

"आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना" स्टेट हेल्थ एजेन्सी (साचीज)





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Ref:AB-PMJAY/Advisory/2021\586

Lucknow: Date: May,2021

Advisory

All Empanelled Health Care Providers

<u>Ayushman Bharat-PMJAY</u>

Dear EHCPs,

Please find attached Office Memorandum No. S-12015/106/2021-NHA (HP&QA) dated 19 April, 2021 regarding introduction of new features in TMS related to Health Benefit Packages.

The two changes are related to package of Haemodialysis and Oncology packages. Accordingly, changes have been made in the National Package Master and TMS. You are advised to go through the directives in the attached OM and ensure necessary action accordingly.

Encl; as above

(Dr BK Pathak) General Manager

Copy to:- for information and necessary action.

- 1. All Medical Auditors
- 2. All ISAs

(Dr BK Pathak) General Manager S-12015/106 /2021-NHA (HP&QA) Government of India Ministry of Health & Family Welfare (National Health Authority)

OFFICE MEMORANDUM

Subject: Introduction of new features in TMS related to Health Benefit Packages- reg.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) has recently completed over two and half years, and the State Health Agencies have been strong and key pillars supporting the National Health Authority (NHA) in the smooth and successful implementation of the program.

During recent analysis and medical audits, it was brought to the attention of NHA that:

1. The package for Haemodialysis is booked for both Acute & Chronic patients in TMS by EHCPs which is leading to lot of Non-compliance in STGs.

In view of the above, haemodialysis package is being split into two separate packages in the National master & in the TMS to streamline the booking & utilization of this package. The haemodialysis package would now be booked in TMS under the procedure name of Acute Haemodialysis / Chronic Haemodialysis, based on patient's condition. The details of packages are as follows:

- Acute Haemodialysis (MG072C) to be booked for patients with acute renal condition.
- Chronic Haemodialysis (MG072D) to be booked for patients with chronic renal condition.

The existing package code MG072A (Haemodialysis) will be deactivated from effect of 01.05. 2021. Please ensure all your pending claims under this package code are settled before 01.05.2021.

2. The data currently being captured in TMS for Oncology packages is incomplete and / insufficient for the purpose of monitoring, medical audit & analysis. In view of this, NHA has mapped certain essential fields with the National Cancer Registry form and have introduced few mandatory fields which need to be filled in while booking Oncology package(s) in the TMS. The list of mandatory fields required is attached in Annexure-1.

SHAs may be requested to ensure that the information regarding the introduction of these recent changes in TMS be communicated to all the EHCPs, TPAs & ISAs for adherence and ensure that the said packages are booked accordingly.

We look forward to your kind support in implementing these changes in the TMS.

This issues with approval of the competent authority.

