CAPF Reimbursement Module

User Manual
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## Video tutorial on CAPF Reimbursement Module

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Introduction

Ministry of Home Affairs provides medical treatment coverage to its employees and their eligible dependents. This is called Central Armed Police Forces (CAPF) scheme. The coverage is provided either by reimbursing the medical expenses of its employees and their dependents or by empaneling Healthcare Providers (includes Hospitals) to deliver cashless healthcare services to them. Empaneled providers submit their claims to Ministry of Home Affairs and subsequently get the payment. Submission of reimbursement by employees and claims by the empaneled healthcare provider is paper-based process which is time consuming and prone to errors.

About Ayushman CAPF Scheme

Under the guidance of Union Minister of Home Affairs, CAPF Scheme has been moved from a paper-based system to a paper-less system. The scheme has been launched on the time-tested, state-of-the-art National Health Authority’s (NHA) IT platform. Now it is known as Ayushman CAPF Scheme.

Ayushman CAPF is a convergence scheme being implemented on Ayushman Bharat PM-JAY IT platform. It’s a joint initiative by the Ministry of Home Affairs (MHA) and the National Health Authority (NHA) which will provide cashless healthcare services to the serving CAPF personnel and their dependents from all seven forces, viz. Assam Rifles, Border Security Force (BSF), Sashastra Seema Bal (SSB), Central Reserve Police Force (CRPF), Central Industrial Security Force (CISF), National Security Guard (NSG), and Indo-Tibetan Border Police (ITBP), through Ayushman Bharat PM-JAY IT platform.

Launched on 23rd January 2021 in Assam, scheme is being implemented across the country in a phased manner. The convergence between Ayushman Bharat and CAPF is a first of its kind initiative leveraging strengths of existing robust IT framework, access to the network of various private hospital and portability of services across country. This initiative will help in moving away from any paper-based manual process of availing healthcare benefits by CAPF personnel and their families to a paperless service at NHA’s IT platform. In addition, a 24x7 call centre, online grievance management system, fraud and abuse control system, and real time monitoring dashboards are other key features of the scheme.

Purpose of Ayushman CAPF Scheme

Specific aims of bringing Central Armed Police Forces (CAPF) scheme on NHA Platform are the following.

1. Ensure delivery of cashless and paperless healthcare services to eligible beneficiaries
2. Improve transparency and accountability in the system
3. Expand access to services through PM-JAY and CGHS empanelled private hospital network
4. Cost effectiveness through collective bargaining
5. Enhance service quality through monitoring and Standard Treatment Workflows
6. Implement effective control on fraud and abuse through IT systems
7. Set up efficient grievance redressal through PM-JAY platform and call centre

1 National Health Authority (NHA) is the apex body responsible for implementing India’s flagship public health insurance/assurance scheme called “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” (AB PM-JAY) & has been entrusted with the role of designing strategy, building technological infrastructure and implementation of “National Digital Health Mission” (NDHM) to create a National Digital Health Eco-system.
Salient features of the scheme

Key features of the scheme are given below.

- Onboarded all CGHS empanelled Health Care Organizations (HCOs) on NHA IT platform
- Transfer of following paper-based processes to online workflows
  - Verification of beneficiaries (paperless verification)
  - Referral mechanism
  - Claim processing (intimation and submission of claims)
  - Online transfer of payments
  - Reimbursement of claims
- NHA IT platform will offer following AB PM-JAY specialized services:
  - Monitoring & Evaluation
    - Real time data monitoring and analytics
    - Contextualized dashboards at state, hospital and case level
    - Evidence based research for policy making
  - Fraud Control
    - IT platform with real-time triggers for fraud control and prevention
    - Suspicious cases and beneficiary card will be shared with respective department
  - Grievance Redressal
    - Online Central Grievance Redressal Management System (CGRMS) for submission and time bound resolution of grievances of all stakeholders
  - Call Centre
    - To provide scheme related information and answer queries of beneficiaries

Benefits of Ayushman CAPF scheme

- Cashless OPD, Diagnostic and IPD services will be provided to the beneficiaries based on their entitlements (designation/pay band based).
- Ayushman CAPF scheme will be completely paperless and online which will be more time efficient. No approval under this scheme will be manual.
- Network of hospitals spread across Pan India will be available to CAPF personnel and their dependents for availing cashless treatment.
- Processing of reimbursement claims of serving personnel will be scrutinized by Claim Processing Doctor (CPD). Approved claims of serving personnel will be paid as per CGHS packages rates.
- Reimbursement of claims will be timebound.
CAPF Reimbursement Module

National Health Authority (NHA) IT platform has following four modules for Ayushman CAPF Scheme.

