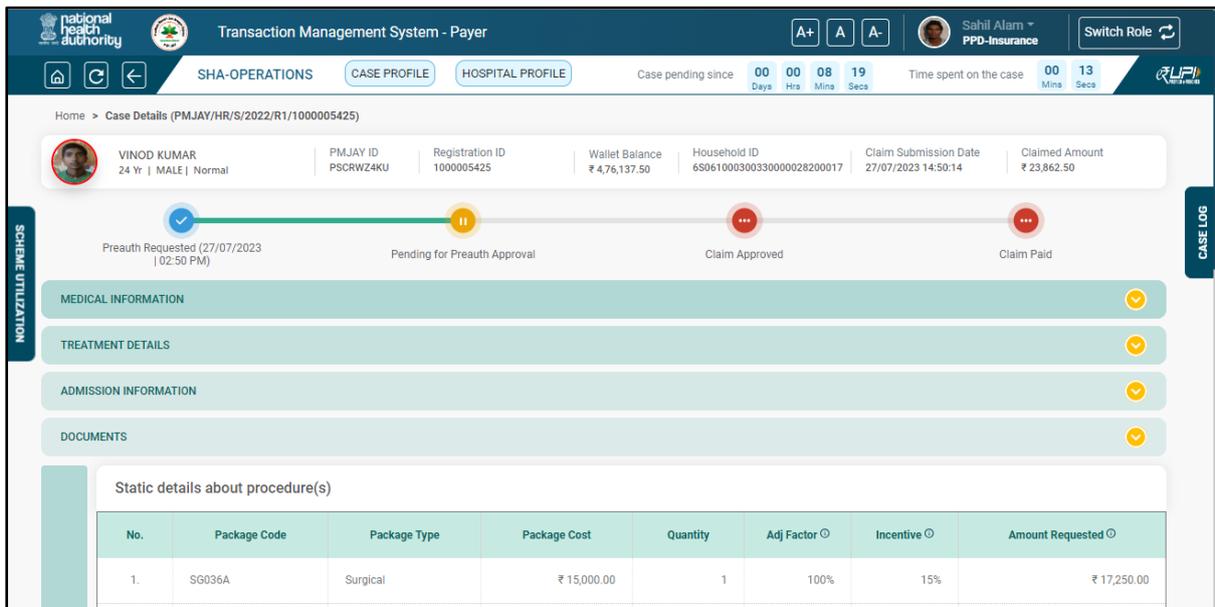
## 2.2 Pre-authorization process (PPD)

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

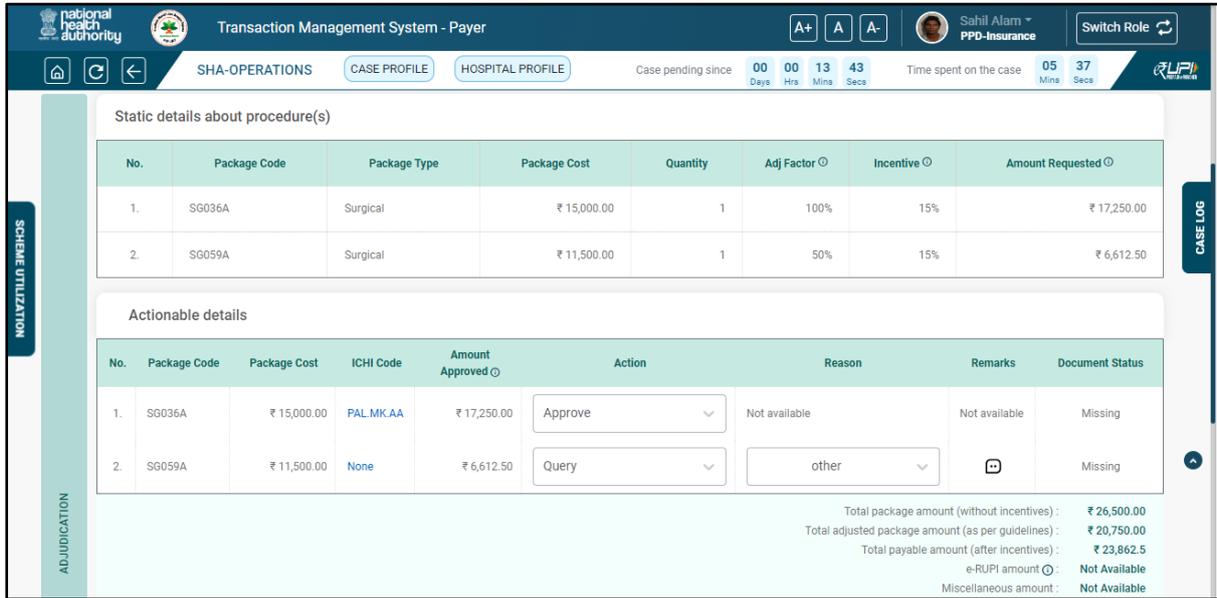
When user click on preauthorization pending action button as shown in PPD worklist screen shot. Then case details will be displayed in different section such as Medical Information, Treatment Details, Admission Information, Documents, Adjudication will be displayed as shown in PPD detailed case view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



No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00

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.



Transaction Management System - Payer

Case pending since: 00 Days, 00 Hrs, 13 Mins, 43 Secs  
Time spent on the case: 05 Mins, 37 Secs

Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.50

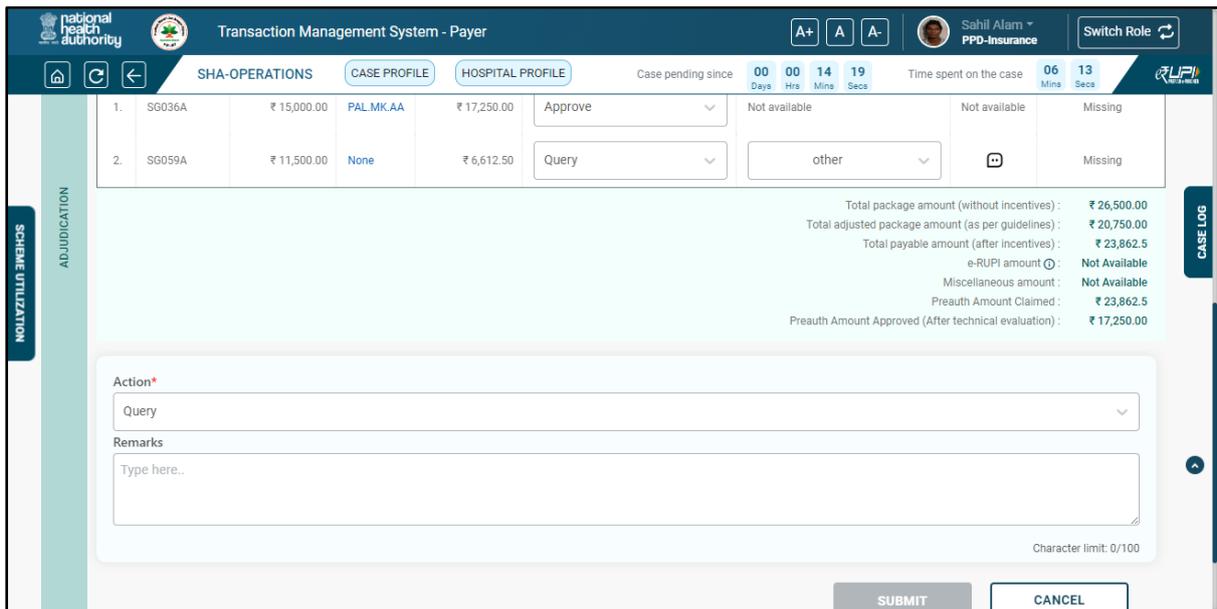
Actionable details

No.	Package Code	Package Cost	ICHI Code	Amount Approved	Action	Reason	Remarks	Document Status
1.	SG036A	₹ 15,000.00	PAL.MK.AA	₹ 17,250.00	Approve	Not available	Not available	Missing
2.	SG059A	₹ 11,500.00	None	₹ 6,612.50	Query	other		Missing

Summary:

- Total package amount (without incentives): ₹ 26,500.00
- Total adjusted package amount (as per guidelines): ₹ 20,750.00
- Total payable amount (after incentives): ₹ 23,862.5
- e-RUPI amount: Not Available
- Miscellaneous amount: Not Available

### PPD Adjudication from actionable details tabs



Transaction Management System - Payer

Case pending since: 00 Days, 00 Hrs, 14 Mins, 19 Secs  
Time spent on the case: 06 Mins, 13 Secs

No.	Package Code	Package Cost	ICHI Code	Amount Approved	Action	Reason	Remarks	Document Status
1.	SG036A	₹ 15,000.00	PAL.MK.AA	₹ 17,250.00	Approve	Not available	Not available	Missing
2.	SG059A	₹ 11,500.00	None	₹ 6,612.50	Query	other		Missing

Summary:

- Total package amount (without incentives): ₹ 26,500.00
- Total adjusted package amount (as per guidelines): ₹ 20,750.00
- Total payable amount (after incentives): ₹ 23,862.5
- e-RUPI amount: Not Available
- Miscellaneous amount: Not Available
- Preauth Amount Claimed: ₹ 23,862.5
- Preauth Amount Approved (After technical evaluation): ₹ 17,250.00

Action\*  
Query

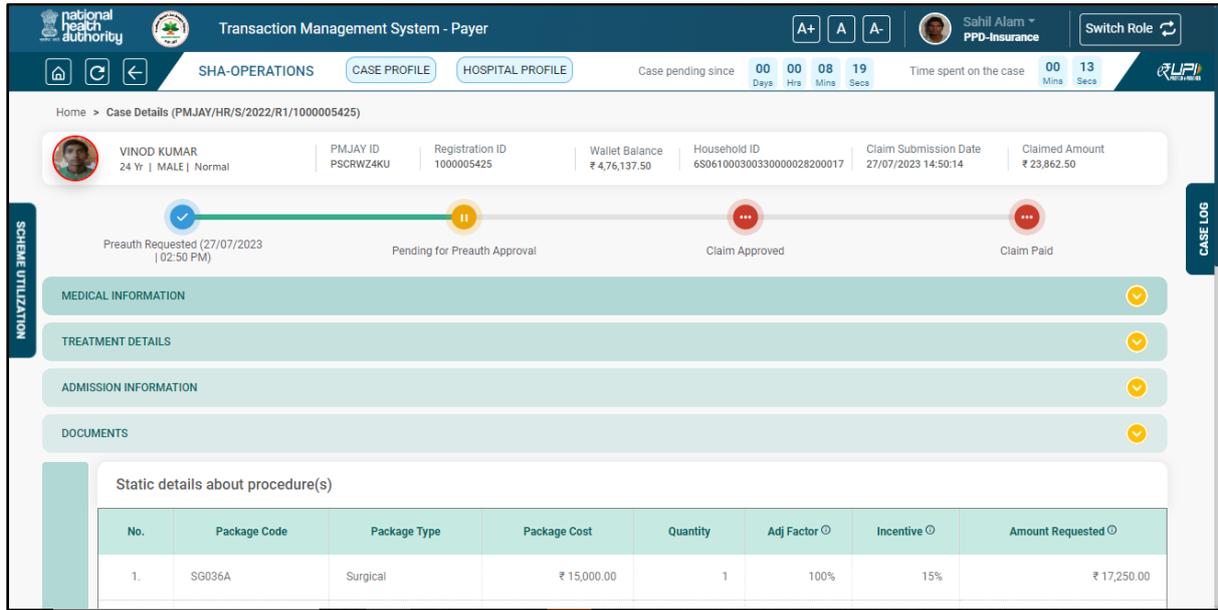
Remarks  
Type here..

Character limit: 0/100

SUBMIT CANCEL

### Final PPD action

Each section can be expanded 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.



Transaction Management System - Payer

Case pending since: 00 Days 00 Hrs 08 Mins 19 Secs | Time spent on the case: 00 Mins 13 Secs

Home > Case Details (PMJAY/HR/S/2022/R1/100005425)

**VINOD KUMAR**  
24 Yr | MALE | Normal

PMJAY ID: PSCRWZAKU | Registration ID: 100005425 | Wallet Balance: ₹ 4,76,137.50 | Household ID: 65061000300330000028200017 | Claim Submission Date: 27/07/2023 14:50:14 | Claimed Amount: ₹ 23,862.50

Progress: Preauth Requested (27/07/2023 | 02:50 PM) | Pending for Preauth Approval | Claim Approved | Claim Paid

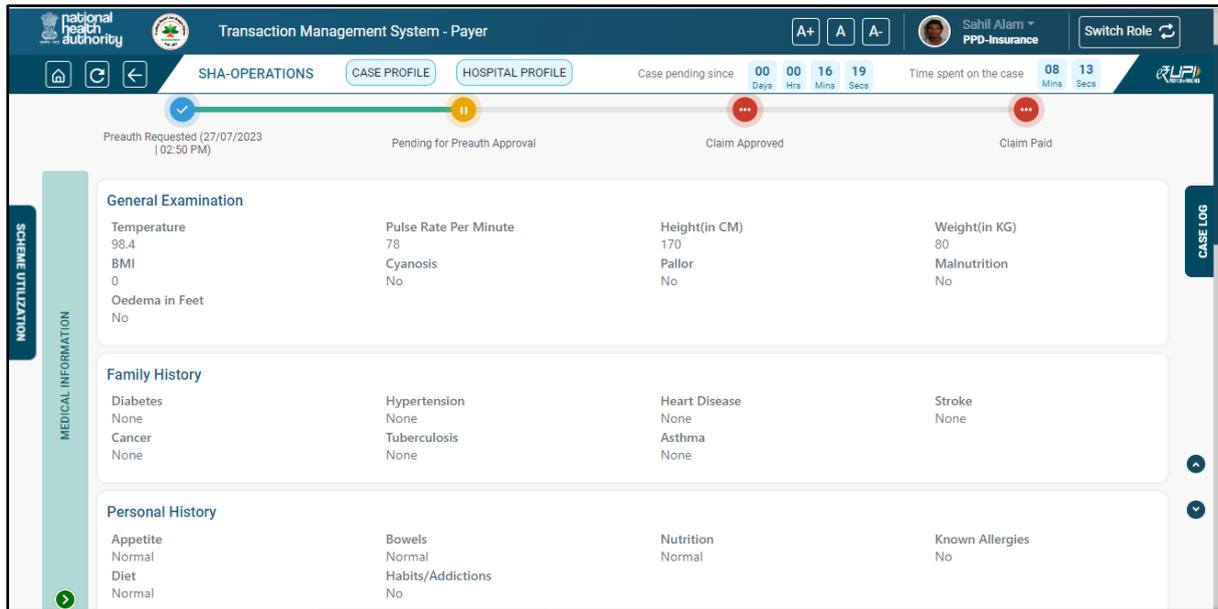
Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00

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:



Transaction Management System - Payer

Case pending since: 00 Days 00 Hrs 16 Mins 19 Secs | Time spent on the case: 08 Mins 13 Secs

Home > Case Details (PMJAY/HR/S/2022/R1/100005425)

**VINOD KUMAR**  
24 Yr | MALE | Normal

PMJAY ID: PSCRWZAKU | Registration ID: 100005425 | Wallet Balance: ₹ 4,76,137.50 | Household ID: 65061000300330000028200017 | Claim Submission Date: 27/07/2023 14:50:14 | Claimed Amount: ₹ 23,862.50

Progress: Preauth Requested (27/07/2023 | 02:50 PM) | Pending for Preauth Approval | Claim Approved | Claim Paid

**General Examination**

Temperature: 98.4	Pulse Rate Per Minute: 78	Height(in CM): 170	Weight(in KG): 80
BMI: 0	Cyanosis: No	Pallor: No	Malnutrition: No
Oedema in Feet: No			

**Family History**

Diabetes: None	Hypertension: None	Heart Disease: None	Stroke: None
Cancer: None	Tuberculosis: None	Asthma: None	

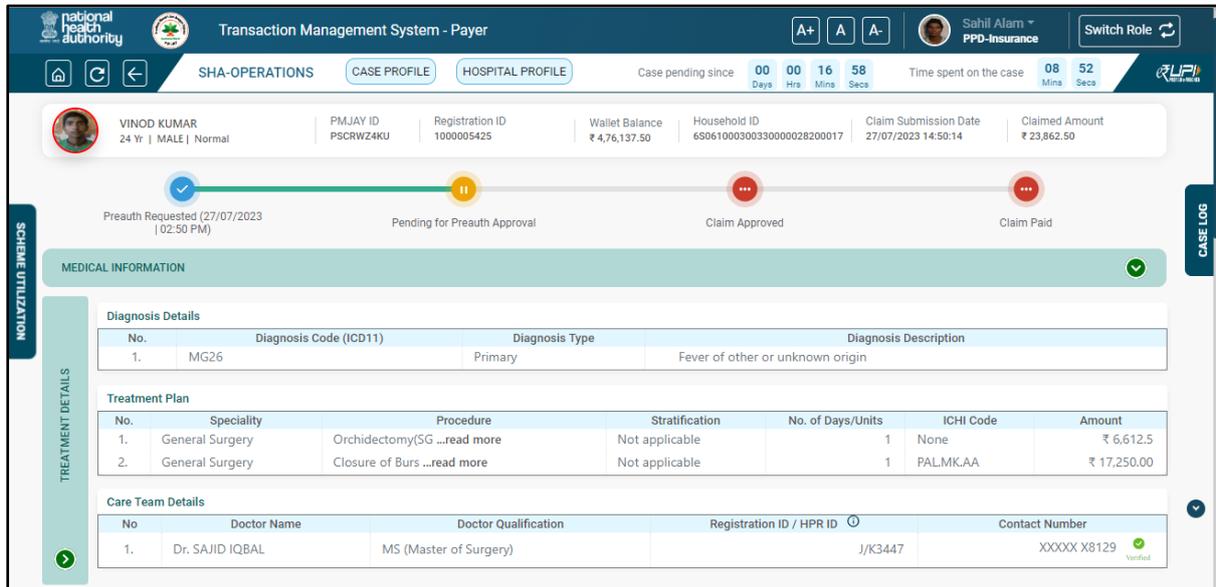
**Personal History**

Appetite: Normal	Bowels: Normal	Nutrition: Normal	Known Allergies: No
Diet: Normal	Habits/Addictions: No		

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.



The screenshot shows the 'Treatment Details' section of the 'Transaction Management System - Payer'. It includes a patient profile for VINOD KUMAR, a progress bar for the claim status (Preauth Requested, Pending for Preauth Approval, Claim Approved, Claim Paid), and three main data sections:

- Diagnosis Details:**

No.	Diagnosis Code (ICD11)	Diagnosis Type	Diagnosis Description
1.	MG26	Primary	Fever of other or unknown origin
- Treatment Plan:**

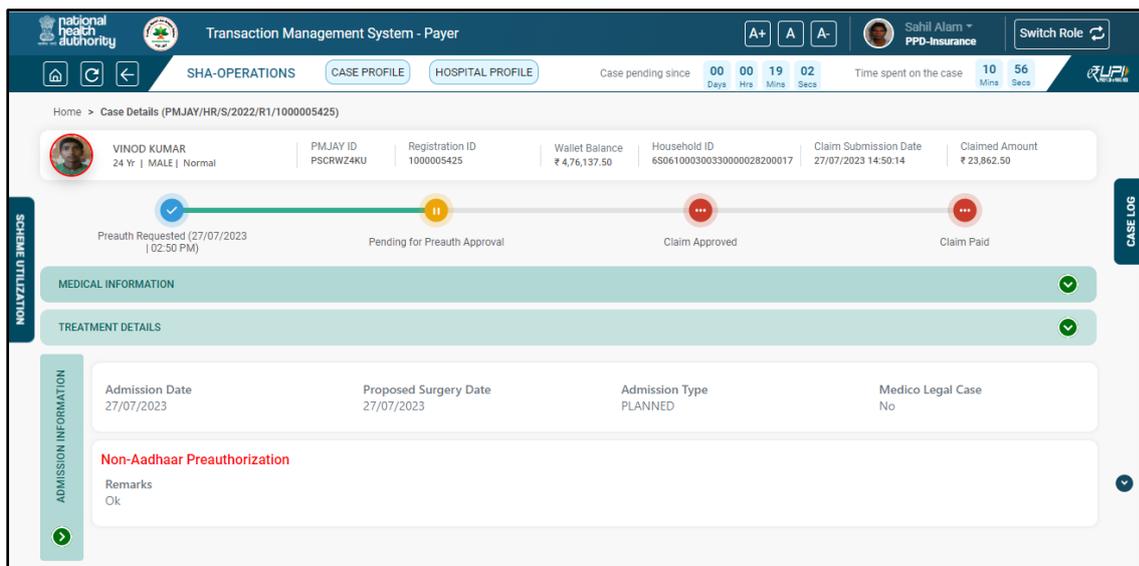
No.	Speciality	Procedure	Stratification	No. of Days/Units	ICHI Code	Amount
1.	General Surgery	Orchidectomy(SG ...read more	Not applicable	1	None	₹ 6,612.5
2.	General Surgery	Closure of Burs ...read more	Not applicable	1	PAL.MK.AA	₹ 17,250.00
- Care Team Details:**

No.	Doctor Name	Doctor Qualification	Registration ID / HPR ID	Contact Number
1.	Dr. SAJID IQBAL	MS (Master of Surgery)	J/K3447	XXXXXX X8129