आयुक्तान भारतन्म् Ayushman Bharat-Pradhen Mani Ayushman Bharat-Pradhen Manion

Dated: 19th April 2021

2164751/2021/HNQA-NHA

| | Additional fields as per mapping done with Hospital Based Cancer Registry | | | | | | | | | | | | | | | | | |
|---------|---|----------------------|-----------------------|-------------------------------|-----------------------|---------------|-----------------|----------|----------|-----------|-----------|----------|-------|---------|-------|--------|-----------|---------|
| Sr. No. | (HBCR) form of ICMR-NCDIR | CMR-NCDIR | | | | | | | | wn fields | | | | | | | | |
| | | Clinical | | X-Ray/ Imaging | | | | | | | | | | | | | | |
| 1 | Method of Diagnosis | only | Microscopic | | e Only | Others | Unknown | | | | | | | | | | | |
| | 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | | | | | | | | | |
| 2 | Complete Pathological Diagnosis (Primary site of tumor- Topography) | subtype if any | | | | | | | | | | | | | | | | |
| | | папу | | | | | | | | | | | | | | | | |
| _ | Complete Pathological Diagnosis | | | | | | | | | | | | | | | | | |
| 3 | (Morphology) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 4 | Secondary site of Tumor | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 5 | Morphology of Metastasis | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 6 | Site of Tumor (ICD-10) | | | | | | | | | | | | | | | | | |
| Ů | | Not a | | | | Bilateral | Paired | | | | | | | | | | | |
| _ | I atauality | paired | Dimba | 1 -44 | site | involvem | | | | | | | | | | | | |
| | Laterality | site One | Right First of two | Left Second of two | involved, Third of | Fourth of | no Fifth of | Sixth of | Seventh | Eigth of | Unspecifi | | | | | | | |
| | | primary | or more | or more | three or | four or | five or | six or | of seven | eight or | ed | | | | | | | |
| 8 | Sequence | only | primaries | primaries | more | more | more Distant | more | or more | more | sequenc | | | | | | | |
| | Clinical Extent of Disease before | | | Direct | Regional | extensio | metastas | Not | | | elsewher | Recurren | Other | | | | | |
| 9 | treatment | In-situ | Localised | extension | nodes | n with | is | palpable | d | e/ | е | t | | Unknown | | | | |
| | | | | | Not applicabl | Othore | | | | | | | | | | | | |
| 10 | Staging system followed | TNM | FIGO | Ann Arbor | е | (specify) | Unknown | | | | | | | | | | | |
| | | rumor | | | | (0) | | | | | | | | | | | | |
| 44 | TNM | Node Metastas | | | | | | | | | | | | | | | | |
| - 11 | I NIVI | wetastas | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 12 | Composite stage | | | | | | | | | | | | | | | | | |
| | Treatment given prior to registration at | | | | | | | | | | | | | | | | | |
| 13 | Hospital | Yes | No | Unknown | | | | | Hormone | | | | | | | | | |
| | | Surgery | Radiotheran | Chemotherapy | | | | | Therapy | | | | | | | S+R+C+ | Others | |
| 14 | If Yes, type of treatment given | S) | y (R) | (C) | S+R | S+C | R+C | S+R+C | (H) | S+H | R+H | C+H | S+R+H | S+C+H | R+C+H | Н | (specify) | Unknown |
| | | 0/ | | | 0 | INO | | | | | | | | | | | | |
| 15 | Intention to treat at the Hospital | Curative/ Radical | Palliative | Pain Relief only | Sympto | treatmen | Unknown | | | | | | | | | | | |
| 10 | | radical | 1 amative | Pain Relief only Treatment | | | OTIKITOWIT | | | | | | | | | | | |
| 40 | Cancer directed treatment given at | Vaa | N ₁ - | | te | I Independent | | | | | | | | | | | | |
| 16 | hospital | Yes | No | accepted | treatmen | Unknown | | | Hormone | | | | | | | | | |
| | | | | Chemotherapy | | | | | Therapy | | | | | | | S+R+C+ | | |
| 17 | If Yes, type of treatment given | S) | y (R) | (C) | S+R | S+C | R+C | S+R+C | (H) | S+H | R+H | C+H | S+R+H | S+C+H | R+C+H | Н | (specify) | Unknown |
| | Date of commencement of treatment at | | | | | | | | | | | | | | | | | |
| 18 | Hospital | ddmmyy | | | | | | | | | | | | | | | | |
| | Date of completion of Initial cancer | | | | | | | | | | | | | | | | | |
| 19 | directed treatment at hospital | ddmmyy | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 20 | Date of Last contact | ddmmyy | | | | | | | | | | | | | | | | |
| 20 | Date of East contact | adminyy | | | | | | | | | | | | | | | | |
| | 5 | l | | | | | | | | | | | | | | | | |
| 21 | Date of Death | ddmmyy | <u> </u> | <u> </u> | ļ | ļ | ļ | ļ | L | ļ | ļ | ļ | ļ | ļ | ļ | L | ļ | L |