Frequently Asked Questions on DBT
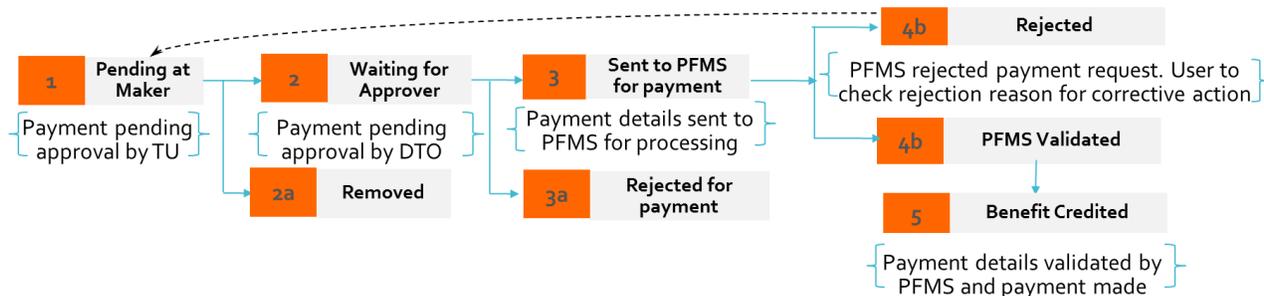
Sr.	Questions and Answers
1.	What is DBT?
	Direct Benefit Transfer or DBT is a major initiative by which Government of India where benefits for any government scheme, is transferred directly into the bank accounts of the beneficiary. It aims to improve efficiency, effectiveness, transparency and accountability.
2.	What is PFMS?
	PFMS is a web-based online transaction system for fund management and e-payment to implementing agencies and beneficiaries. The primary objective of PFMS is to establish an efficient fund flow system and expenditure network. PFMS also provides various stakeholders with a reliable and meaningful management information system and an effective decision support system.
3.	What is the difference between "Beneficiary" and "Benefit" under Nikshay Poshan Yojana

	● A beneficiary is a person/ citizen who is eligible to get benefits (financial or in kind) under any government scheme. This is a common shared definition used across systems.
	● A "Benefit" defined in the Nikshay-PFMS system, is a payment (of any amount) due to a beneficiary, as identified by the scheme rules under a particular scheme.
	For example, in Nikshay Poshan Yojana (TB Patient Nutrition):
	    The beneficiary is a case of Tuberculosis, notified to Nikshay.
	    This beneficiary under the scheme is eligible for Rs 500 for each treatment month (28 days). Nikshay will generate one or more benefits @ Rs. 500 for each treatment month which is due to the patient.

4.	What is the meaning of the Beneficiary status of Empty, Sent and Validated
	To perform DBT for a beneficiary, the first step is to seed the Bank Account in Nikshay and get the beneficiary registered with PFMS. When the Bank Account details are entered into Nikshay, it automatically sends the beneficiary bank details to PFMS on the same day (at midnight). Based on the process of registration with PFMS, the following beneficiary statuses are assigned. Payment of a benefit can be made only if the beneficiary is registered with PFMS (Bank Account details are validated by PFMS). This is a one-time activity for a beneficiary.
5.	How does the PFMS validate the bank account details of the patient?
	To register a beneficiary, PFMS checks the Bank Account details with beneficiary's Bank for correctness. This ensures that money is transferred to a validated account thereby reducing the risk of misdirected payments.

6.	When is beneficiary eligible to get benefits under Nikshay Poshan Yojana
	As per guidance issued by Central TB Division, ● Every notified TB patient is eligible for Nutrition support @Rs.500 for each treatment month (28 days). ● These payments need to be paid in advance @Rs. 1000, at the time of Notification. Payments also need to be paid during the treatment duration in installments of Rs.1000. The last installment has to be given at the completion of treatment. Based on the guidance Nikshay Calculates the benefits due and generates them
7.	Does Nikshay automatically generate the benefit due list or will the TU/DTO manually create the Benefit list
	Nikshay creates benefits due automatically, based on the rules described in question number 6. The list will be displayed under the "Pending" section of the DBT Module of the TU user.
8.	How does Nikshay calculate the patient benefits for Nikshay Poshan Yojana
	In Nikshay, ● At the time of Notification, a benefit of Rs.1000 is created (Incentive number 1) as an advance. This benefit has to be either approved or removed. ● Subsequently, on completion of every 28 days after treatment initiation, another benefit is created @Rs.500 (Incentive number 2 and further). To enable payments in installments of Rs. 1000, this Rs.500 benefit may be deferred. Such deferred benefits will be added to the next benefit created in the next 28-day cycle. If benefits were not deferred, a new benefit will be created at every 28-day cycle(with the incentive number incremented by 1). Thus, at the end of every 28 days post treatment, the patient would have an extra Rs.1000 (which was paid as advance at the time of notification). This extra Rs.1000 will be adjusted in the last benefit, within 24hrs of treatment outcome entry. For e.g. if a patient's actual Outcome Date is 12-Sep-2018, but user updates outcome in Nikshay on 6-Jan-2019, benefit amount will be re-calculated by Nikshay at the End of day (6-Jan-2019). ○ If during this period (between 12-Sep to 6-Jan), any of the previous benefits were approved by mistake and those amounts are in "paid" or "Sent to PFMS" status, Nikshay will not be able to reverse/stop these payments. ○ If any Benefit status is "Pending with Maker" or "Deferred", Nikshay will re-calculate the final benefit amount and readjust existing benefit if any amount is due to be paid. ○ If there are any Benefits that are pending for DTO approval, they need to be "Rejected". Thus, it is important to update Rx Outcomes of patients on time and to also review the benefits carefully before approval in Nikshay
9.	As the benefits are calculated by Nikshay automatically (Incentive 1, 2, 3 etc.), on the basis of which reference date is this calculated? Is it the date of notification or date of treatment initiation?
	The 1st benefit of Rs.1000 is created on date of Notification/ diagnosis. All the subsequent benefits are calculated from the date of treatment initiation and to the outcome date (if available) or the benefit is created.
10.	Can the benefit amount calculated by Nikshay be edited?
	No, the benefit amount calculated by Nikshay cannot be edited by the user.
11.	What are the various statuses of a'Benefit' and how to interpret them?