#### 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:



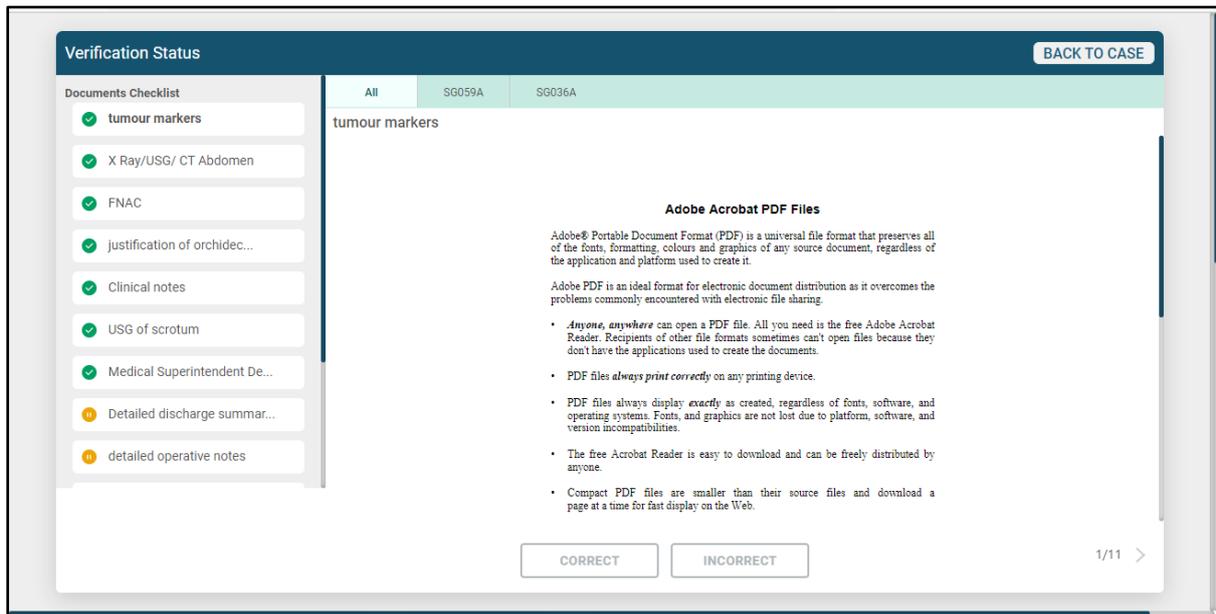
The screenshot shows the 'Admission Information' section of the 'Transaction Management System - Payer'. It includes a patient profile for VINOD KUMAR, a progress bar for the claim status, and an 'ADMISSION INFORMATION' section with the following details:

- Admission Date:** 27/07/2023
- Proposed Surgery Date:** 27/07/2023
- Admission Type:** PLANNED
- Medico Legal Case:** No
- Non-Aadhaar Preauthorization:** Remarks: Ok

#### 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.

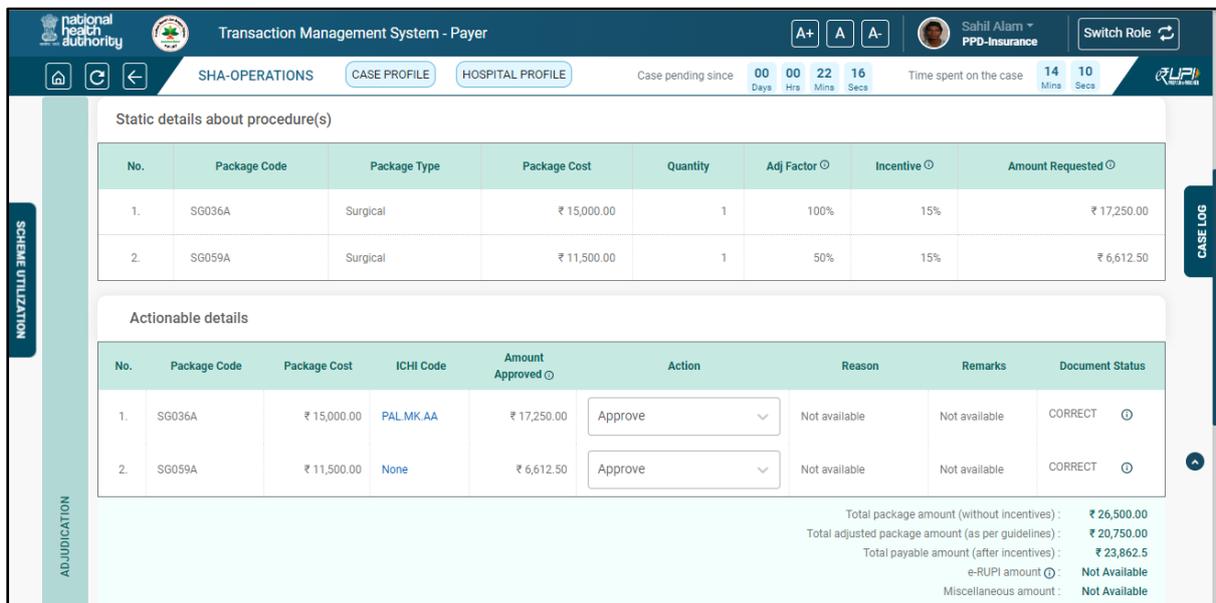


The screenshot shows a 'Verification Status' window with a 'Documents Checklist' on the left and a document preview on the right. The checklist includes items like 'tumour markers', 'X Ray/USG/ CT Abdomen', 'FNAC', 'justification of orchidec...', 'Clinical notes', 'USG of scrotum', 'Medical Superintendent De...', 'Detailed discharge summar...', and 'detailed operative notes'. The document preview shows an 'Adobe Acrobat PDF Files' section with text about PDF format and a list of bullet points. At the bottom, there are 'CORRECT' and 'INCORRECT' buttons and a page indicator '1/11'.

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.



The screenshot shows the 'Transaction Management System - Payer' interface. It features a top navigation bar with 'SHA-OPERATIONS', 'CASE PROFILE', and 'HOSPITAL PROFILE' tabs. Below this, there are two main sections: 'Static details about procedure(s)' and 'Actionable details'. The 'Static details' section contains a table with columns for No., Package Code, Package Type, Package Cost, Quantity, Adj Factor, Incentive, and Amount Requested. The 'Actionable details' section contains a table with columns for No., Package Code, Package Cost, ICHI Code, Amount Approved, Action, Reason, Remarks, and Document Status. At the bottom right, there are summary statistics for package amounts and incentives.

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.50

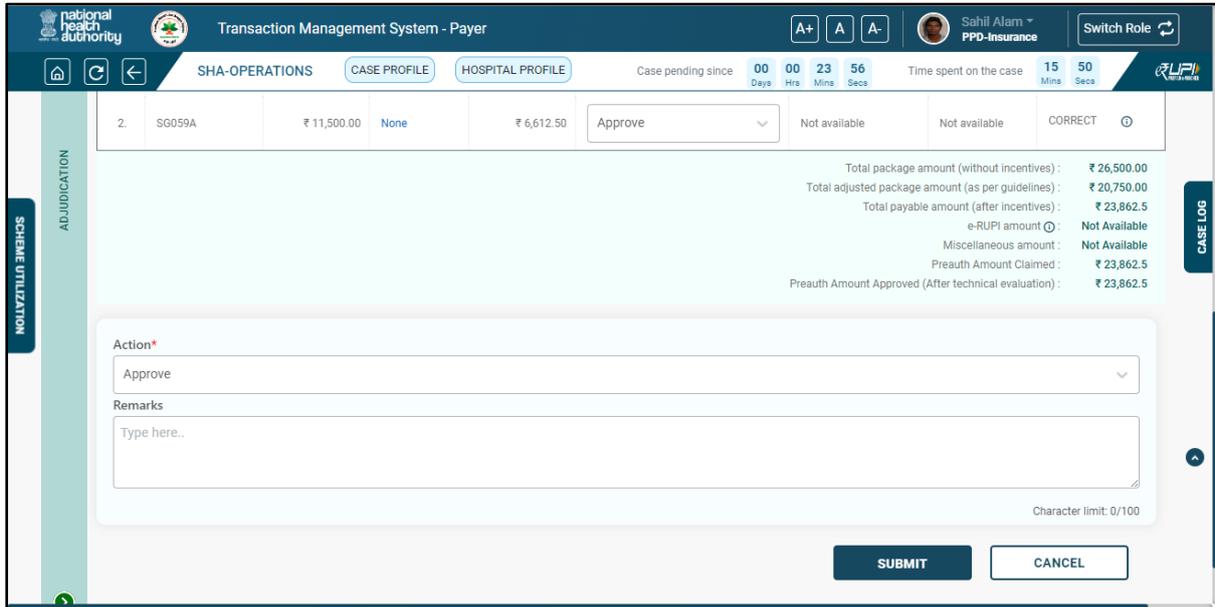
No.	Package Code	Package Cost	ICHI Code	Amount Approved	Action	Reason	Remarks	Document Status
1.	SG036A	₹ 15,000.00	PAL.MK.AA	₹ 17,250.00	Approve	Not available	Not available	CORRECT
2.	SG059A	₹ 11,500.00	None	₹ 6,612.50	Approve	Not available	Not available	CORRECT

Summary Statistics:

- Total package amount (without incentives) : ₹ 26,500.00
- Total adjusted package amount (as per guidelines) : ₹ 20,750.00
- Total payable amount (after incentives) : ₹ 23,862.5
- e-RUPI amount : Not Available
- Miscellaneous amount : Not Available

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”.



**Transaction Management System - Payer**

User: Sahil Alam | PPD-Insurance | Switch Role

Case pending since: 00 Days 00 Hrs 23 Mins 56 Secs | Time spent on the case: 15 Mins 50 Secs

2.	SG059A	₹ 11,500.00	None	₹ 6,612.50	Approve	Not available	Not available	CORRECT
----	--------	-------------	------	------------	---------	---------------	---------------	---------

**Summary:**

- Total package amount (without incentives): ₹ 26,500.00
- Total adjusted package amount (as per guidelines): ₹ 20,750.00
- Total payable amount (after incentives): ₹ 23,862.5
- e-RUPI amount: Not Available
- Miscellaneous amount: Not Available
- Preauth Amount Claimed: ₹ 23,862.5
- Preauth Amount Approved (After technical evaluation): ₹ 23,862.5

**Action\*:** Approve

**Remarks:** Type here..

Character limit: 0/100

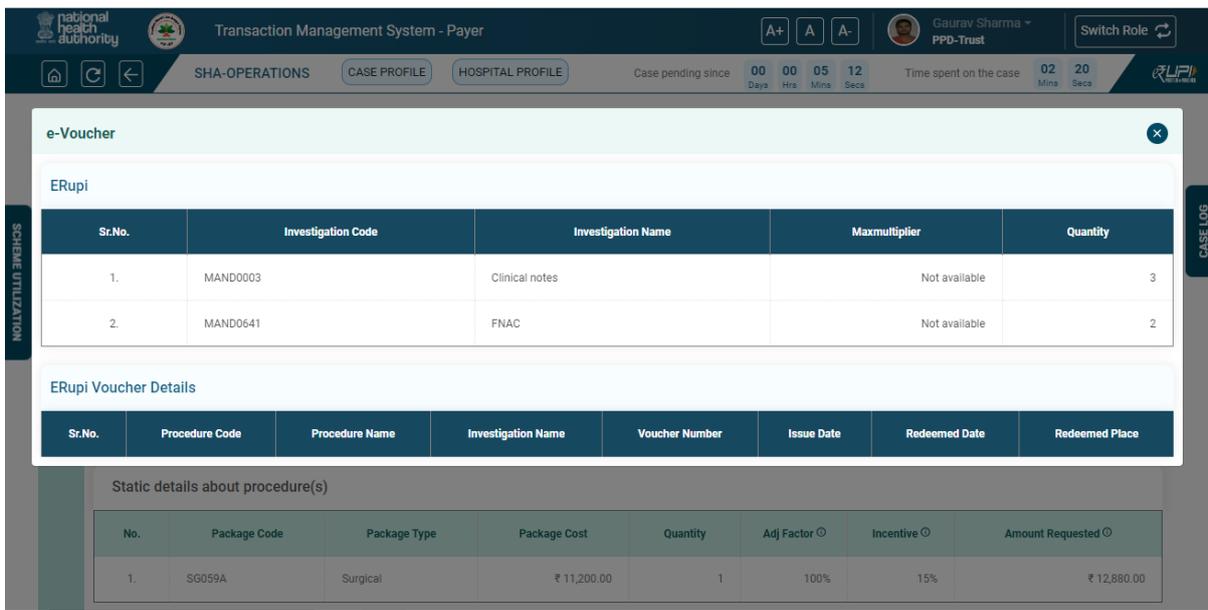
**SUBMIT** **CANCEL**

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.



The screenshot displays the 'Transaction Management System - Payer' interface. The top navigation bar includes 'SHA-OPERATIONS', 'CASE PROFILE', and 'HOSPITAL PROFILE'. A user profile for 'Gaurav Sharma - PPD-Trust' is visible. The main content area is titled 'e-Voucher' and contains the following sections:

- ERupi Table:**

Sr.No.	Investigation Code	Investigation Name	Maxmultiplier	Quantity
1.	MAND0003	Clinical notes	Not available	3
2.	MAND0641	FNAC	Not available	2
- ERupi Voucher Details Table:**

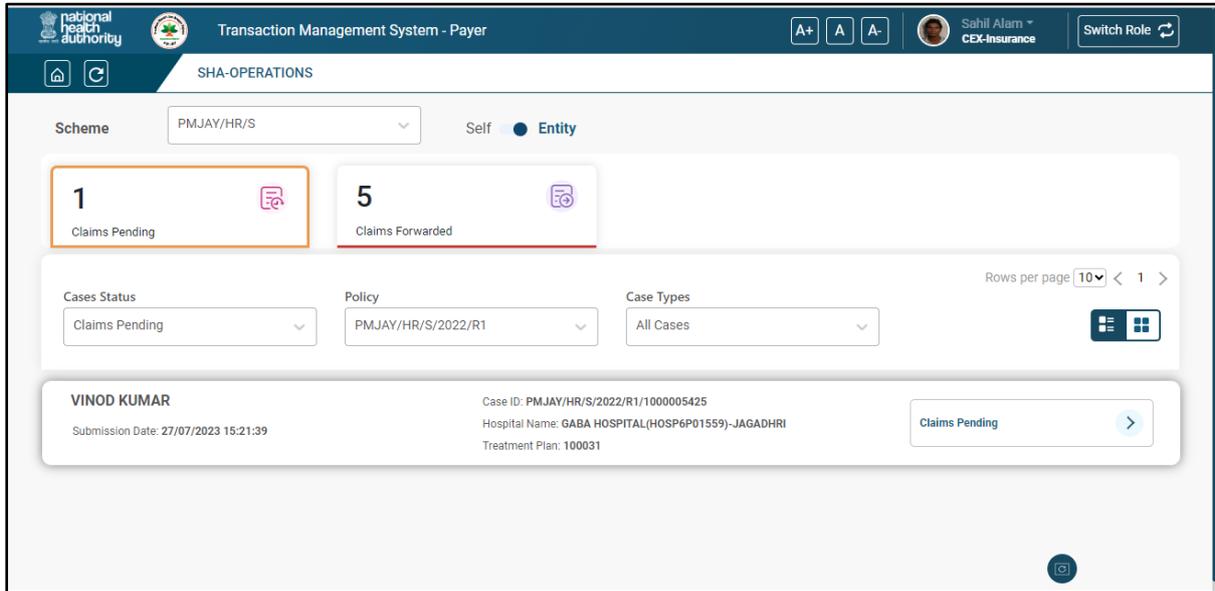
Sr.No.	Procedure Code	Procedure Name	Investigation Name	Voucher Number	Issue Date	Redeemed Date	Redeemed Place
[Empty rows]							
- Static details about procedure(s) Table:**

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested
1.	SG059A	Surgical	₹ 11,200.00	1	100%	15%	₹ 12,880.00

### e-RUPI

### 2.3 Claim Processing by Claim Executive (CEX)

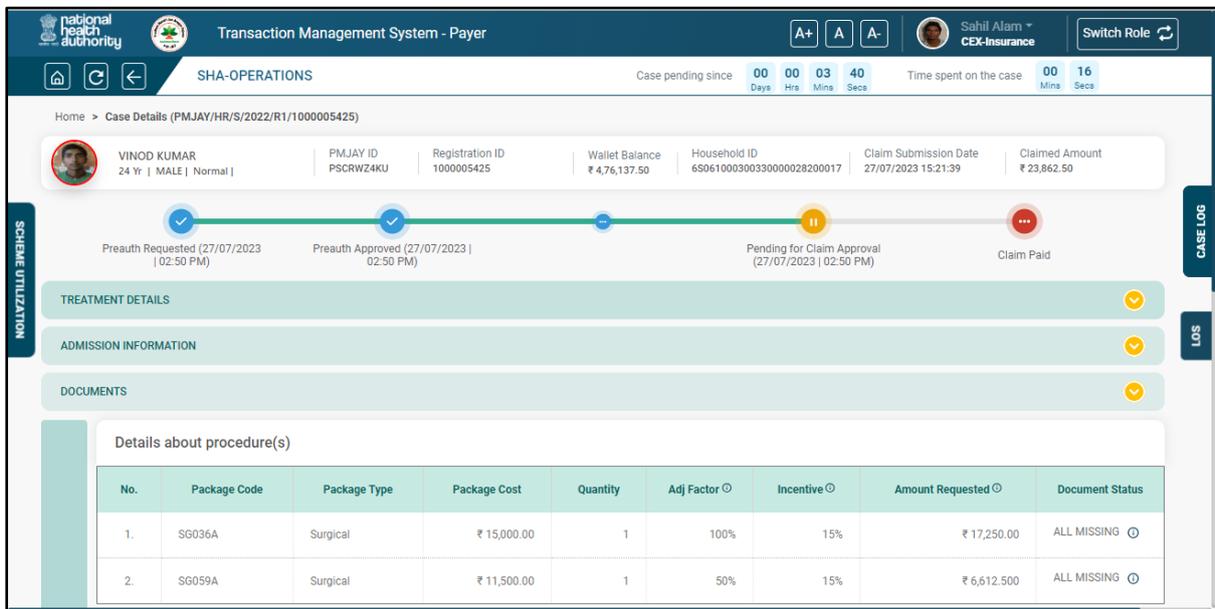
After claim submission by Hospital from TMS Provider system, request will come to CEX login for the processing. Login as CEX and landing page will be displayed as shown in CEX Worklist screen shot.



The screenshot shows the 'Transaction Management System - Payer' interface for a CEX user. The user is logged in as Sahil Alam, CEX-Insurance. The main section is titled 'SHA-OPERATIONS' and displays a summary of claims: 1 Claims Pending and 5 Claims Forwarded. Below this, there are filters for 'Cases Status' (Claims Pending), 'Policy' (PMJAY/HR/S/2022/R1), and 'Case Types' (All Cases). A specific case for 'VINOD KUMAR' is highlighted, showing submission details and a 'Claims Pending' button.

CEX Worklist

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



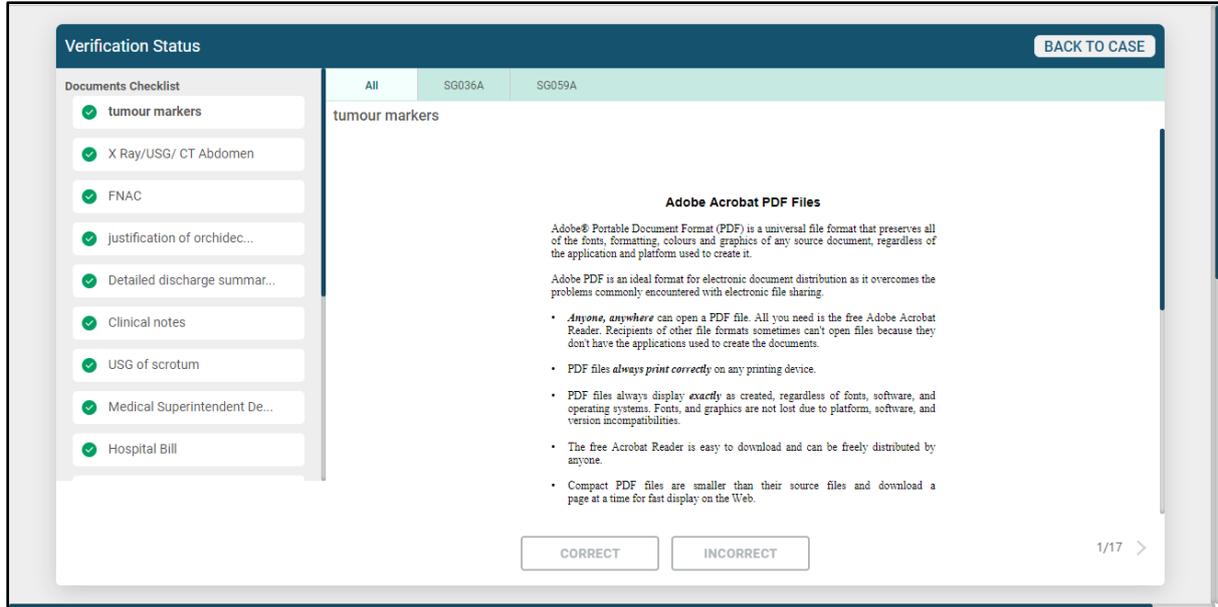
The screenshot shows the 'Case Details' view for the case of VINOD KUMAR. It includes a progress bar with stages: Preauth Requested, Preauth Approved, Pending for Claim Approval, and Claim Paid. Below the progress bar are sections for 'TREATMENT DETAILS', 'ADMISSION INFORMATION', and 'DOCUMENTS'. A table provides details about the procedure(s):

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	Document Status
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	ALL MISSING
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.500	ALL MISSING

CEX case details view

### 2.3.1 CEX Documents Non-Technical Checklist

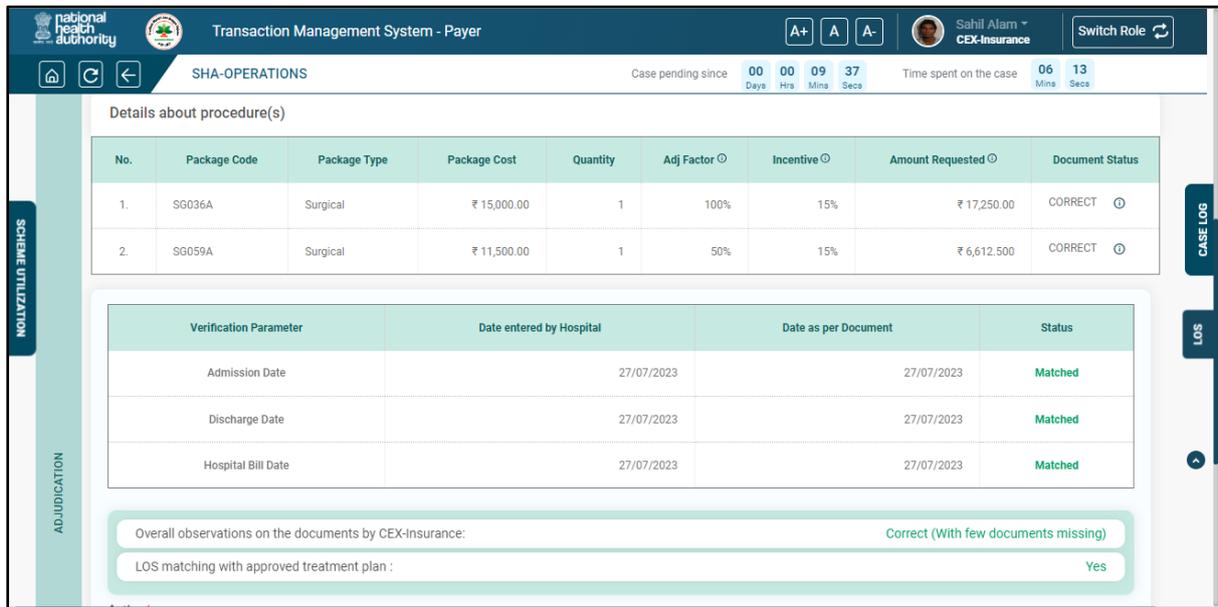
User can fill the non-checklist and verify the forms by clicking “Documents” section as shown in CEX document checklist verification screen shot. And mark documents Correct and Incorrect. Correct and Incorrect button will be enabled when user scroll to the bottom of document.