1. **Hospital Empanelment Module (HEM)** – for onboarding of Healthcare Organization (HCOs) on NHA platform
2. **Beneficiary Identification System (BIS)** – for identification, verification, and validation of the CGHS beneficiaries (Pensioners and their dependents) who are covered under the scheme
3. **Transaction Management System (TMS)** – for patient registration, pre-authorization, real-time claim management and reporting
4. **CAPF Reimbursement Module** – for serving personnel of all seven forces only to submit their claims related to medical expenses for getting reimbursement

This user manual explains how serving personnel can use ‘CAPF Reimbursement Module’ for submission of its claims. It provides key features of the module and give step-by-step illustration for claim submission.

**Logging in to the portal**

1. To access the ‘CAPF Reimbursement Login’, use this link [www.tms.pmjay.gov.in](http://www.tms.pmjay.gov.in)
   - Either click on this link or copy and paste it into the address bar of the browser.

2. Under ‘Quick Links’, click on ‘CAPF Reimbursement login’ (shown as 1 in the image below).

3. Under ‘Login Type’ click on the dropdown (shown as 2 in the above image), select any one option from **CAPF Ayushman ID** or **Force ID**.
   - If **Force ID** option is selected, then enter ‘Force ID’, select ‘Force Type’ from the dropdown and click on ‘Get OTP’ tab (shown as 3 in the below image).
   - The SMS OTP will be sent on the linked mobile number with the **CAPF Ayushman ID**.
   - **Note:** Mobile number of the beneficiary must be registered for login purpose.

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2 It is mentioned on Ayushman CAPF card at bottom left.
4 Enter the OTP at the given space *(shown as 4 in the below image)*.
   Enter code from the image *(captcha)* at the given space *(shown as 5 in the below image)* and click ‘Login’. Login process completes with this.
Finding details of force official
5 The landing page after login provides the details of the beneficiary (means ‘force official’).
   Note: You cannot edit these details on the portal.

Selecting patient / beneficiary
6 On the same page, the dropdown under ‘Patient Name’ (shown as 6 in the below images) will reflect
   your and your dependents’ name. You must select the respective beneficiary’s name3 from the dropdown.
   Note: You do not have the option to add / delete any dependent in the list.
   In case there is any discrepancy in the dropdown list, or you want to add a dependent in the list,
   please contact your respective Force Office.

Selecting reimbursement type
7 After selecting patient / beneficiary, you are to select the ‘Reimbursement Type’ (shown as 7A in the
   above image). The dropdown under this provides three options (shown as 7B in the below image) to
   select from.
   a. Out-Patient Details
   b. In-Patient Details (Partial)
   c. In-Patient Details (Full)

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3 Only the serving personnel (means ‘force official’) can use this portal to submit bills for reimbursement. Medical
   bill could be either of her/himself or their dependents.
a. **Out-Patient Details:** This is also known as OPD. You are required to select this option if the reimbursement claim is for the OPD consultation.
b. **In Patient Details (Partial):** This is also known IPD. You are required to select this option if the claim reimbursement is being raised for a part of medical expense occurred when the beneficiary or the dependents are admitted in hospital.
c. **In Patient Details (Full):** You are required to select this option if the claim reimbursement is being raised for the full medical expense occurred when the patient / beneficiary (force official or the dependent) was admitted in hospital.

**Submitting claim**

8 After selecting the appropriate reimbursement type, click on ‘raise claim’ (shown as 8 in the above image).

9 This screen will reflect the claim form, wherein all the details with respect to the medical expense are to be filled. There are following grids in the form:

a. Patient Details
b. Bank Account Details
c. Hospital Details
d. Treatment Protocols
e. In Patient Hospitalization Charge
f. Hospital Details
g. Implants Charges
h. Investigation Diagnostics
i. Pharmacy Charges
j. Other Allied Charges
k. Admission Details
l. Total Charges

a. **Patient Details:** The data is auto filled. You cannot edit this. Any change required, must be reported to your respective Force Office.

b. **Bank Account Details:** The data is auto filled. You cannot edit this. Any change required, must be reported to your respective Force Office.
c. **Hospital Details**: The following details are to be selected from the dropdown and filled-in accordingly (shown as 9 in the below image).
- **Hospital State**: Select from the dropdown
- **Hospital District**: Select from the dropdown
- **Hospital**: Select the hospital name from the dropdown. In case, the hospital name is not there in the dropdown list, select ‘Others’, and a new cell will open wherein you are to type the hospital name.