The various statuses and the flow of a benefit are described in the figure below.

Every Benefit amount has to be approved by the TU (Maker) and DTO (Approver). Action can be taken only for benefits for which the beneficiary has been registered (Validated) with PFMS.

- Pending at Maker: TU User can send a Benefit to approver. As TU User sends the Benefit, it is visible in the "Processing" tab of the TU user with the status "Pending for Approver".
- Pending for Approver: The DTO user has access to these benefits in the pending list with status Pending for approver. After verification of the benefit details, the DTO may approve it. After approval Nikshay requests PFMS to make the corresponding payment to the beneficiary of the benefit. If DTO rejects, the record it is sent back to TU User (Maker)
- If the payment request by Nikshay to PFMS is validated, then the status is changed to PFMS Accepted. These are available in the PFMS DA ID for E-payments. Once the amount gets credited to the Beneficiary and the information is passed back to Nikshay, the status is changed to paid.
- If PFMS rejects the payment request, it returns to TU User (Maker) for reprocessing with the status "Rejected".
- The DTO or TU user may decide that the benefit is not to be paid to the beneficiary. In such cases the user has to "remove" those benefits; and the status is changed to reviewer.

12.	From DTO Login, why are no records are being displayed under 'Pending' section of the DBT Module
	Records are displayed under 'Pending' section of DBT module, from DTO's login only after the benefit is approved by TU user (maker). The DTO needs to check with its TU teams if they have approved any payments.
13.	How can a TU user view if his DTO has approved a benefit
	As soon as a TU user approves a transaction, it moves from the 'pending' section to 'processing' section of DBT Module. The benefit transaction will remain in the 'processing' tab till it is under process with DTO (for approval) or PFMS (for payment). The status of the transaction will either be "waiting for Approver' which means DTO has not yet approved it or, will be "Sent to PFMS for payment' which means, DTO has approved and the benefit is pending PFMS for payment.
14.	How to process payments if benefit amount is incorrectly calculated by Nikshay?
	Nikshay will generate incorrect benefit amounts only if the patient data entered by the user is incorrect. The exact rationale for the calculation against each benefit will be available in the log of the benefit.

To enable Nikshay to calculate the correct benefit amount, users should ensure that the Date of Diagnosis, Date of Treatment initiation and the date of Treatment outcomes are updated in the system correctly and in a timely manner.

Another reason why Nikshay might not be able to calculate the benefit amount correctly is if, manual payments have been made for the patient or, payments have been made directly from PFMS.

After checking for correctness of the benefit amount (based on rules which Nikshay uses to calculate incentives), if user still thinks that the amount calculated by the system is incorrect, a Service Request should be raised from "Ask for Help" providing the Patient ID and mentioning the correct expected benefit amount so that Nikshay Help Desk team can investigate on a case to case basis and reply

15.	If a patient's outcome has been assigned and yet, a benefit is shown as pending for payment in Nikshay, should it be approved?
	As a Patient's Treatment Outcome is updated by a user, the final Benefit amount is recalculated by Nikshay and displayed to user **on the next day**. Users should check the status of Benefit of the patient on the next day to see the correct benefit due amount at the TU level
16.	What are the various reasons for rejection of a "Beneficiary" by PFMS and what are the next steps?

User should submit the correct Bank Account details based on the Rejection reason displayed in the "Recent Log" column.