CEX document verification checklist

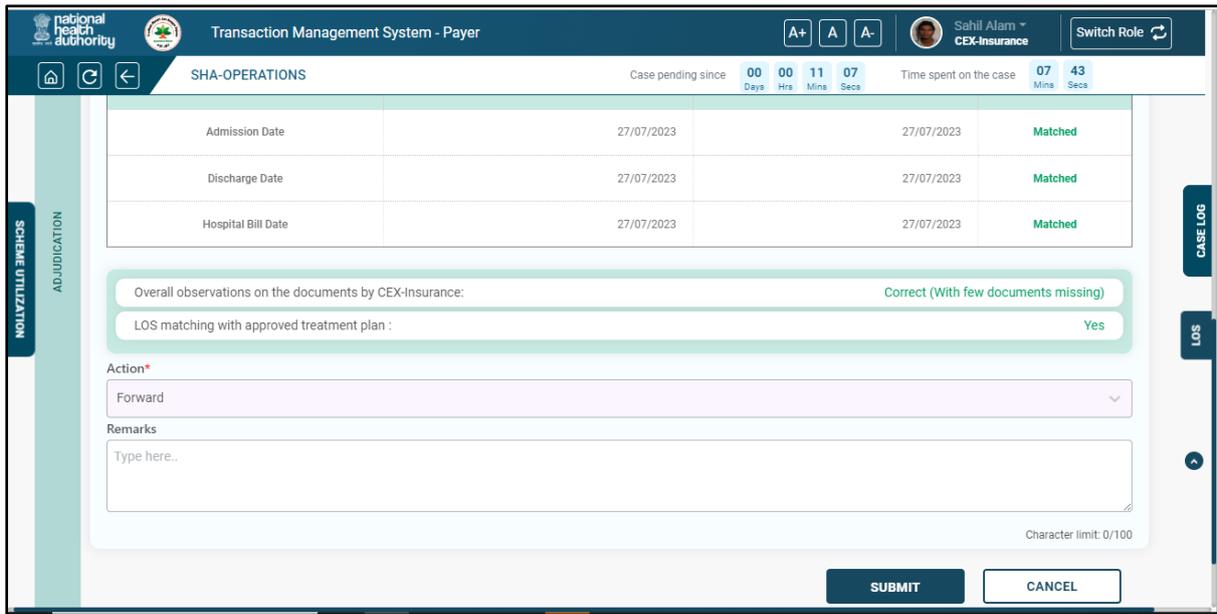
### 2.3.2 Adjudication by CEX

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.



The screenshot shows the 'Transaction Management System - Payer' interface for 'SHA-OPERATIONS'. The user is Sahil Alam, logged in as CEX-Insurance. The interface displays a table with the following data:

Field	Value	Matched
Admission Date	27/07/2023	Matched
Discharge Date	27/07/2023	Matched
Hospital Bill Date	27/07/2023	Matched

Overall observations on the documents by CEX-Insurance: Correct (With few documents missing)  
 LOS matching with approved treatment plan : Yes

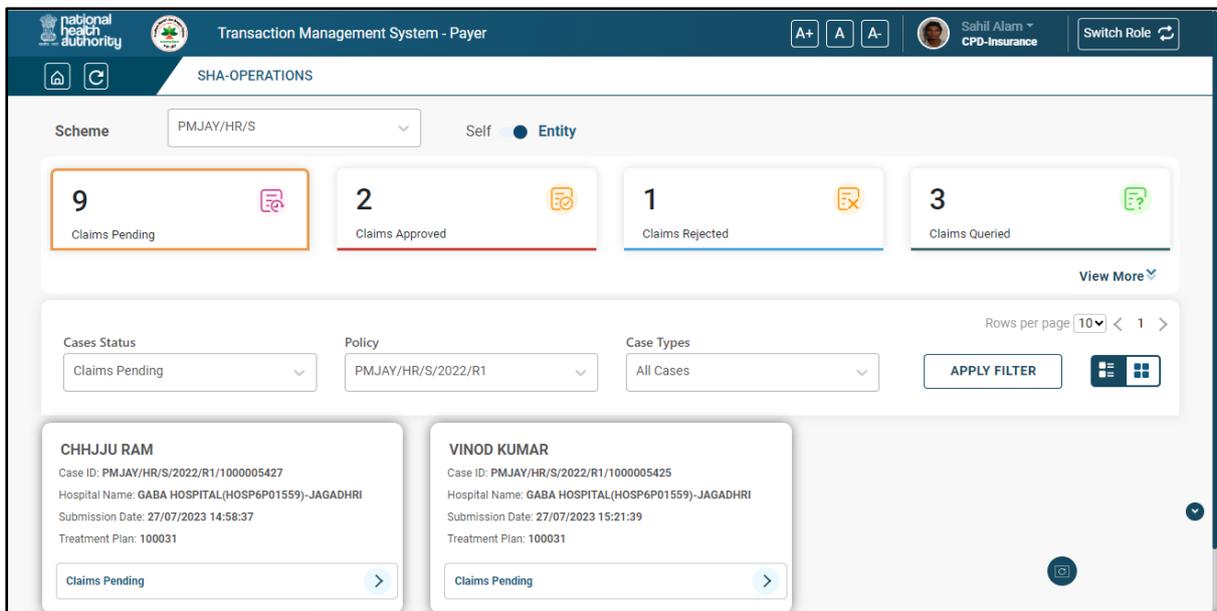
Action\*: Forward  
 Remarks: Type here..

Buttons: SUBMIT, CANCEL

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.



The screenshot shows the 'Transaction Management System - Payer' interface for 'SHA-OPERATIONS' as a CPD-Insurance user. The interface displays a dashboard with the following data:

- Scheme: PMJAY/HR/S
- Self: Entity
- 9 Claims Pending
- 2 Claims Approved
- 1 Claims Rejected
- 3 Claims Queried

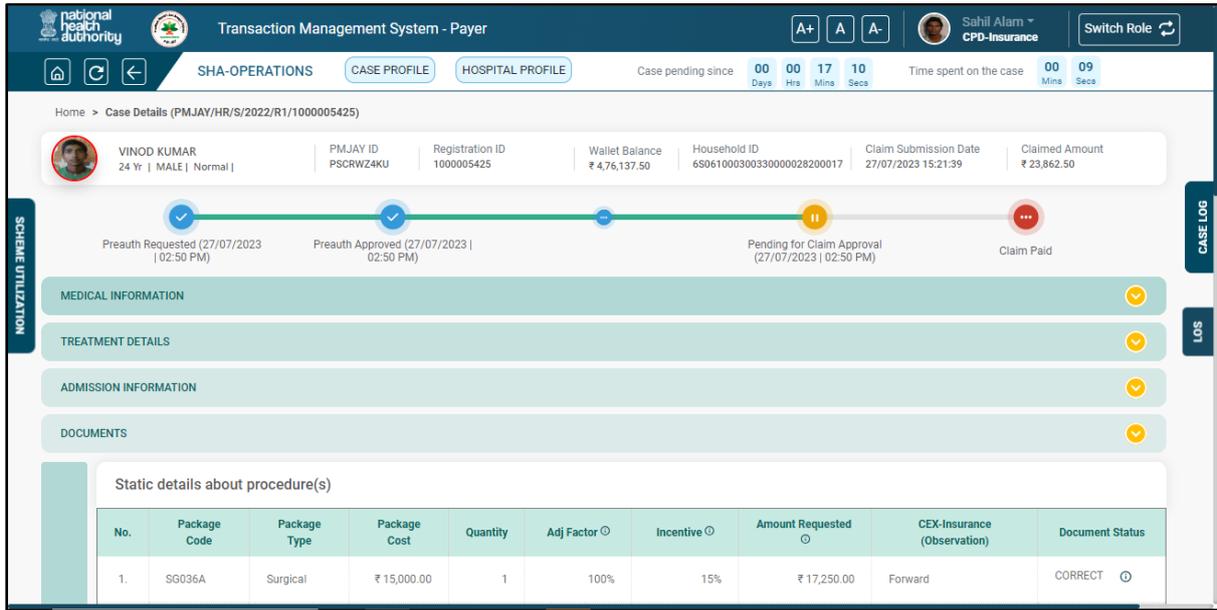
Filters: Cases Status (Claims Pending), Policy (PMJAY/HR/S/2022/R1), Case Types (All Cases). Rows per page: 10.

Case Details:

Name	Case ID	Hospital Name	Submission Date	Treatment Plan	Status
CHHJJU RAM	PMJAY/HR/S/2022/R1/1000005427	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	27/07/2023 14:58:37	100031	Claims Pending
VINOD KUMAR	PMJAY/HR/S/2022/R1/1000005425	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	27/07/2023 15:21:39	100031	Claims Pending

CPD worklist

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



Transaction Management System - Payer

Case pending since: 00 Days 00 Hrs 17 Mins 10 Secs | Time spent on the case: 00 Mins 09 Secs

Home > Case Details (PMJAY/HR/S/2022/R1/100005425)

**VINOD KUMAR**  
24 Yr | MALE | Normal |

PMJAY ID: PSCRWZAKU | Registration ID: 100005425 | Wallet Balance: ₹ 4,76,137.50 | Household ID: 65061000300330000028200017 | Claim Submission Date: 27/07/2023 15:21:39 | Claimed Amount: ₹ 23,862.50

Preauth Requested (27/07/2023 | 02:50 PM) | Preauth Approved (27/07/2023 | 02:50 PM) | Pending for Claim Approval (27/07/2023 | 02:50 PM) | Claim Paid

**SCHEME UTILIZATION**

MEDICAL INFORMATION | TREATMENT DETAILS | ADMISSION INFORMATION | DOCUMENTS

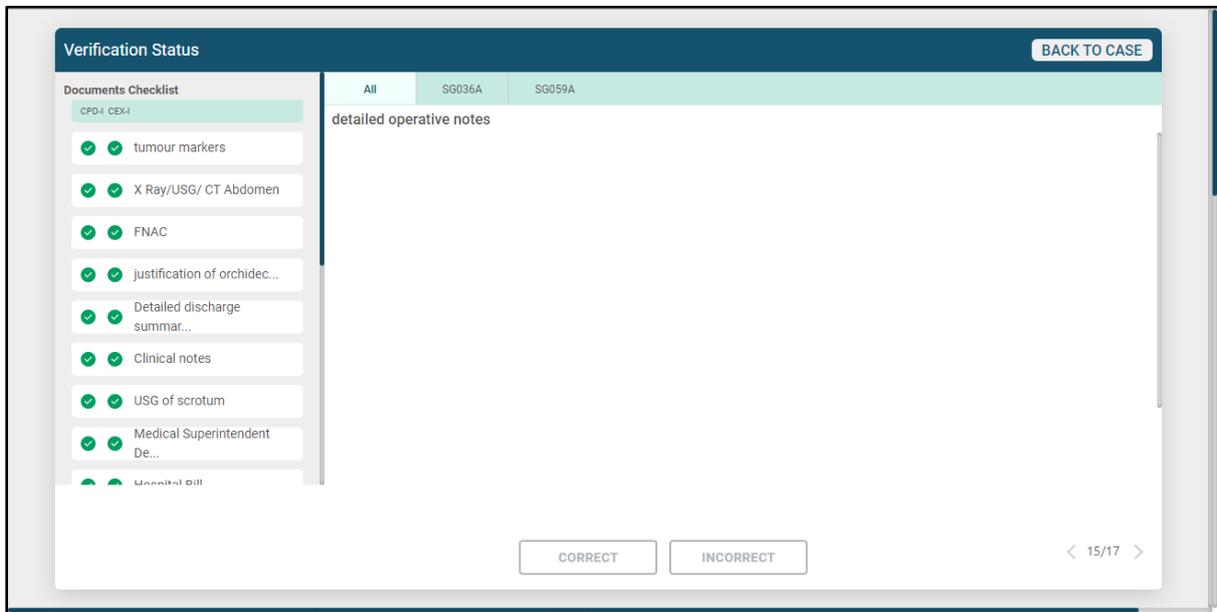
Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	CEX-Insurance (Observation)	Document Status
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Forward	CORRECT

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.



Verification Status | BACK TO CASE

Documents Checklist

CPD-1 CEX-1

- ✓ ✓ tumour markers
- ✓ ✓ X Ray/USG/ CT Abdomen
- ✓ ✓ FNAC
- ✓ ✓ justification of orchidec...
- ✓ ✓ Detailed discharge summar...
- ✓ ✓ Clinical notes
- ✓ ✓ USG of scrotum
- ✓ ✓ Medical Superintendent De...
- ✓ ✓ Hospital Bill

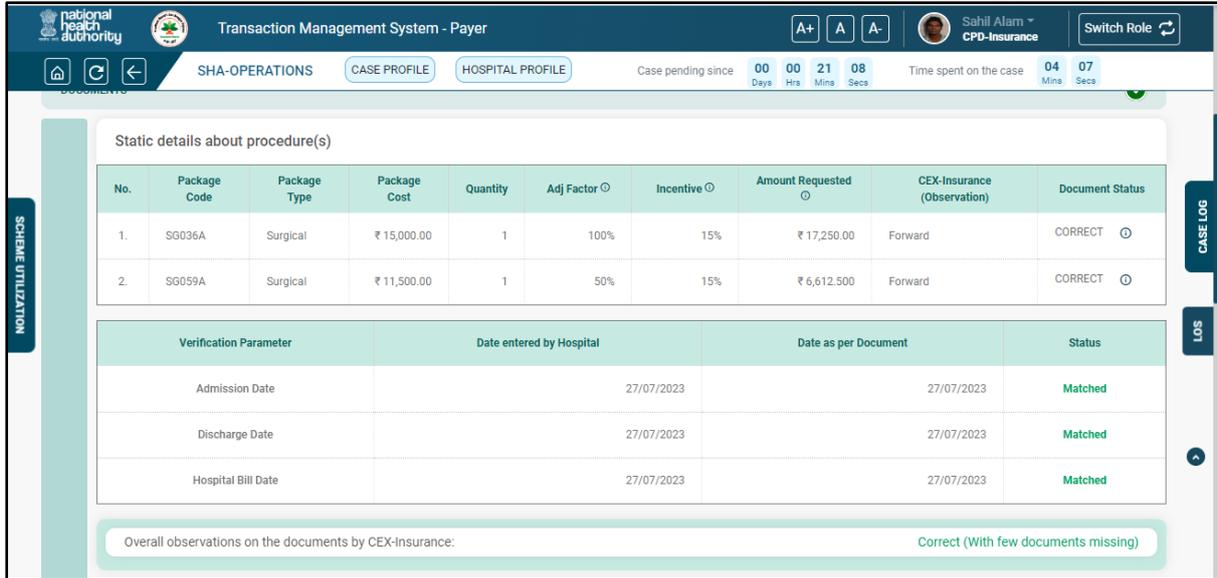
detailed operative notes

CORRECT | INCORRECT | < 15/17 >

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.

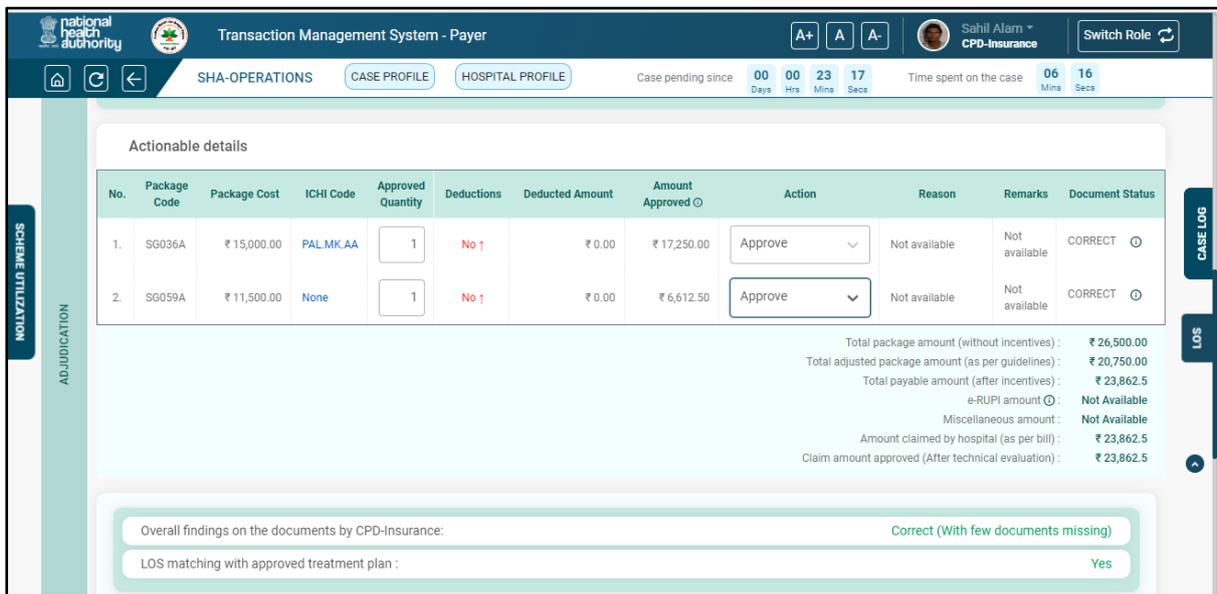


No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	CEX-Insurance (Observation)	Document Status
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Forward	CORRECT
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.500	Forward	CORRECT

Verification Parameter	Date entered by Hospital	Date as per Document	Status
Admission Date	27/07/2023	27/07/2023	Matched
Discharge Date	27/07/2023	27/07/2023	Matched
Hospital Bill Date	27/07/2023	27/07/2023	Matched

Overall observations on the documents by CEX-Insurance: Correct (With few documents missing)

Static details about procedure(s)



No.	Package Code	Package Cost	ICHI Code	Approved Quantity	Deductions	Deducted Amount	Amount Approved	Action	Reason	Remarks	Document Status
1.	SG036A	₹ 15,000.00	PAL.MK.AA	1	No ↑	₹ 0.00	₹ 17,250.00	Approve	Not available	Not available	CORRECT
2.	SG059A	₹ 11,500.00	None	1	No ↑	₹ 0.00	₹ 6,612.50	Approve	Not available	Not available	CORRECT