![Hospital Details Image]

<table>
<thead>
<tr>
<th>Hospital State</th>
<th>Hospital District</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>select from dropdown</td>
<td>select from dropdown</td>
<td>select from dropdown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>type the hospital name</td>
</tr>
</tbody>
</table>

![Treatment Protocols Image]

d. **Treatment Protocols**: Under this tab, details of ‘Specialty’, ‘Procedure’ and ‘Total Amount’ are to be filled (shown as 10 in the above image).

**Specialty**: Click on the dropdown. It contains list of health specialties e.g. Cardiology, Oncology, Burn Management etc. From the list, select the specialty care for which the expense has been made.

**Procedure**: Click on the dropdown. It contains all the procedures with respect to the selected specialty. Select the appropriate procedure from the dropdown list.

**Total Amount**: You are required to fill-in the amount which has been spent on the specific procedure.

If required, you can add multiple ‘Treatment Protocols’.

e. **In Patient Hospitalization Charge**: It includes expenses incurred on ‘Admission Charges’, ‘Diet’, ‘Hospitalization’ and ‘ICU Charges’. You can add these charges if expenses have been made. (shown as 11 in the below image).
f. **Implants Charges:** If the treatment process included implants, add the charges under this tab (shown as 12 in the below image).

g. **Investigation Diagnostics:** You can add the charges of the medical tests, if undertaken (shown as 13 in the below image).

h. **Pharmacy Charges:** You can add the charges of the medicines purchased as per the prescription of the doctor. In case the medicine is not under ‘Type of Pharmacy’, choose ‘Other’ and add the medicine name (shown as 14 in the above image).

i. **Other Allied Charges:** You can add any other charges which have been incurred and are not covered in the above list (shown as 15 in the below image).

j. **Admission Details:** You are required to fill the ‘Admission Date’, ‘Date of Treatment’, ‘Emergency’ and ‘Discharge Death’ (shown as 16 in the below image).
k. **Total Charges:** ‘Total Bill Amount’ is an auto calculated field which will pick values added by you under various tabs. In case, you have opted for ‘In Patient Details (Partial)’, then fill-in the ‘**Total Claim Amount**’. The value must be less than ‘Total Bill Amount’ (shown as 17 in the above image).

l. After filling all the details, you have to add ‘**Remarks**’ (shown as 18 in the below image).

m. In the ‘**Action Type**’ dropdown, click on ‘**Initiate Claim**’ option (shown as 19 in the below image).

10 On submission, you will be directed to the new screen, wherein you are required to attach all the relevant documents. The fields marked with asterisk are the ones where it is mandatory to attach supporting document (shown as 20 in the below image).

*Note that list shown in the image is exhaustive for illustration purpose. In real, system will show document list which is relevant to the information provided under above tabs.*

*Exception: The ‘**Certificate of Emergency Treatment**’ has to be provided if you have selected ‘Yes’ for the Emergency option under ‘Admission Details’.*
11. Once all the relevant documents are uploaded, click ‘Submit’ (shown as 21 in the below image).

12. On submission, the claim will be initiated from portal.
Checking the claim status

13 In case you want to submit the application later or have not been able to submit the application, the draft can be accessed from ‘Reimbursement Draft Cases’ option in the left screen (shown as 22 in the below image).

14 You can track your submitted claims from the ‘Track Claim’ option on the left side of the screen (shown as 23 in the below image).

15 The status of the claim, if approved or not approved, or the amount of claim approved will reflect in the last column ‘Claim Approved Amount (Rs.)’ (shown as 24 in the below image).
Responding to CPD’s query
16 If any query has been raised by the Claim Processing Doctor (CPD), the claim will be reflected in ‘Reimbursement Query Updation’ (shown as 25 in the below image).

17 Click on ‘Reimbursement Query Updation’ and respond to the query raised by Claim Processing Doctor (CPD).

Getting reimbursement
18 Once the claim is approved, the claim amount gets credited to the beneficiary’s registered bank account.

Video tutorial on CAPF Reimbursement Module
National Health Authority (NHA) has created following videos on CAPF Reimbursement module.

1 **CAPF Reimbursement for Out Patient Claims**: This is for raising OPD consultation / treatment related claims.

2 **CAPF Reimbursement for In Patient Claims**: This is for raising IPD treatment related claims (partial or full).

Both the videos can be accessed at following link

https://www.youtube.com/playlist?list=PLYcj0BpCoCc5cgV2N_v6Ra4NaAHMQH2cB

For more information, beneficiaries may call on toll-free helpline number 14588.