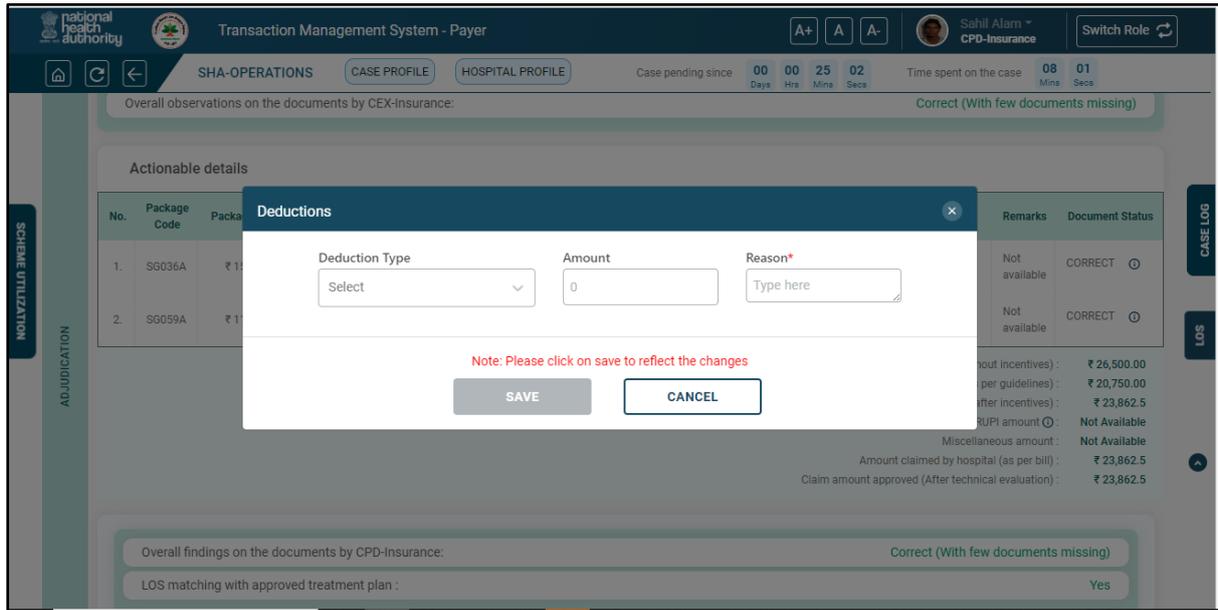
Total package amount (without incentives): ₹ 26,500.00  
 Total adjusted package amount (as per guidelines): ₹ 20,750.00  
 Total payable amount (after incentives): ₹ 23,862.5  
 e-RUPI amount: Not Available  
 Miscellaneous amount: Not Available  
 Amount claimed by hospital (as per bill): ₹ 23,862.5  
 Claim amount approved (After technical evaluation): ₹ 23,862.5

Overall findings on the documents by CPD-Insurance: Correct (With few documents missing)

LOS matching with approved treatment plan: Yes

Adjudication by CPD 1

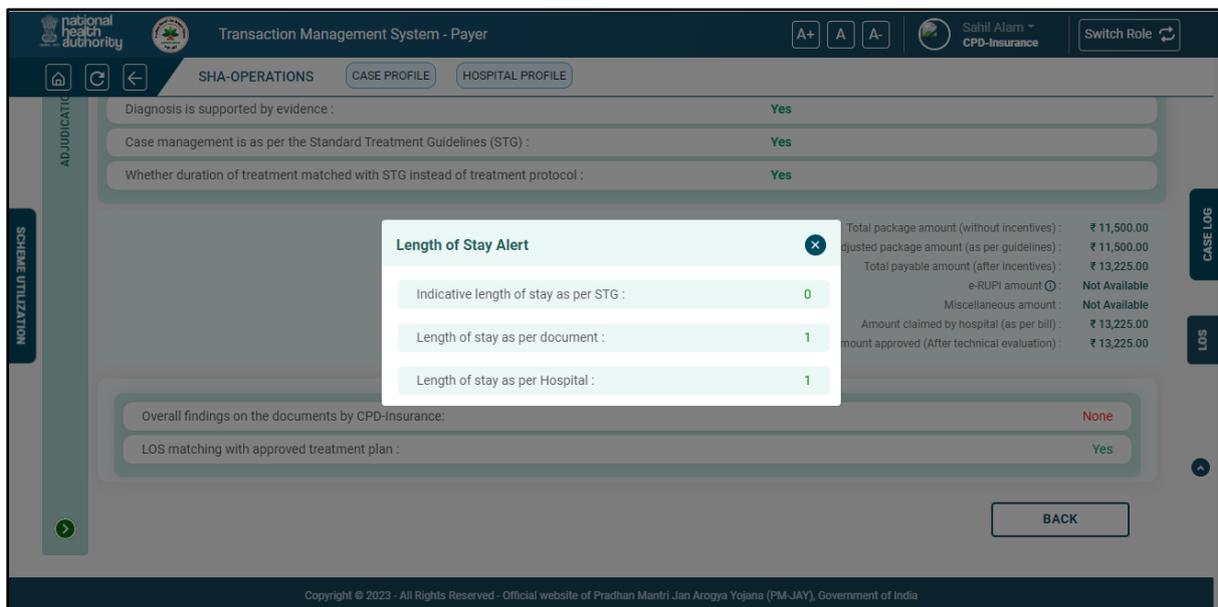
Deduction can be added by CPD as shown in below deduction screen shot. Select appropriate Deduction Type, amount and reason and save.



**Deduction Screen**

### 2.4.3 LOS Alert

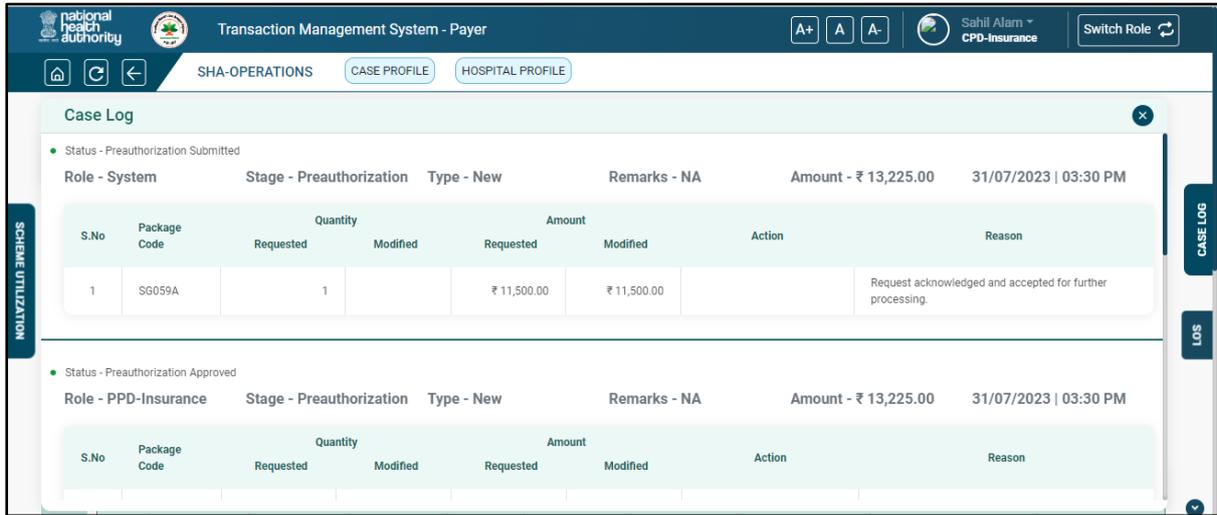
CPD can see the Length of Stay by clicking on LOS button present next to CASE LOG button as shown in LOS Alert screen shot.



**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**

- Status - Preauthorization Submitted

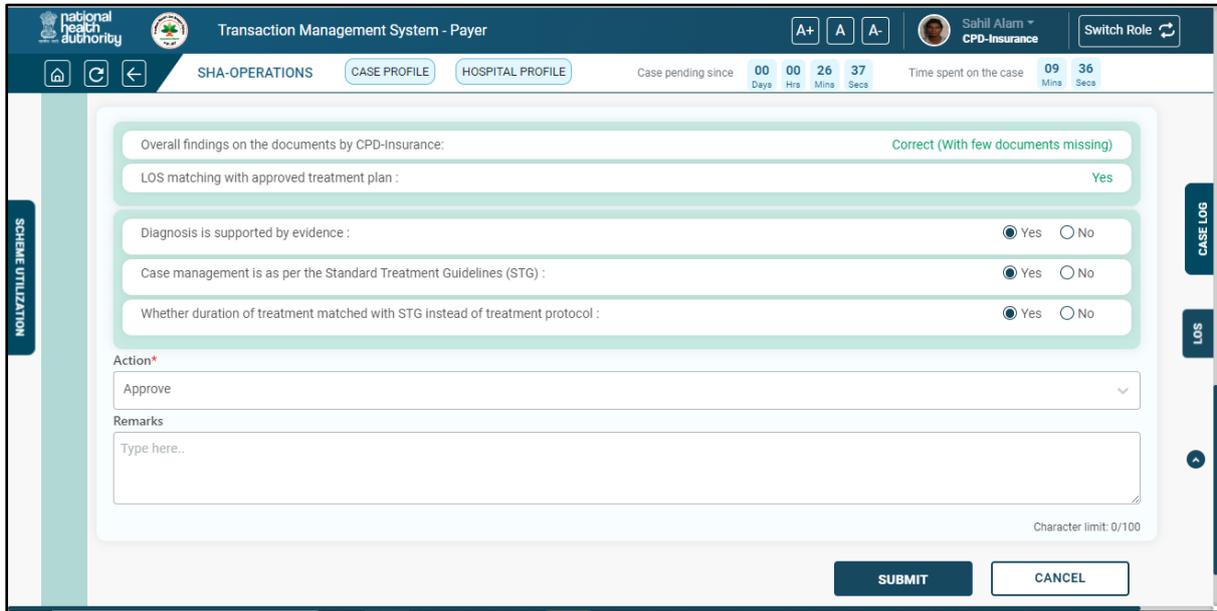
Role - System	Stage - Preauthorization	Type - New	Remarks - NA	Amount - ₹ 13,225.00	31/07/2023   03:30 PM		
S.No	Package Code	Quantity Requested	Quantity Modified	Amount Requested	Amount Modified	Action	Reason
1	SG059A	1		₹ 11,500.00	₹ 11,500.00		Request acknowledged and accepted for further processing.

- Status - Preauthorization Approved

Role - PPD-Insurance	Stage - Preauthorization	Type - New	Remarks - NA	Amount - ₹ 13,225.00	31/07/2023   03:30 PM		
S.No	Package Code	Quantity Requested	Quantity Modified	Amount Requested	Amount Modified	Action	Reason

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**

Case pending since: 00 Days 00 Hrs 26 Mins 37 Secs | Time spent on the case: 09 Mins 36 Secs

Overall findings on the documents by CPD-Insurance: Correct (With few documents missing)

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\*  
Approve

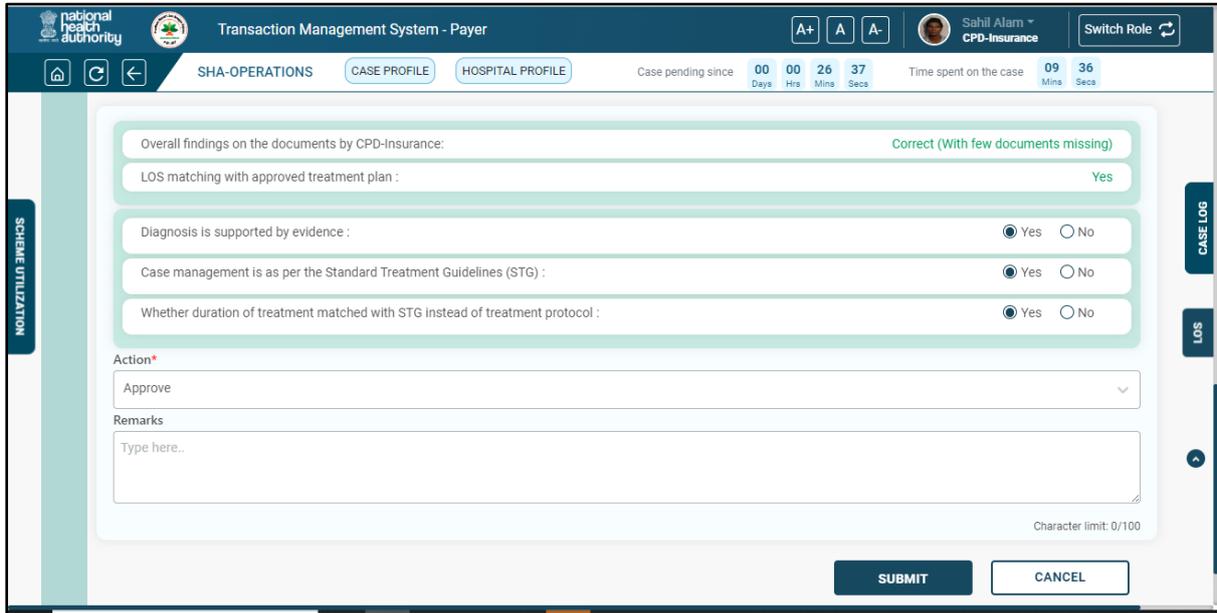
Remarks  
Type here..

Character limit: 0/100

**SUBMIT** **CANCEL**

Adjudication by CPD 2

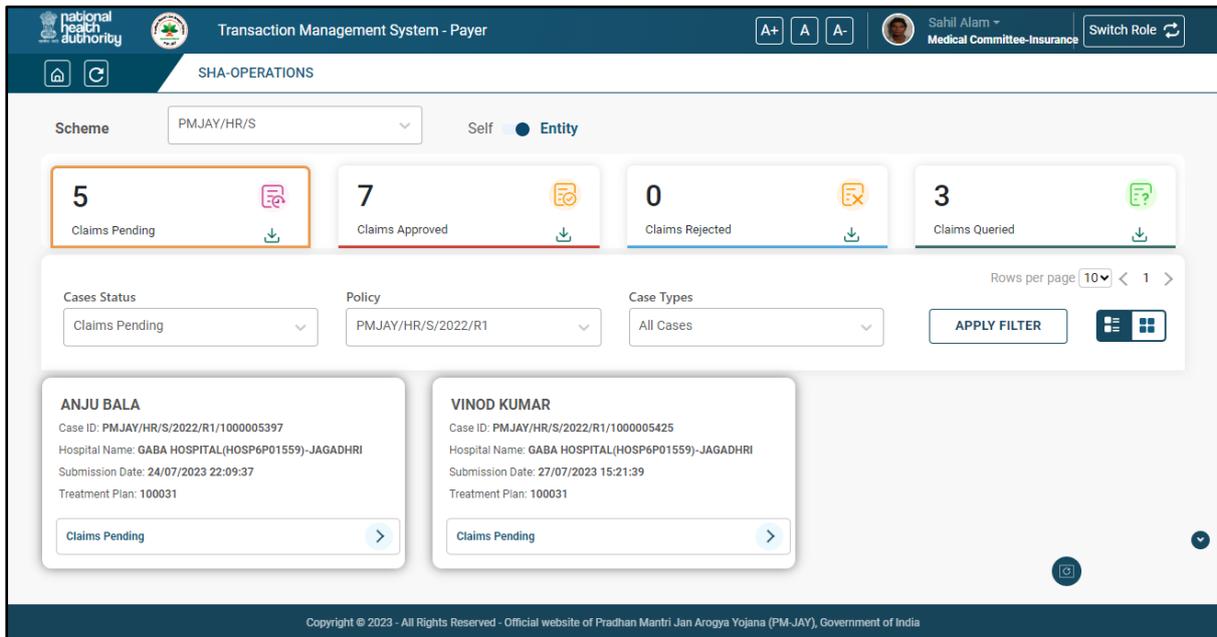
Based on the selection of the “action” from the actionable details final “Action” will be prepopulated based on the algorithm and finally preauthorization can be adjudicated accordingly as shown in Adjudication by CPD 3 screen shot. Actions can be “Approve”, “Reject” and “Query”.



Adjudication by CPD 3

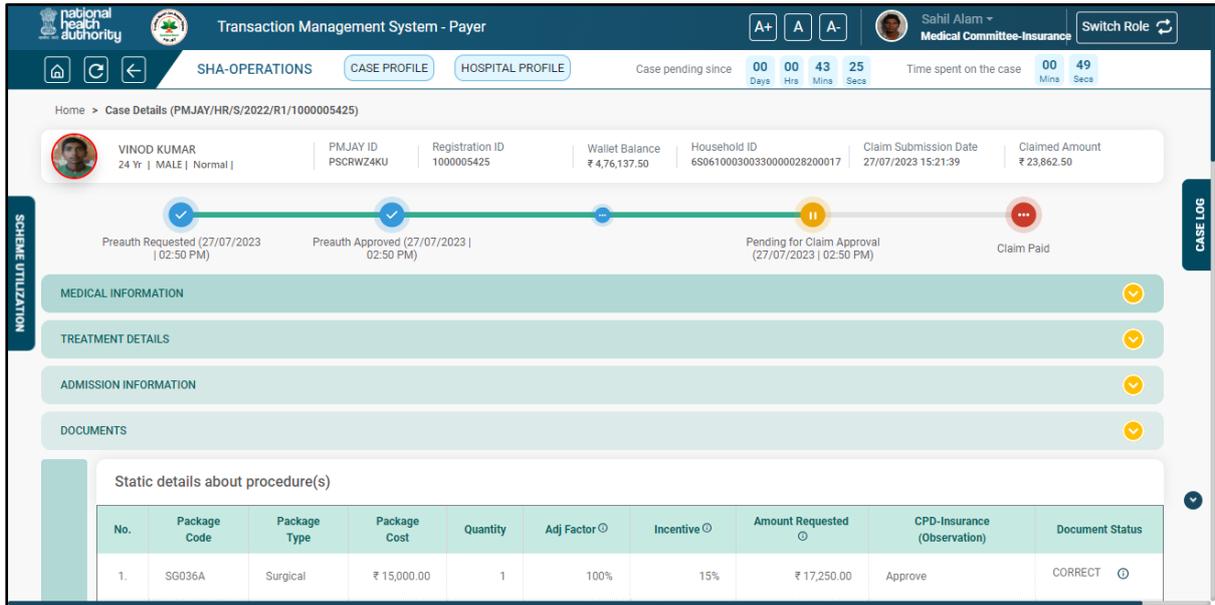
## 2.5 Claim Processing by Medical Committee

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.



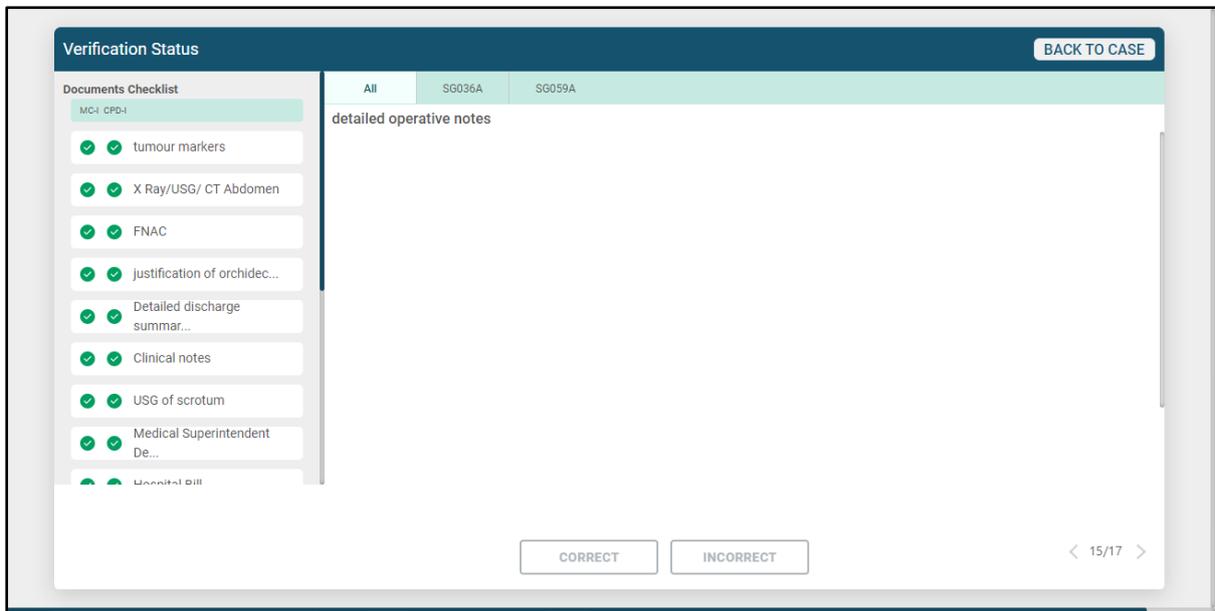
The screenshot displays the 'Transaction Management System - Payer' interface. At the top, it shows the user 'Sahil Alam' with the role 'Medical Committee-Insurance'. The main content area is titled 'Case Details (PMJAY/HR/S/2022/R1/100005425)' and features a patient profile for VINOD KUMAR (24 Yr | MALE | Normal). Key details include PMJAY ID (PSCRWZ4KU), Registration ID (100005425), Wallet Balance (₹ 4,76,137.50), Household ID (65061000300330000028200017), Claim Submission Date (27/07/2023 15:21:39), and Claimed Amount (₹ 23,862.50). A progress timeline shows stages: Preauth Requested (27/07/2023 | 02:50 PM), Preauth Approved (27/07/2023 | 02:50 PM), Pending for Claim Approval (27/07/2023 | 02:50 PM), and Claim Paid. Below the timeline are accordion-style sections for 'MEDICAL INFORMATION', 'TREATMENT DETAILS', 'ADMISSION INFORMATION', and 'DOCUMENTS'. A table titled 'Static details about procedure(s)' is visible at the bottom.

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	CPD-Insurance (Observation)	Document Status
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Approve	CORRECT

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.

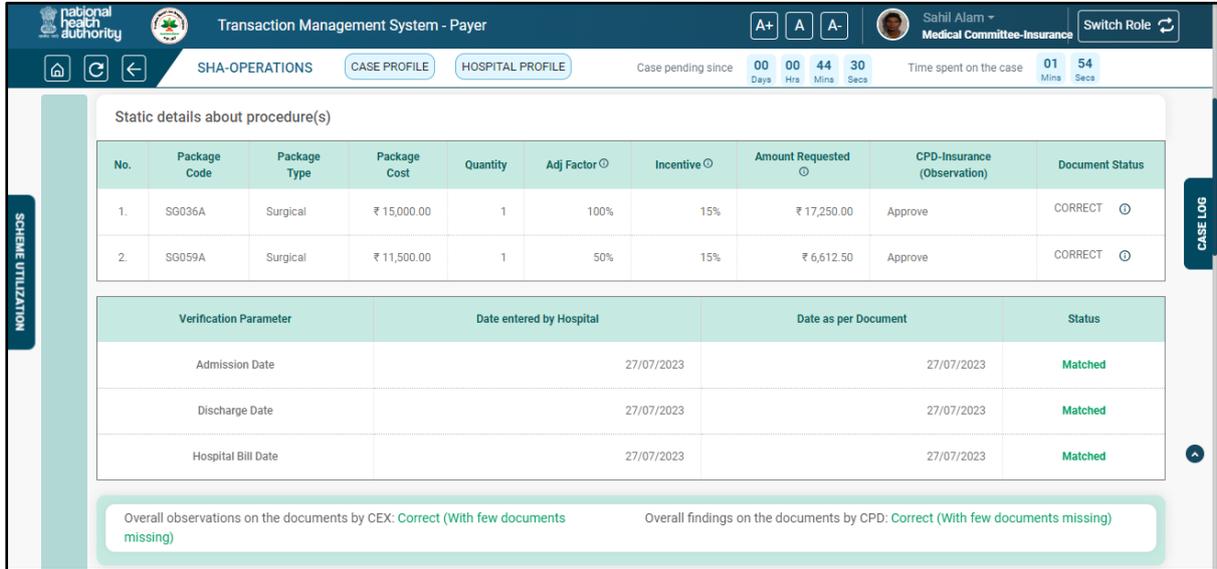


The screenshot shows the 'Verification Status' interface. It includes a 'BACK TO CASE' button and a 'Documents Checklist' section with a table for 'All', 'SG036A', and 'SG059A'. The checklist items are: MC-I CPD-I, tumour markers, X Ray/USG/ CT Abdomen, FNAC, Justification of orchidec..., Detailed discharge summar..., Clinical notes, USG of scrotum, Medical Superintendent De..., and Hospital Bill. A 'detailed operative notes' section is also present. At the bottom, there are 'CORRECT' and 'INCORRECT' buttons, and a page indicator '< 15/17 >'.

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.



Transaction Management System - Payer

Case pending since: 00 Days, 00 Hrs, 44 Mins, 30 Secs  
Time spent on the case: 01 Mins, 54 Secs

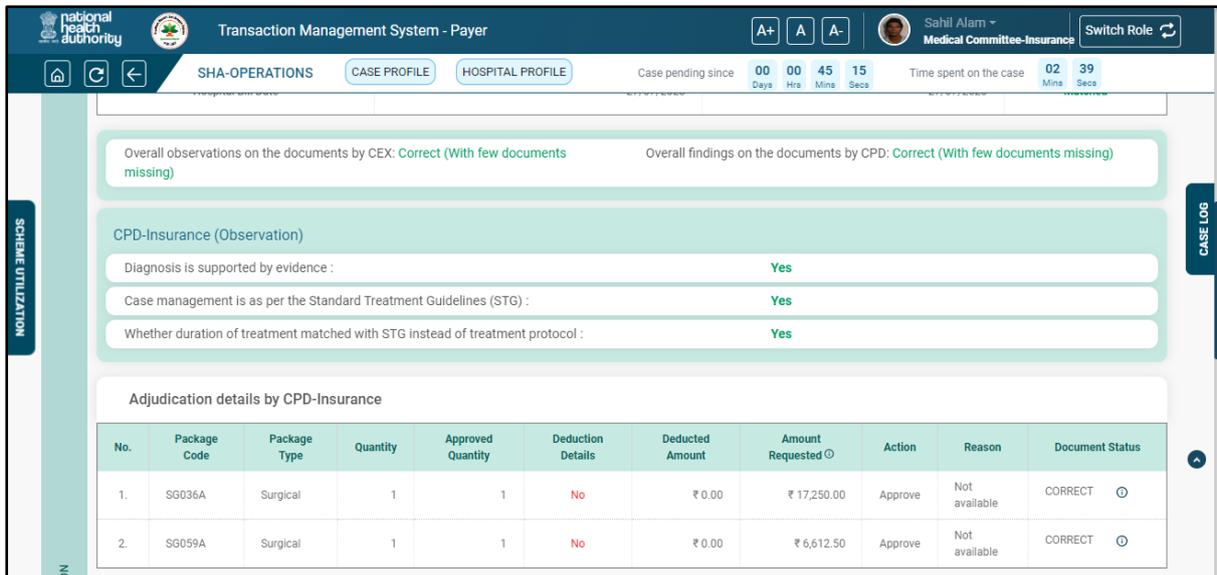
Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	CPD-Insurance (Observation)	Document Status
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Approve	CORRECT
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.50	Approve	CORRECT

Verification Parameter	Date entered by Hospital	Date as per Document	Status
Admission Date	27/07/2023	27/07/2023	Matched
Discharge Date	27/07/2023	27/07/2023	Matched
Hospital Bill Date	27/07/2023	27/07/2023	Matched

Overall observations on the documents by CEX: Correct (With few documents missing)  
Overall findings on the documents by CPD: Correct (With few documents missing)

#### Adjudication by Medical Committee 1



Transaction Management System - Payer

Case pending since: 00 Days, 00 Hrs, 45 Mins, 15 Secs  
Time spent on the case: 02 Mins, 39 Secs

Overall observations on the documents by CEX: Correct (With few documents missing)  
Overall findings on the documents by CPD: Correct (With few documents missing)

CPD-Insurance (Observation)

Diagnosis is supported by evidence : **Yes**

Case management is as per the Standard Treatment Guidelines (STG) : **Yes**

Whether duration of treatment matched with STG instead of treatment protocol : **Yes**

Adjudication details by CPD-Insurance

No.	Package Code	Package Type	Quantity	Approved Quantity	Deduction Details	Deducted Amount	Amount Requested	Action	Reason	Document Status
1.	SG036A	Surgical	1	1	No	₹ 0.00	₹ 17,250.00	Approve	Not available	CORRECT
2.	SG059A	Surgical	1	1	No	₹ 0.00	₹ 6,612.50	Approve	Not available	CORRECT

#### Adjudication by Medical Committee 2

Transaction Management System - Payer

Case pending since: 00 Days 00 Hrs 46 Mins 13 Secs | Time spent on the case: 03 Mins 37 Secs

No.	Package Code	Package Cost	Approved Quantity	Deductions	Deducted Amount	Amount Approved	Action	Reason	Remarks	Document Status
1.	SG036A	₹ 15,000.00	1	No ↑	₹ 0.00	₹ 17,250.00	Approve	Not available	Not available	CORRECT
2.	SG059A	₹ 11,500.00	1	No ↑	₹ 0.00	₹ 6,612.50	Approve	Not available	Not available	CORRECT

Total package amount (without incentives) : ₹ 26,500.00  
 Total adjusted package amount (as per guidelines) : ₹ 20,750.00  
 Total payable amount (after incentives) : ₹ 23,862.5  
 e-RUPI amount : Not Available  
 Miscellaneous amount : Not Available  
 Amount claimed by hospital (as per bill) : ₹ 23,862.5  
 Claim amount approved (After technical evaluation) : ₹ 23,862.5

Overall findings on the documents by Medical Committee-Insurance: None

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

### Adjudication by Medical Committee 3

Transaction Management System - Payer

Case pending since: 00 Days 00 Hrs 50 Mins 14 Secs | Time spent on the case: 07 Mins 38 Secs

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\*  
Approve

Remarks  
Type here..

Character limit: 0/100

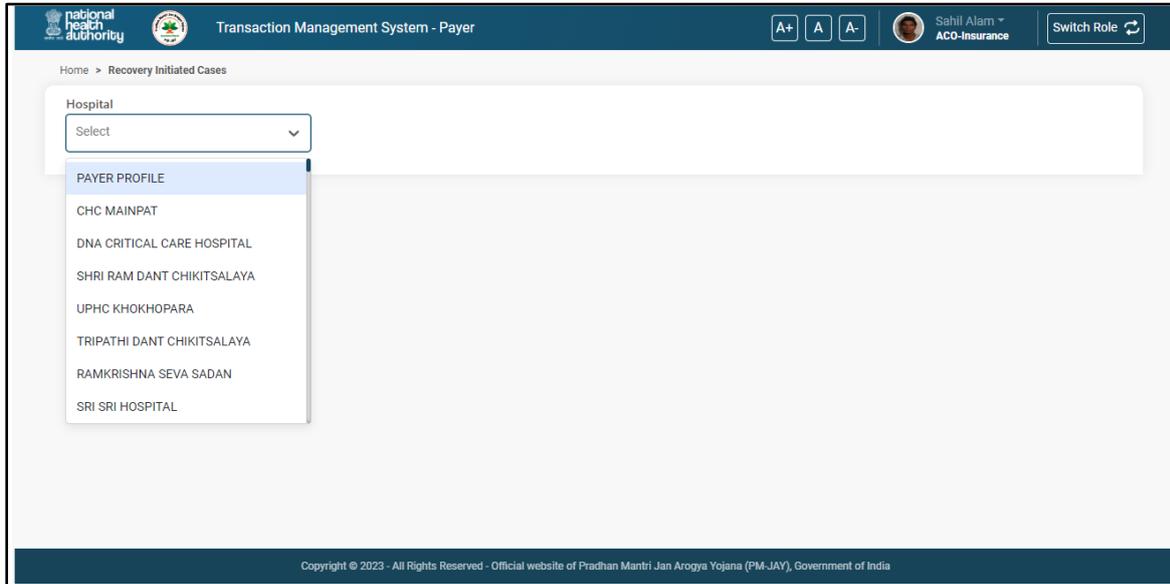
**SUBMIT** **CANCEL**

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### 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.



Transaction Management System - Payer

Home > Recovery Initiated Cases

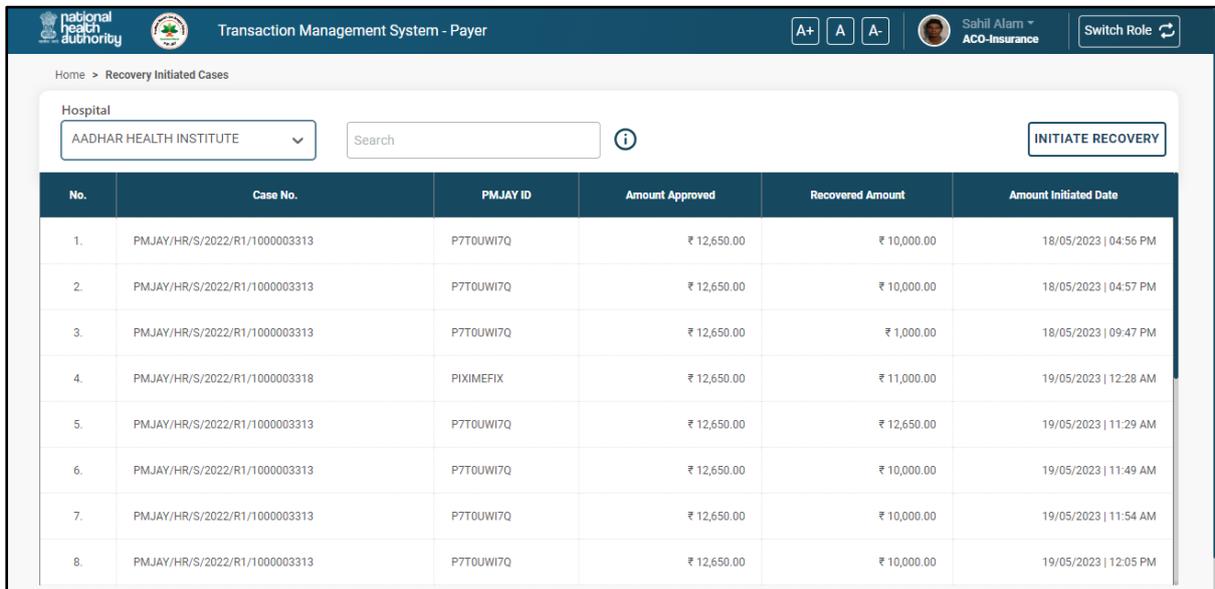
Hospital: Select

- PAYER PROFILE
- CHC MAINPAT
- DNA CRITICAL CARE HOSPITAL
- SHRI RAM DANT CHIKITSALAYA
- UPHC KHOKHOPARA
- TRIPATHI DANT CHIKITSALAYA
- RAMKRISHNA SEVA SADAN
- SRI SRI HOSPITAL

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### Recovery Screen

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



Transaction Management System - Payer

Home > Recovery Initiated Cases

Hospital: AADHAR HEALTH INSTITUTE

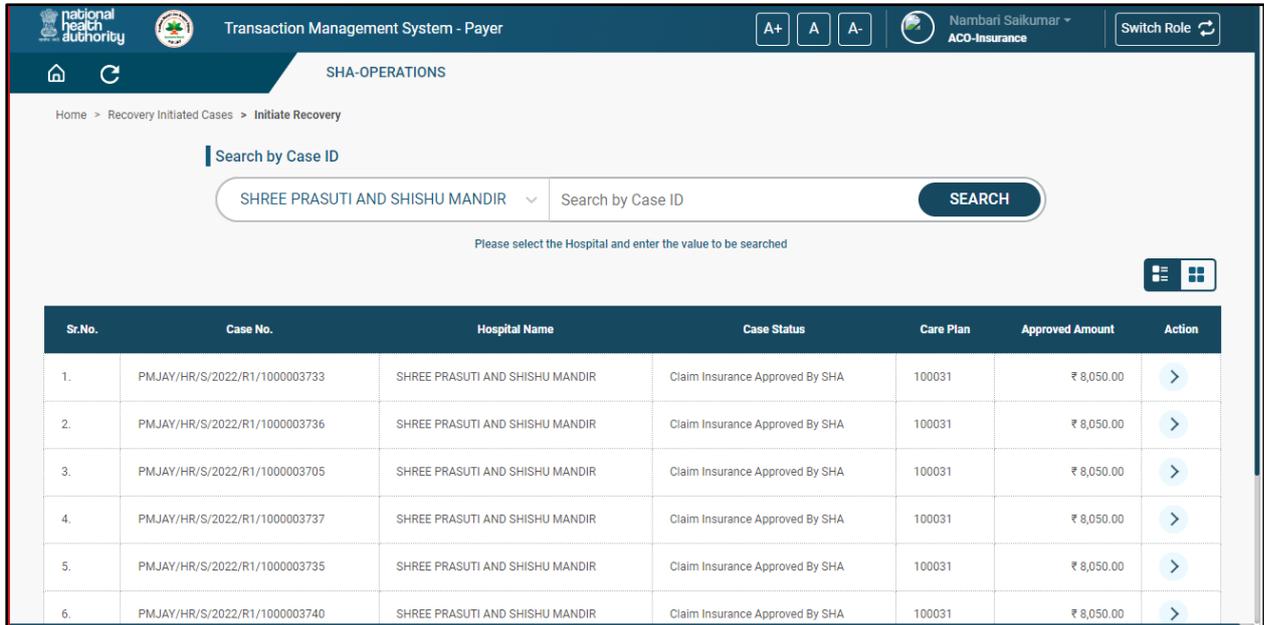
Search

INITIATE RECOVERY

No.	Case No.	PMJAY ID	Amount Approved	Recovered Amount	Amount Initiated Date
1.	PMJAY/HR/S/2022/R1/1000003313	P7T0UW17Q	₹ 12,650.00	₹ 10,000.00	18/05/2023   04:56 PM
2.	PMJAY/HR/S/2022/R1/1000003313	P7T0UW17Q	₹ 12,650.00	₹ 10,000.00	18/05/2023   04:57 PM
3.	PMJAY/HR/S/2022/R1/1000003313	P7T0UW17Q	₹ 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	P7T0UW17Q	₹ 12,650.00	₹ 12,650.00	19/05/2023   11:29 AM
6.	PMJAY/HR/S/2022/R1/1000003313	P7T0UW17Q	₹ 12,650.00	₹ 10,000.00	19/05/2023   11:49 AM
7.	PMJAY/HR/S/2022/R1/1000003313	P7T0UW17Q	₹ 12,650.00	₹ 10,000.00	19/05/2023   11:54 AM
8.	PMJAY/HR/S/2022/R1/1000003313	P7T0UW17Q	₹ 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.



Transaction Management System - Payer

SHA-OPERATIONS

Home > Recovery Initiated Cases > Initiate Recovery

Search by Case ID

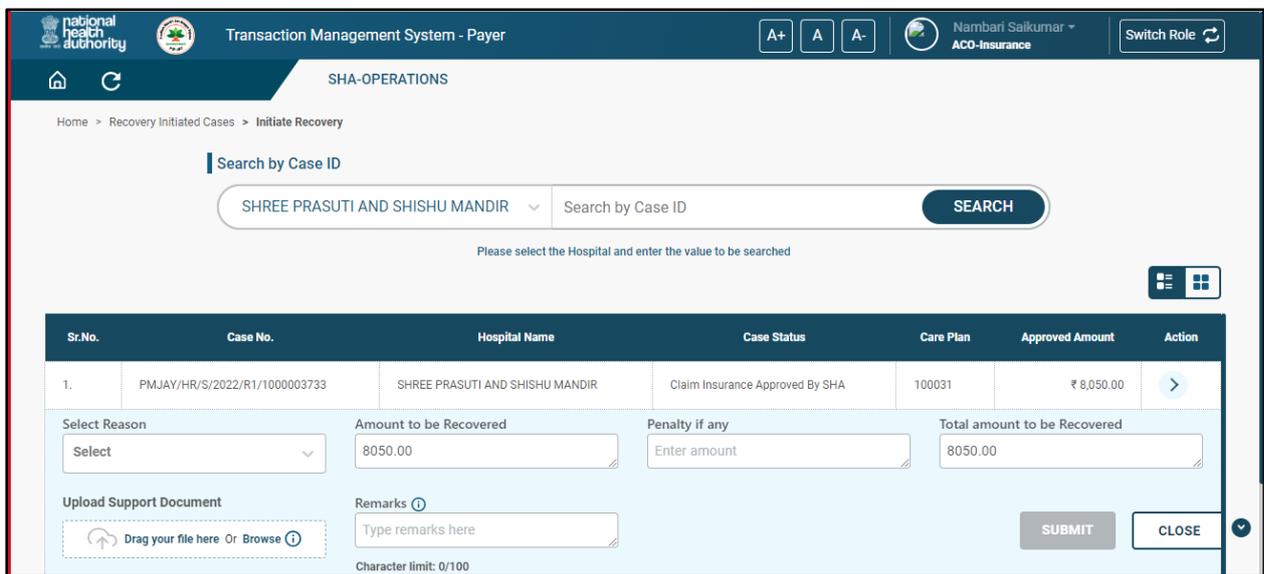
SHREE PRASUTI AND SHISHU MANDIR Search by Case ID SEARCH

Please select the Hospital and enter the value to be searched

Sr.No.	Case No.	Hospital Name	Case Status	Care Plan	Approved Amount	Action
1.	PMJAY/HR/S/2022/R1/1000003733	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>
2.	PMJAY/HR/S/2022/R1/1000003736	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>
3.	PMJAY/HR/S/2022/R1/1000003705	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>
4.	PMJAY/HR/S/2022/R1/1000003737	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>
5.	PMJAY/HR/S/2022/R1/1000003735	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>
6.	PMJAY/HR/S/2022/R1/1000003740	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>

### 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.



Transaction Management System - Payer

SHA-OPERATIONS

Home > Recovery Initiated Cases > Initiate Recovery

Search by Case ID

SHREE PRASUTI AND SHISHU MANDIR Search by Case ID SEARCH

Please select the Hospital and enter the value to be searched

Sr.No.	Case No.	Hospital Name	Case Status	Care Plan	Approved Amount	Action
1.	PMJAY/HR/S/2022/R1/1000003733	SHREE PRASUTI AND SHISHU MANDIR	Claim Insurance Approved By SHA	100031	₹ 8,050.00	>

Select Reason:

Amount to be Recovered:

Penalty if any:

Total amount to be Recovered:

Upload Support Document:

Remarks:

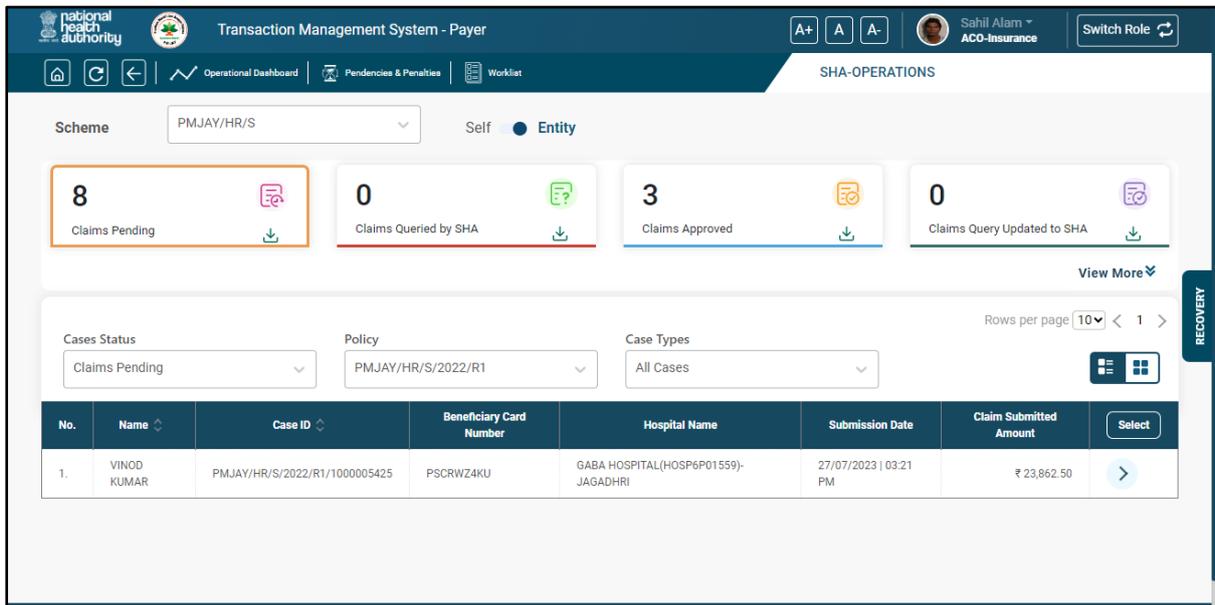
Character limit: 0/100

SUBMIT CLOSE

### 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.

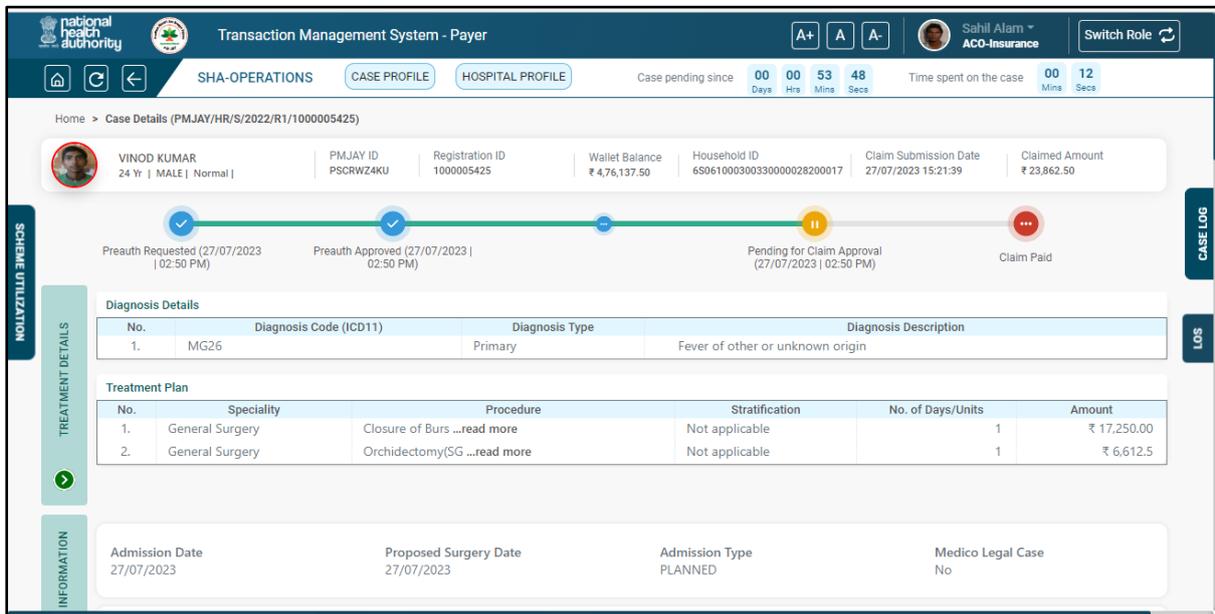


The screenshot shows the 'Transaction Management System - Payer' interface for 'SHA-OPERATIONS'. It features a dashboard with four key metrics: 8 Claims Pending, 0 Claims Queried by SHA, 3 Claims Approved, and 0 Claims Query Updated to SHA. Below this is a filter section for 'Cases Status' (Claims Pending), 'Policy' (PMJAY/HR/S/2022/R1), and 'Case Types' (All Cases). A table lists the following claim details:

No.	Name	Case ID	Beneficiary Card Number	Hospital Name	Submission Date	Claim Submitted Amount	Select
1.	VINOD KUMAR	PMJAY/HR/S/2022/R1/1000005425	PSCRWZ4KU	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	27/07/2023   03:21 PM	₹ 23,862.50	>

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.



The screenshot displays the 'Case Profile' section for 'VINOD KUMAR' (Case ID: PMJAY/HR/S/2022/R1/1000005425). It includes a progress timeline and detailed information sections:

- Case Details:** VINOD KUMAR, 24 Yr | MALE | Normal | PMJAY ID: PSCRWZ4KU | Registration ID: 1000005425 | Wallet Balance: ₹ 4,76,137.50 | Household ID: 6S061000300330000028200017 | Claim Submission Date: 27/07/2023 15:21:39 | Claimed Amount: ₹ 23,862.50
- Timeline:** Preauth Requested (27/07/2023 | 02:50 PM) → Preauth Approved (27/07/2023 | 02:50 PM) → Pending for Claim Approval (27/07/2023 | 02:50 PM) → Claim Paid
- Diagnosis Details:**

No.	Diagnosis Code (ICD11)	Diagnosis Type	Diagnosis Description
1.	MG26	Primary	Fever of other or unknown origin
- Treatment Plan:**

No.	Speciality	Procedure	Stratification	No. of Days/Units	Amount
1.	General Surgery	Closure of Burs ...read more	Not applicable	1	₹ 17,250.00
2.	General Surgery	Orchidectomy(SG ...read more	Not applicable	1	₹ 6,612.5
- Admission Information:** Admission Date: 27/07/2023 | Proposed Surgery Date: 27/07/2023 | Admission Type: PLANNED | Medico Legal Case: No

Accordion expanded view

Transaction Management System - Payer

Case pending since 00 Days 00 Hrs 56 Mins 20 Secs Time spent on the case 02 Mins 44 Secs

Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	Medical Committee-Insurance (Observation)	Document Status
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Approve	CORRECT
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.50	Approve	CORRECT

Verification Parameter	Date entered by Hospital	Date as per Document	Status
Admission Date	27/07/2023	27/07/2023	Matched
Discharge Date	27/07/2023	27/07/2023	Matched
Hospital Bill Date	27/07/2023	27/07/2023	Matched

Overall observations on the documents by CEX: Correct (With few documents missing) Overall findings on the documents by CPD: Correct (With few documents missing)

### Adjudication by ACO 1

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

Transaction Management System - Payer

Case pending since 00 Days 00 Hrs 57 Mins 20 Secs Time spent on the case 03 Mins 44 Secs

Overall observations on the documents by CEX: Correct (With few documents missing) Overall findings on the documents by CPD: Correct (With few documents missing)

Medical Committee-Insurance (Observation)

Diagnosis is supported by evidence : **Yes**

Case management is as per the Standard Treatment Guidelines (STG) : **Yes**

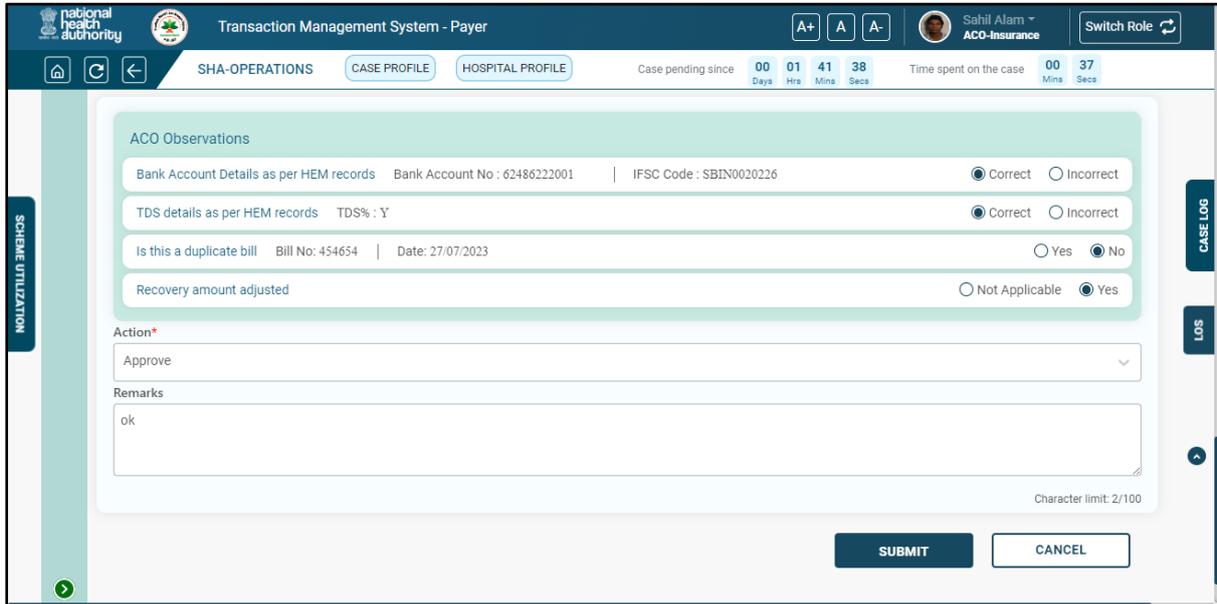
Whether duration of treatment matched with STG instead of treatment protocol : **Yes**

Adjudication details by Medical Committee-Insurance TAT applied  TAT not applied

No.	Package Code	Package Type	Quantity	Approved Quantity	Deduction Details	Deducted Amount	Amount Requested	Document Status
1.	SG036A	Surgical	1	1	No	₹ 0.00	₹ 17,250.00	CORRECT
2.	SG059A	Surgical	1	1	No	₹ 0.00	₹ 6,612.50	CORRECT

### 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”.



Transaction Management System - Payer

Case pending since: 00 Days, 01 Hrs, 41 Mins, 38 Secs | Time spent on the case: 00 Mins, 37 Secs

**ACO Observations**

- Bank Account Details as per HEM records | Bank Account No : 6248622001 | IFSC Code : SBIN0020226 |  Correct  Incorrect
- TDS details as per HEM records | TDS% : Y |  Correct  Incorrect
- Is this a duplicate bill | Bill No: 454654 | Date: 27/07/2023 |  Yes  No
- Recovery amount adjusted |  Not Applicable  Yes

**Action\***

Approve

**Remarks**

ok

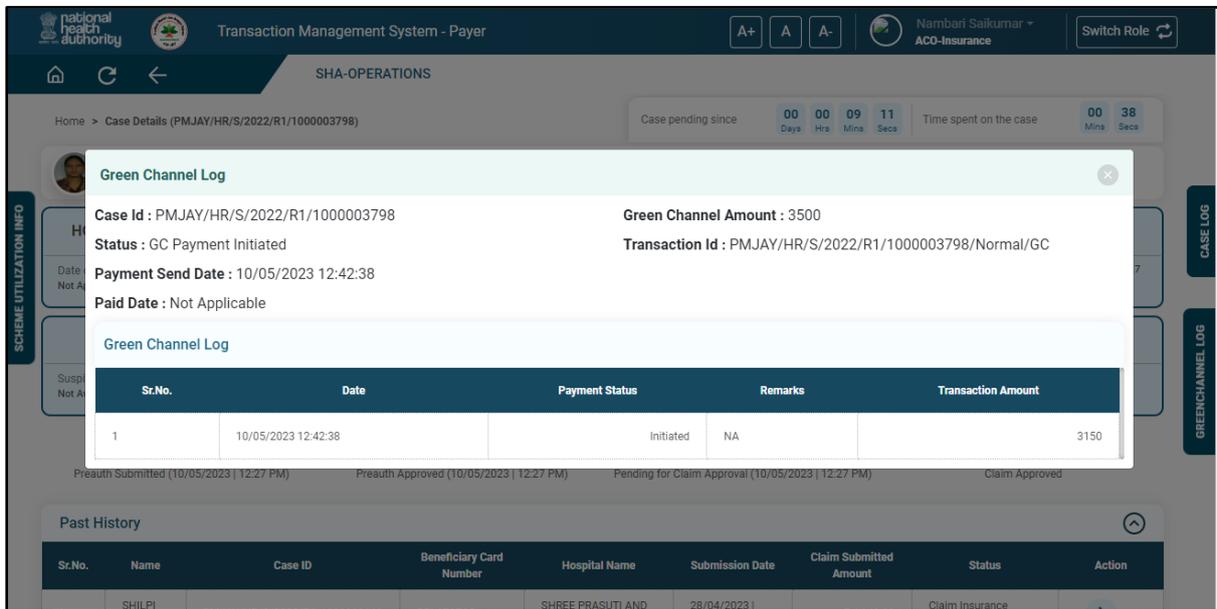
Character limit: 2/100

**SUBMIT** **CANCEL**

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.



Transaction Management System - Payer

Case pending since: 00 Days, 00 Hrs, 09 Mins, 11 Secs | Time spent on the case: 00 Mins, 38 Secs

**Green Channel Log**

Case Id : PMJAY/HR/S/2022/R1/1000003798 | Green Channel Amount : 3500

Status : GC Payment Initiated | Transaction Id : PMJAY/HR/S/2022/R1/1000003798/Normal/GC

Payment Send Date : 10/05/2023 12:42:38

Paid Date : Not Applicable

Sr.No.	Date	Payment Status	Remarks	Transaction Amount
1	10/05/2023 12:42:38	Initiated	NA	3150

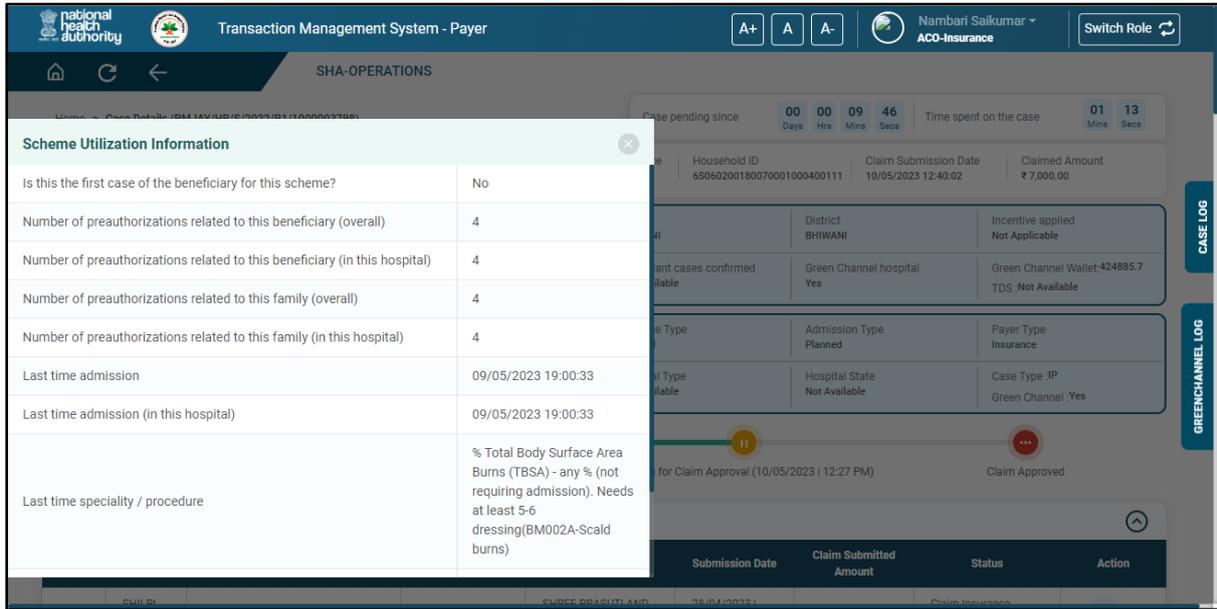
Past History

Sr.No.	Name	Case ID	Beneficiary Card Number	Hospital Name	Submission Date	Claim Submitted Amount	Status	Action
	SHILPI			SHREE PRASUTI AND	28/04/2023		Claim Insurance	

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.



The screenshot displays the 'Transaction Management System - Payer' interface. A modal window titled 'Scheme Utilization Information' is open, showing the following data:

Question	Answer
Is this the first case of the beneficiary for this scheme?	No
Number of preauthorizations related to this beneficiary (overall)	4
Number of preauthorizations related to this beneficiary (in this hospital)	4
Number of preauthorizations related to this family (overall)	4
Number of preauthorizations related to this family (in this hospital)	4
Last time admission	09/05/2023 19:00:33
Last time admission (in this hospital)	09/05/2023 19:00:33
Last time speciality / procedure	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing(BM002A-Scald burns)

The background interface shows a case summary for a beneficiary with Household ID 65060200180070001000400111. Key details include: Claim Submission Date: 10/05/2023 12:40:02, Claimed Amount: ₹ 7,000.00, District: BHIWANI, and Hospital: Green Channel hospital. The case status is 'Claim Approved'.

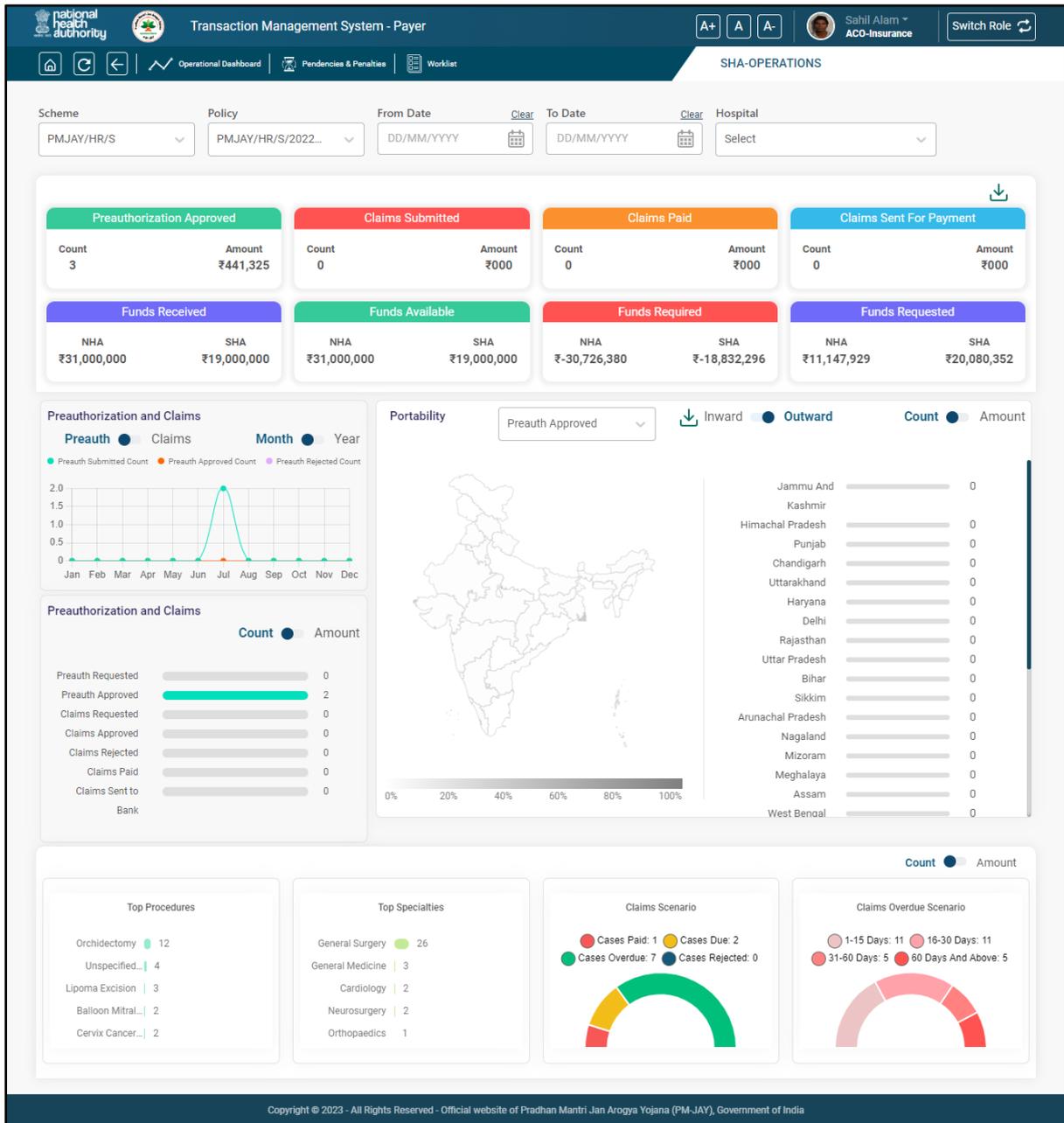
Scheme utilization information

### 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.

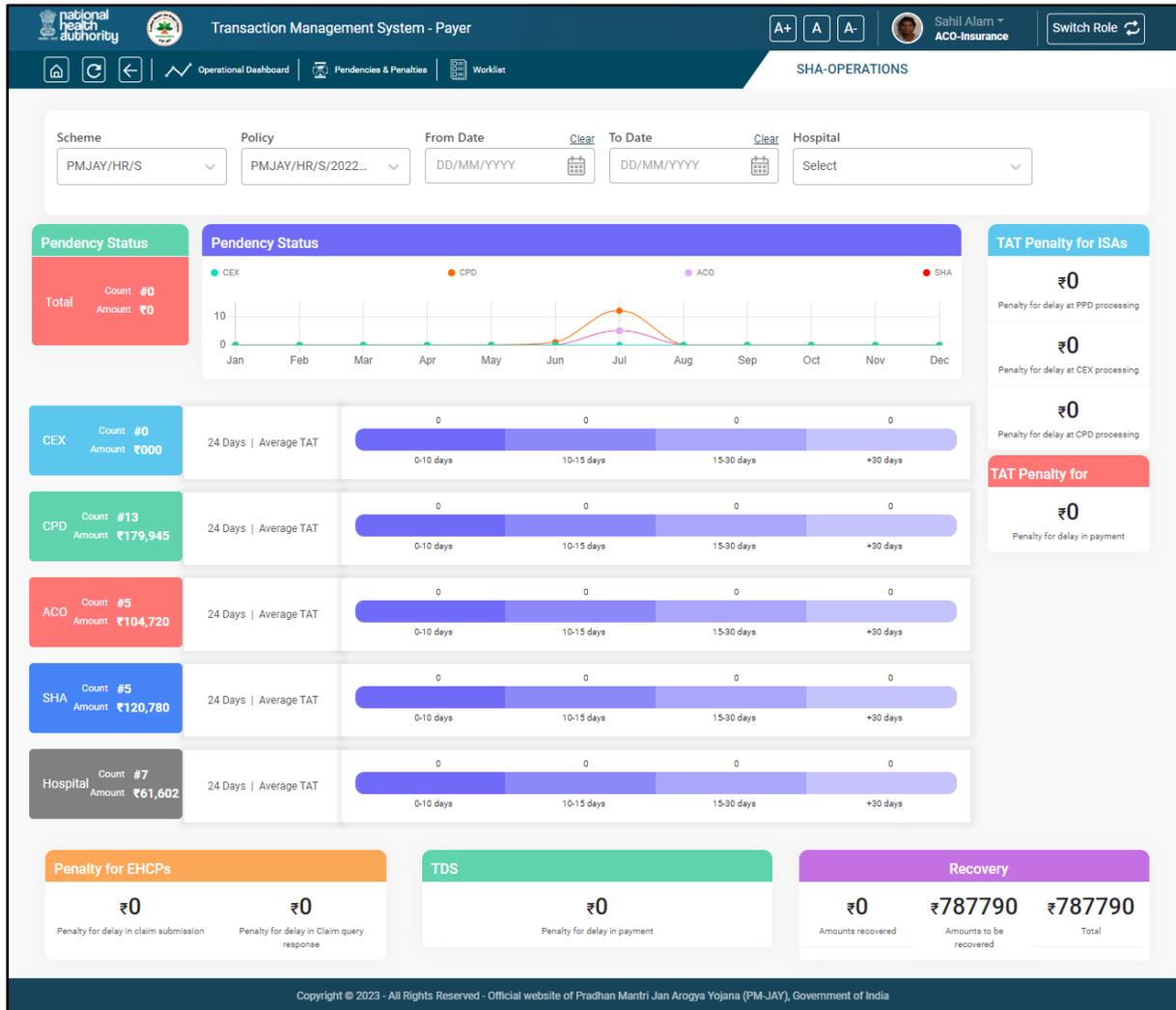
Apart from that live graph for Claims and Preauthorization, portability case specific to each state with respective to inward and outward cases are also available.



## 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.



**Transaction Management System - Payer**

Operational Dashboard | Pendencies & Penalties | Worklist

SHA-OPERATIONS

Sahil Alam | ACO-Insurance | Switch Role

Scheme: PMJAY/HR/S | Policy: PMJAY/HR/S/2022... | From Date: DD/MM/YYYY | To Date: DD/MM/YYYY | Hospital: Select

**Pendency Status**

Total Count: #0 | Amount: ₹0

**TAT Penalty for ISAs**

₹0 | Penalty for delay at PPD processing

₹0 | Penalty for delay at CEX processing

₹0 | Penalty for delay at CPD processing

**TAT Penalty for**

₹0 | Penalty for delay in payment

Category	Count	Amount	Average TAT
CEX	#0	₹000	24 Days
CPD	#13	₹179,945	24 Days
ACO	#5	₹104,720	24 Days
SHA	#5	₹120,780	24 Days
Hospital	#7	₹61,602	24 Days

**Penalty for EHCPs**

₹0 | Penalty for delay in claim submission

₹0 | Penalty for delay in Claim query response

**TDS**

₹0 | Penalty for delay in payment

**Recovery**

₹0 | Amounts recovered

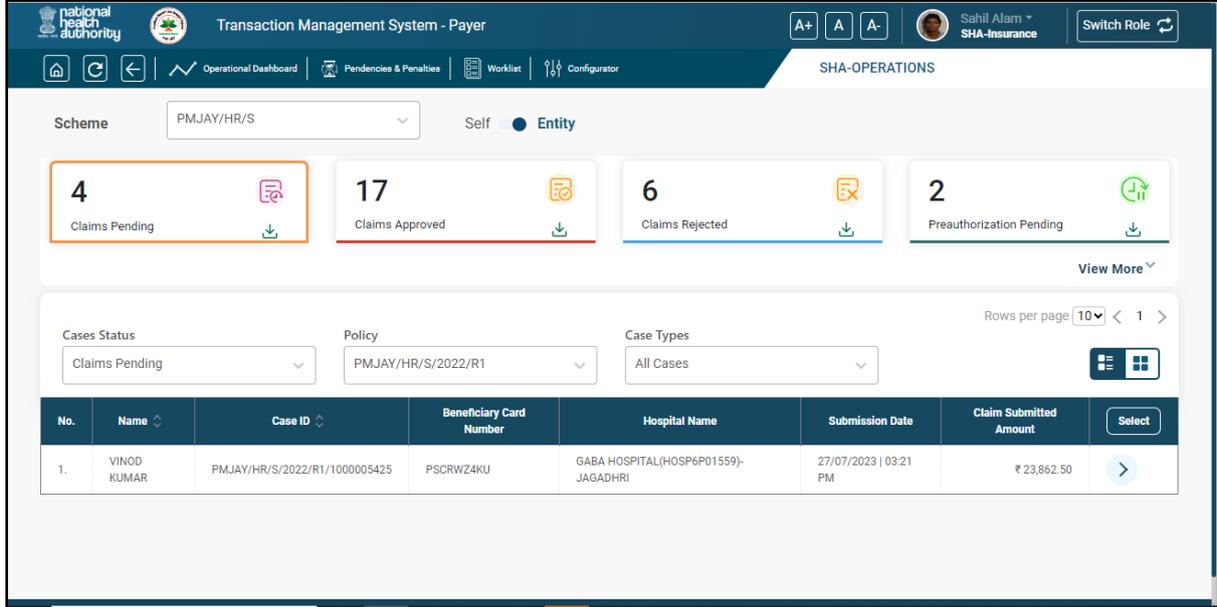
₹787790 | Amounts to be recovered

₹787790 | Total

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## 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.



**Transaction Management System - Payer**

Operational Dashboard | Pendencies & Penalties | Worklist | Configurator

SHA-OPERATIONS

Scheme: PMJAY/HR/S | Self | Entity

4 Claims Pending | 17 Claims Approved | 6 Claims Rejected | 2 Preauthorization Pending

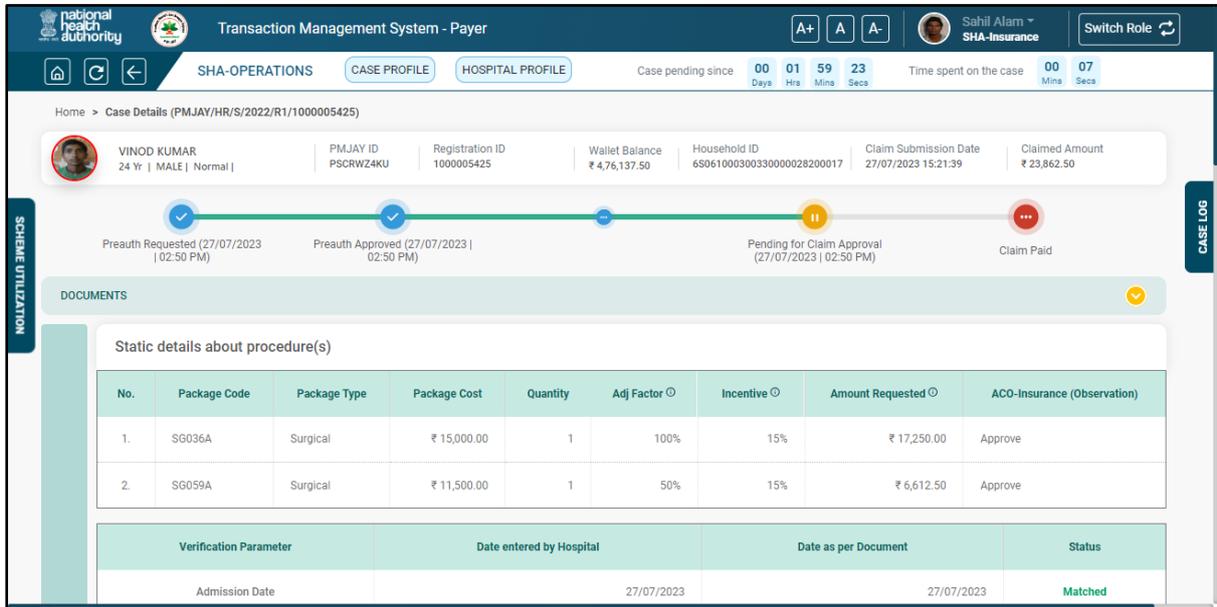
View More

Cases Status: Claims Pending | Policy: PMJAY/HR/S/2022/R1 | Case Types: All Cases

No.	Name	Case ID	Beneficiary Card Number	Hospital Name	Submission Date	Claim Submitted Amount	Select
1.	VINOD KUMAR	PMJAY/HR/S/2022/R1/1000005425	PSCRWZ4KU	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	27/07/2023   03:21 PM	₹ 23,862.50	>

### Worklist SHA

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



**Transaction Management System - Payer**

SHA-OPERATIONS | CASE PROFILE | HOSPITAL PROFILE

Case pending since: 00 Days 01 Hrs 59 Mins 23 Secs | Time spent on the case: 00 Mins 07 Secs

Home > Case Details (PMJAY/HR/S/2022/R1/1000005425)

VINOD KUMAR | 24 Yr | MALE | Normal | PMJAY ID: PSCRWZ4KU | Registration ID: 1000005425 | Wallet Balance: ₹ 4,76,137.50 | Household ID: 6S06100300330000028200017 | Claim Submission Date: 27/07/2023 15:21:39 | Claimed Amount: ₹ 23,862.50

Preauth Requested (27/07/2023 | 02:50 PM) | Preauth Approved (27/07/2023 | 02:50 PM) | Pending for Claim Approval (27/07/2023 | 02:50 PM) | Claim Paid

DOCUMENTS

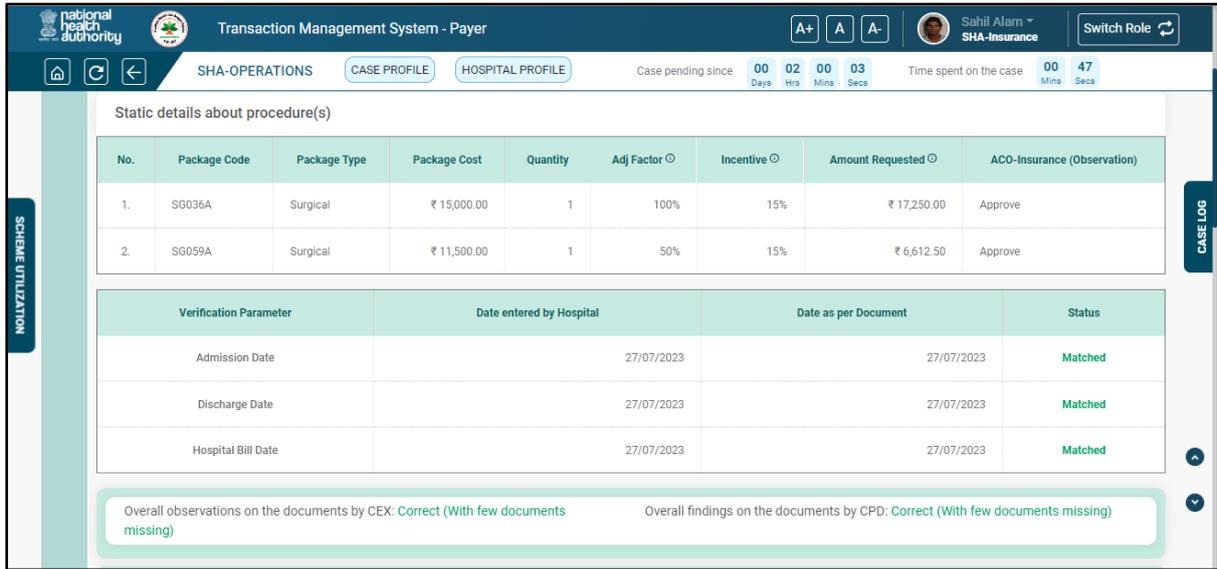
Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	ACO-Insurance (Observation)
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Approve
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.50	Approve

Verification Parameter	Date entered by Hospital	Date as per Document	Status
Admission Date	27/07/2023	27/07/2023	Matched

### 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.



Transaction Management System - Payer

SHA-OPERATIONS CASE PROFILE HOSPITAL PROFILE

Case pending since 00 Days 02 Hrs 00 Mins 03 Secs Time spent on the case 00 Mins 47 Secs

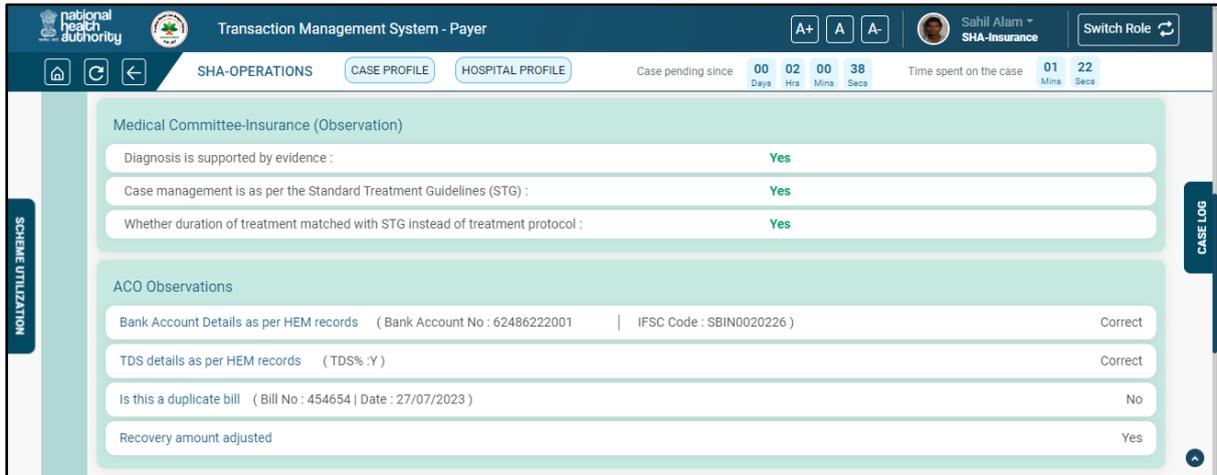
Static details about procedure(s)

No.	Package Code	Package Type	Package Cost	Quantity	Adj Factor	Incentive	Amount Requested	ACO-Insurance (Observation)
1.	SG036A	Surgical	₹ 15,000.00	1	100%	15%	₹ 17,250.00	Approve
2.	SG059A	Surgical	₹ 11,500.00	1	50%	15%	₹ 6,612.50	Approve

Verification Parameter	Date entered by Hospital	Date as per Document	Status
Admission Date	27/07/2023	27/07/2023	Matched
Discharge Date	27/07/2023	27/07/2023	Matched
Hospital Bill Date	27/07/2023	27/07/2023	Matched

Overall observations on the documents by CEX: Correct (With few documents missing) Overall findings on the documents by CPD: Correct (With few documents missing)

### Adjudication by SHA 1



Transaction Management System - Payer

SHA-OPERATIONS CASE PROFILE HOSPITAL PROFILE

Case pending since 00 Days 02 Hrs 00 Mins 38 Secs Time spent on the case 01 Mins 22 Secs

Medical Committee-Insurance (Observation)

Diagnosis is supported by evidence : **Yes**

Case management is as per the Standard Treatment Guidelines (STG) : **Yes**

Whether duration of treatment matched with STG instead of treatment protocol : **Yes**

ACO Observations

Bank Account Details as per HEM records ( Bank Account No : 62486222001 | IFSC Code : SBIN0020226 ) **Correct**

TDS details as per HEM records ( TDS% :Y ) **Correct**

Is this a duplicate bill ( Bill No : 454654 | Date : 27/07/2023 ) **No**

Recovery amount adjusted **Yes**

### Adjudication by SHA 2

Transaction Management System - Payer

SHA-OPERATIONS CASE PROFILE HOSPITAL PROFILE

Case pending since 00 Days 02 Hrs 01 Min 04 Secs Time spent on the case 01 Min 48 Secs

Sahil Alam SHA-Insurance Switch Role

ADJUDICATION

Adjudication details by Medical Committee-Insurance

No.	Package Code	Package Type	Quantity	Approved Quantity	Deduction Details	Deducted Amount	Amount Requested	Action	Reason	Document Status
1.	SG036A	Surgical	1	1	No	₹ 0.00	₹ 17,250.00	Approve	Not available	CORRECT
2.	SG059A	Surgical	1	1	No	₹ 0.00	₹ 6,612.50	Approve	Not available	CORRECT

Actionable details

No.	Package Code	Package Cost	Approved Quantity	Deductions	Deducted Amount	Amount Approved	Action	Reason	Remarks
1.	SG036A	₹ 15,000.00	1	No ↓	₹ 0.00	₹ 17,250.00	Approve	Not available	Not available
2.	SG059A	₹ 11,500.00	1	No ↓	₹ 0.00	₹ 6,612.50	Approve	Not available	Not available

Total package amount (without incentives) : ₹ 26,500.00  
 Total adjusted package amount (as per guidelines) : ₹ 20,750.00  
 Total payable amount (after incentives) : ₹ 23,862.5

Adjudication by SHA 3

Transaction Management System - Payer

SHA-OPERATIONS CASE PROFILE HOSPITAL PROFILE

Case pending since 00 Days 02 Hrs 01 Min 29 Secs Time spent on the case 02 Min 13 Secs

Sahil Alam SHA-Insurance Switch Role

ADJUDICATION

Actionable details

No.	Package Code	Package Cost	Approved Quantity	Deductions	Deducted Amount	Amount Approved	Action	Reason	Remarks
1.	SG036A	₹ 15,000.00	1	No ↓	₹ 0.00	₹ 17,250.00	Approve	Not available	Not available
2.	SG059A	₹ 11,500.00	1	No ↓	₹ 0.00	₹ 6,612.50	Approve	Not available	Not available

Total package amount (without incentives) : ₹ 26,500.00  
 Total adjusted package amount (as per guidelines) : ₹ 20,750.00  
 Total payable amount (after incentives) : ₹ 23,862.5  
 e-RUPI amount : Not Available  
 Miscellaneous amount : Not Available  
 Amount claimed by hospital (as per bill) : ₹ 23,862.5  
 Claim amount approved (After technical evaluation) : ₹ 23,862.5  
 TAT penalty (Calculated) : Not applicable  
 Recovery Amount Adjusted : Not applicable  
 Amount Payable (After adjustments) : ₹ 23,862.5  
 Net Payable Amount : ₹ 21,476.25  
 TDS Deduction : ₹ 2,386.25

Adjudication by SHA 4

Transaction Management System - Payer

A+ A A-

Sahil Alam  
SHA-Insurance

Switch Role

SHA-OPERATIONS
CASE PROFILE
HOSPITAL PROFILE

Case pending since 00 Days 02 Hrs 01 Mins 57 Secs

Time spent on the case 02 Mins 41 Secs

Claim amount approved (After technical evaluation) : ₹ 23,862.5

TAT penalty (Calculated) : Not applicable

Recovery Amount Adjusted : Not applicable

Amount Payable (After adjustments) : ₹ 23,862.5

Net Payable Amount : ₹ 21,476.25

TDS Deduction : ₹ 2,386.25

Action\*

Select

Approve

Reject

Query to CPD

Query to ACO

SUBMIT
CANCEL

SCHEME UTILIZATION
CASE LOG

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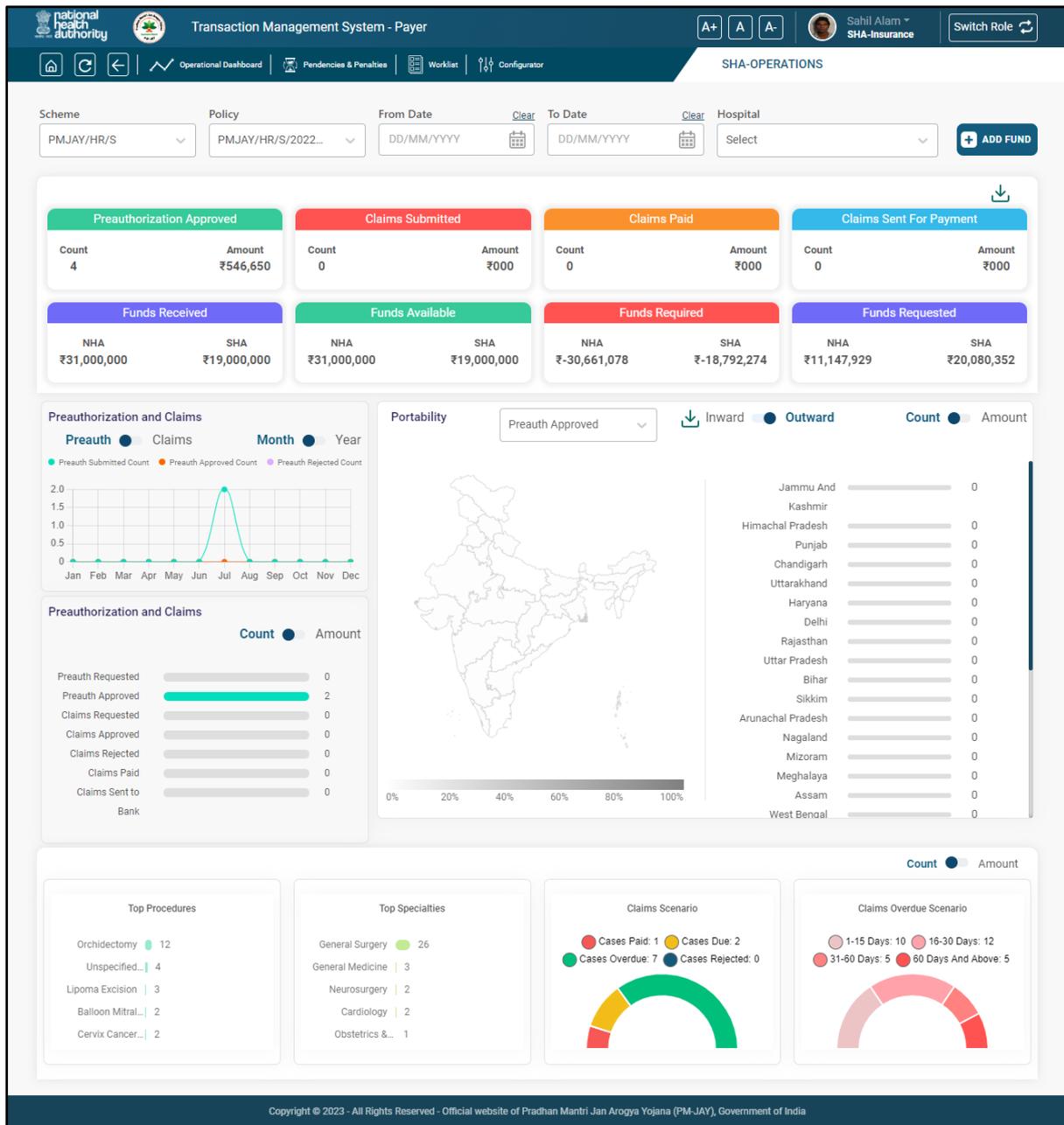
### Adjudication by SHA 5

## 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.



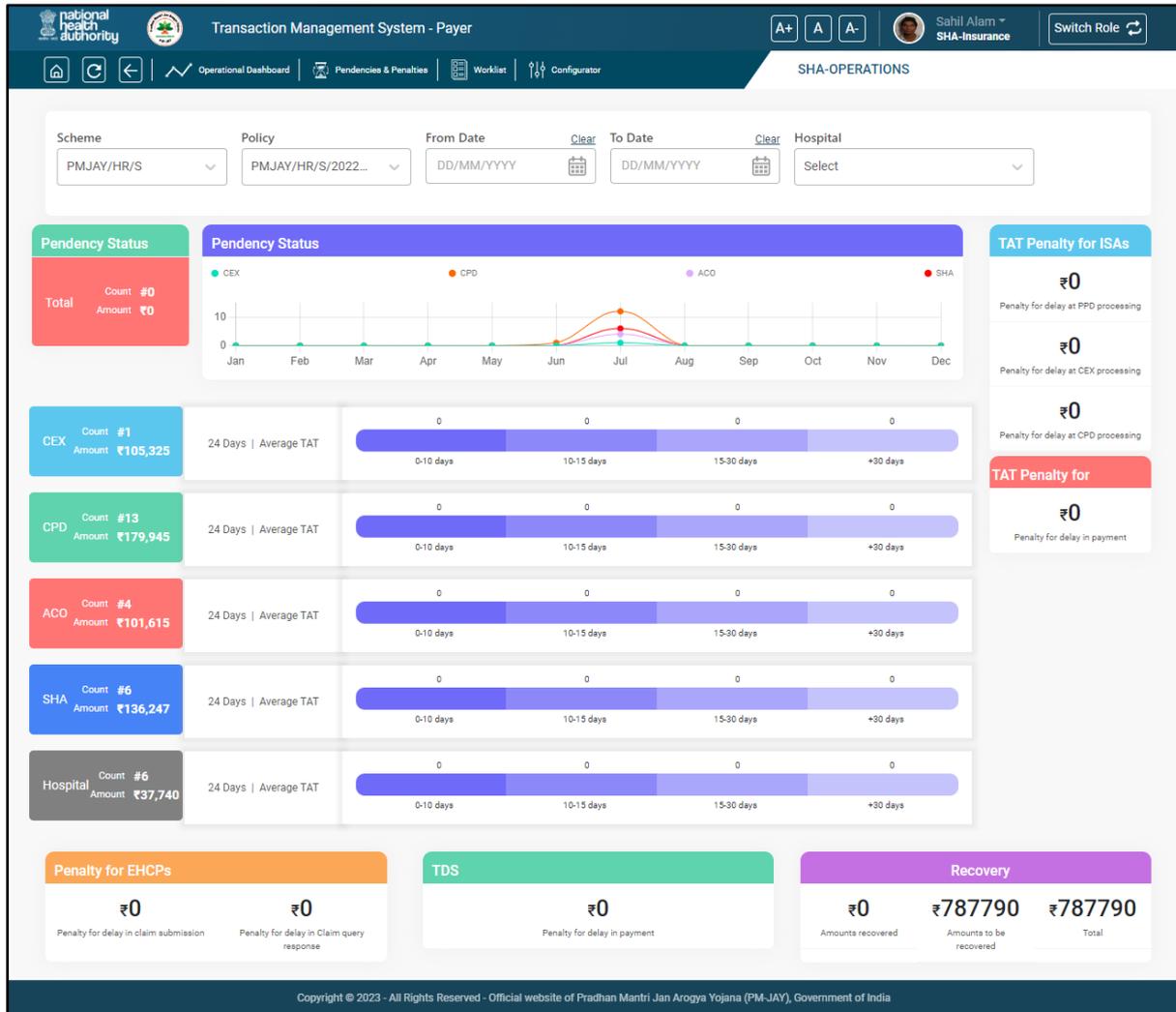
The screenshot displays the 'Transaction Management System - Payer' interface for SHA-OPERATIONS. It includes filters for Scheme (PMJAY/HR/S), Policy (PMJAY/HR/S/2022...), From Date, To Date, and Hospital. A summary table shows metrics for Preauthorization Approved, Claims Submitted, Claims Paid, Claims Sent For Payment, Funds Received, Funds Available, Funds Required, and Funds Requested, broken down by NHA and SHA. A 'Preauthorization and Claims' chart shows a peak in July. A 'Portability' map shows inward and outward cases by state. A 'Claims Scenario' gauge shows 1 case paid, 2 due, 7 overdue, and 0 rejected. A 'Claims Overdue Scenario' gauge shows 10 cases 1-15 days overdue, 12 cases 16-30 days overdue, 5 cases 31-60 days overdue, and 5 cases 60 days and above overdue.

Metric	NHA	SHA
Preauthorization Approved	Count: 4	Amount: ₹546,650
Claims Submitted	Count: 0	Amount: ₹000
Claims Paid	Count: 0	Amount: ₹000
Claims Sent For Payment	Count: 0	Amount: ₹000
Funds Received	₹31,000,000	₹19,000,000
Funds Available	₹31,000,000	₹19,000,000
Funds Required	₹-30,661,078	₹-18,792,274
Funds Requested	₹11,147,929	₹20,080,352

### 2.7.3 SHA Pendencies and Penalties Dashboard

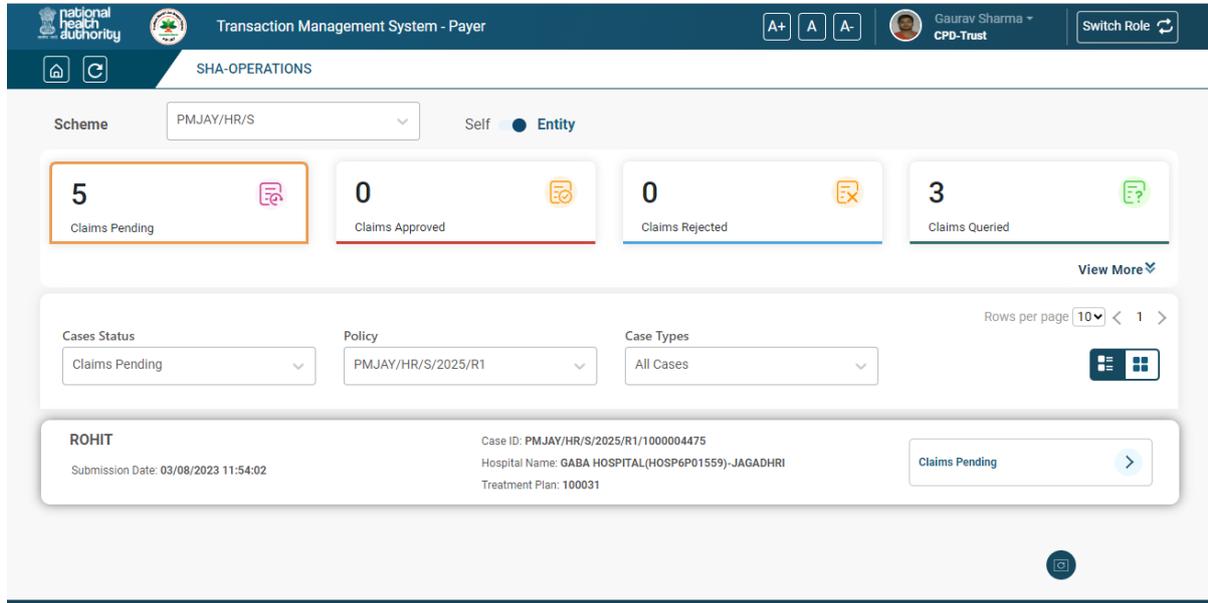
SHA Pendencies and Penalties dashboard will be visible on clicking Pendencies and Penalties button available on the landing page of SHA view.

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:



The screenshot displays the 'Transaction Management System - Payer' interface. At the top, it shows the user 'Gaurav Sharma' with the role 'CPD-Trust'. The main section is titled 'SHA-OPERATIONS' and features a 'Scheme' dropdown set to 'PMJAY/HR/S' and a 'Self' radio button with 'Entity' selected. Below this, there are four summary cards: 'Claims Pending' (5), 'Claims Approved' (0), 'Claims Rejected' (0), and 'Claims Queried' (3). A 'View More' link is present next to the 'Claims Queried' card. The interface includes filter dropdowns for 'Cases Status' (Claims Pending), 'Policy' (PMJAY/HR/S/2025/R1), and 'Case Types' (All Cases). A 'Rows per page' selector is set to 10. A detailed case view for 'ROHIT' is shown, with a submission date of 03/08/2023 11:54:02, case ID PMJAY/HR/S/2025/R1/100004475, hospital name GABA HOSPITAL(HOSP6P01559)-JAGADHRI, and treatment plan 100031. The case status is 'Claims Pending'.

CPD Trust Landing Page

Transaction Management System - Payer

A+ A A-

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/R1/100004475)

**ROHIT**  
17 Yr | MALE | Normal |

PMJAY ID  
PJKZJ3MSS

Registration ID  
1000004475

Wallet Balance  
₹ 4,86,200.00

Household ID  
65061100201020000050000005

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

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44

Verification Status
BACK TO CASE

**Documents Checklist**

CPD-T CEK-T

- Detailed discharge summar...
- Clinical notes
- MRI justifying procedure
- Medical Superintendent De...
- Post Surgery Photo with D...
- Discharge Summary**
- Feedback Form
- Upload Medical Slip
- Medical Superintendent

All
SB036A

### Discharge Summary

**DISCHARGE SUMMARY TEMPLATE**  
Approved by the Provincial HIM Leadership Committee March 19, 2010

DEMOGRAPHIC AND ADMINISTRATIVE DATA
PATIENT NAME
ADDRESS
CHART NUMBER
ACCOUNT NUMBER (Meditech Registration Account Number)
HEALTH CARE NUMBER
DOB
GENDER

**Admission Details**

Admission Date 08/03/2023	Discharge Date 08/03/2023
------------------------------	------------------------------

CORRECT
INCORRECT

< 6/14 >

CPD document verification checklist

Transaction Management System - Payer

SHA-OPERATIONS | CASE PROFILE | HOSPITAL PROFILE

Case pending since: 00 Days, 00 Hrs, 16 Mins, 58 Secs

Time spent on the case: 04 Mins, 50 Secs

Gaurav Sharma - CPD-Trust

Switch Role

---

ROHIT  
17 Yr | MALE | Normal |

PMJAY ID: PUKZJ3MSS

Registration ID: 1000004475

Wallet Balance: ₹ 4,86,200.00

Household ID: 65061100201020000050000005

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	0	No ↑	Not applicable	₹ 0.00	Reject	Claim has b...		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: Incorrect (With few documents missing)

LOS matching with approved treatment plan: Yes

Diagnosis is supported by evidence:  Yes  No SB036A x x v

Case management is as per the Standard Treatment Guidelines (STG):  Yes  No SB036A x x v

Whether duration of treatment matched with STG instead of treatment protocol:  Yes  No

Action\*  
Suspicious

Remarks  
Type here...

Character limit: 0/100

**SUBMIT** **CANCEL**

ADJUDICATION | CASE LOG | LOS

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CPD marking case as suspicious

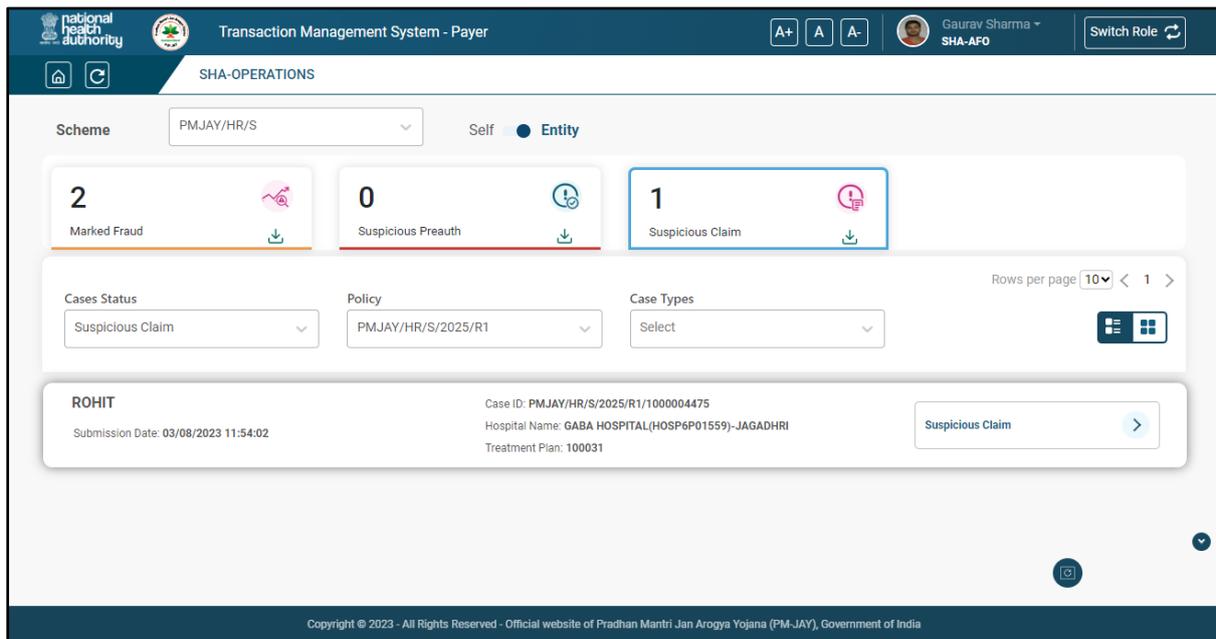
## 2.9 Adjudication by SHA-AFO

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 recommended 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.



The screenshot shows the 'Transaction Management System - Payer' interface for 'SHA-OPERATIONS'. The user is logged in as 'Gaurav Sharma - SHA-AFO'. The dashboard displays three status cards: '2 Marked Fraud', '0 Suspicious Preauth', and '1 Suspicious Claim'. Below the dashboard are filters for 'Cases Status' (Suspicious Claim), 'Policy' (PMJAY/HR/S/2025/R1), and 'Case Types' (Select). A detailed view for a case named 'ROHIT' is shown, including Case ID: PMJAY/HR/S/2025/R1/100004475, Hospital Name: GABA HOSPITAL(HOSP6P01559)-JAGADHRI, and Treatment Plan: 100031. The submission date is 03/08/2023 11:54:02. The interface also includes a 'Switch Role' button and a footer with copyright information: 'Copyright © 2023 - All Rights Reserved - Official website of Pradhan Mantri Jan Arogya Yojana (PM-JAY), Government of India'.

Transaction Management System - Payer

A+ A A-

Gaurav Sharma  
SHA-AFO

Switch Role

SHA-OPERATIONS
CASE PROFILE
HOSPITAL PROFILE

Case pending since 00 00 42 43  
Days Hrs Mins Secs

Time spent on the case 01 07  
Mins Secs

Home > Case Details (PMJAY/HR/S/2025/R1/100004475)

**ROHIT**  
17 Yr | MALE | Normal |

PMJAY ID  
RJKZJ3MSS

Registration ID  
100004475

Wallet Balance  
₹ 4,86,200.00

Household ID  
69061100201020000050000005

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	<input style="width: 80px;" type="text" value="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

Action\*

Remarks

Character limit: 0/100

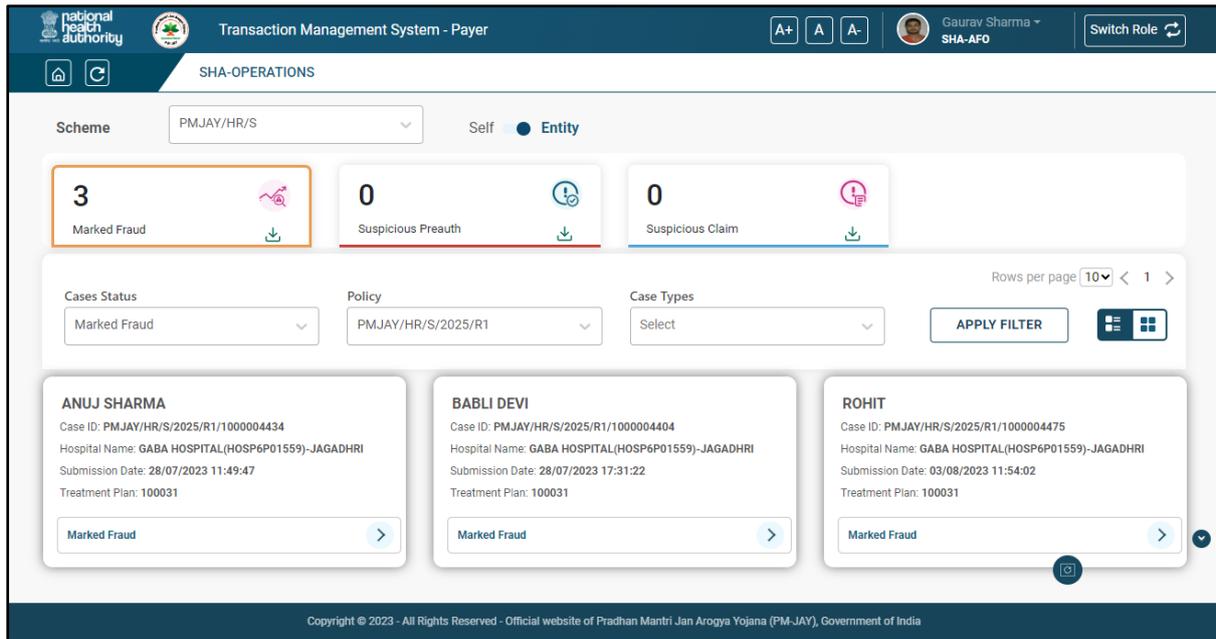
SUBMIT
CANCEL

ADJUDICATION

CASE LOG

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After marking case as fraud it will be available in the “Marked Fraud” dashboard as shown below:



The screenshot displays the 'SHA-OPERATIONS' dashboard for the 'PMJAY/HR/S' scheme. It features three summary cards: 'Marked Fraud' with a count of 3, 'Suspicious Preauth' with a count of 0, and 'Suspicious Claim' with a count of 0. Below these are filter options for 'Cases Status' (Marked Fraud), 'Policy' (PMJAY/HR/S/2025/R1), and 'Case Types' (Select). A table lists three cases, each with a 'Marked Fraud' status and a right-pointing arrow:

Case Name	Case ID	Hospital Name	Submission Date	Treatment Plan	Status
ANUJ SHARMA	PMJAY/HR/S/2025/R1/100004434	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	28/07/2023 11:49:47	100031	Marked Fraud
BABLI DEVI	PMJAY/HR/S/2025/R1/100004404	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	28/07/2023 17:31:22	100031	Marked Fraud
ROHIT	PMJAY/HR/S/2025/R1/100004475	GABA HOSPITAL(HOSP6P01559)-JAGADHRI	03/08/2023 11:54:02	100031	Marked Fraud

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Transaction Management System - Payer

A+ A A-

Gaurav Sharma  
SHA-AFO

Switch Role

SHA-OPERATIONS
CASE PROFILE
HOSPITAL PROFILE

Home > Case Details (PMJAY/HR/S/2025/R1/100004475)

**ROHIT**  
17 Yr | MALE | Normal |

PMJAY ID  
PJKZJ3MSS

Registration ID  
100004475

Wallet Balance  
₹ 4,86,200.00

Household ID  
65061100201020000050000005

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)

ADJUDICATION

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

CASE LOG

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.