Sr.	Rejection reason	Next steps (Action to be taken)
1	• CBE0009:- Institution ID should be the unique Agency Code of PFMS agency with which the Beneficiary is associated. • CBE0019:-Initiating Party Code should be the unique agency code of PFMS agency	The TU has not been mapped with the correct PFMS Agency code. The user needs to co-ordinate with NIKSHAY Helpdesk for necessary rectification.
2	CBE0021:-Rejected by Bank, As per Bank Account Number is Invalid.	The user needs to enter the correct bank details for the beneficiary in the NIKSHAY portal
3	CBE0010:- Bank Name is not as per PFMS Bank Master.	The user needs to notify such cases to the NIKSHAY Helpdesk for updating of Bank details in the NIKSHAY portal as per the PFMS master.
4	CBE0008:- Duplicate Beneficiary Name , Bank Account No and Bank Name not allowed for same scheme	Beneficiary code already generated with other PFMS agency against the Beneficiary and Bank account details entered. The user needs to notify such cases to the NIKSHAY Helpdesk for updating the Beneficiary details with PFMS.
5	CBE0015:- Invalid Address Census Code, It should be as PFMS Master.	The user needs to notify such cases to the NIKSHAY Helpdesk for updating the census Code in NIKSHAY as per the PFMS master.

17.	For a patient, the 'Beneficiary status' was 'PFMS Rejected'. The STS corrected the Bank details but even after correcting it, the Beneficiary status did not get updated. Can the user update the Beneficiary status manually?
	As the Bank Account details of a patient are updated, they are automatically sent to PFMS at the end of the same day (at 12 AM). The beneficiary status will be updated by Nikshay automatically after sending it to PFMS. The status cannot be updated manually by users.
18.	What are the various reasons for rejection of a "Benefit" by PFMS and what are the next steps?

The various reasons for rejection of a "Benefit" by PFMS and the necessary steps that need to be taken by the user are as follows:

Sr.	Rejection reason	Next steps (Action to be taken)
1	CPE0044:-Agency Administrator has not defined bank account to be used for payment of given "Payment Purpose" in PFMS, Please contact the Agency Administrator for defining the same in PFMS.	The user needs to map the RNTCP component with the respective bank account in PFMS and reinitiate payment to such beneficiaries from NIKSHAY portal.
2	CPE0036 :-Beneficiary Account number not belongs to beneficiary code and	The account no. of the beneficiary was changes after generation of the beneficiary code by PFMS. The user needs to submit a service

		scheme	request using the 'Ask for Help' module so that the Nikshay Technical team can look into it and resolve.
	2	CPE0009 :-PFMS Beneficiary code does not exists in PFMS or does not correspond to provided Scheme and Beneficiary Type	Beneficiary was created while the TU was mapped with one agency but the same has been changes at the type of payment. The user needs submit a service request using the 'Ask for Help' module so that the Nikshay Technical team can look into it and resolve.
	3	PE0049:-Both Centre Share Amount and State Share Amount cannot be zero.	The user needs to submit a service request using the 'Ask for Help' module so that the Nikshay Technical team can look into it and resolve.
	4	CPE0063 :-Duplicate payment check based on EndToEndID fails	The user needs to submit a service request using the 'Ask for Help' module so that the Nikshay Technical team can look into it and resolve.

19.	Once a Benefit has been approved, how can the status of the transaction be tracked
	Once the benefit payment has been approved, it will move from the "Pending" section and would either be visible in the "Processing" section or "Paid" section of the DBT Module. If the Benefit is rejected by PFMS due to any reason, it will be returned to the "Pending" section of the DBT Module in TU's (Maker) login
20.	How to re-initiate DBT for where Benefits have been rejected by PFMS?
	A rejected Benefit will be returned to the (TU) maker level so that the necessary corrective action can be taken and approved/submitted once again
21.	Some of the PFMS rejected benefits which were visible in the Pending section of DBT Module yesterday are now NOT visible in the Pending section. How to see the status of such transactions
	In some cases where rejections are not due to incorrect bank details, are re-processed by Nikshay automatically. Such transactions might be visible in the "Processing" or "Paid" section of the DBT Module.
22.	Since payments are processed under Nikshay Poshan Yojana once in 2months (in advance), if a patient dies/defaults/ migrates after 1month of treatment and he/she already got 1000 payment what will happen?
	Once a payment has been processed, it cannot be reversed. At the time of approval, the DTO and his/her team can approve payments on the basis of the current status of the patient. However, it is important to approve payments on time so that the patients get the benefits of the incentives
23.	What can be done in case of old MDR patients NPY(Which had old ID's)
	The MDR patient details have not yet been migrated from Nikshay 1.0 to Nikshay 2.0; but will be migrated soon as the Nikshay Technical team is working on it. Once migrated, Nikshay 2.0 will generate the Benefit due list and display it in the DBT module and the DTOs will be able to process it.
24.	What can be done if patients don't have a bank account (ex-daily wage laborer)?
	It is recommended that all the incentive payments be done via the DBT module of Nikshay so that they get accounted for, in Nikshay's Dashboard and Reports. Details of payments made manually cannot be updated in Nikshay as of now. Therefore, if patients do not have a Bank Account, it is recommended that staff helps such patients in opening of a Bank Account (if possible)
25.	Can Bank details of relatives can be entered if the TB patient is minor or does have own bank account?
	Yes, in exceptional situations, the bank account details of the relatives can be entered if the TB patient is minor or if the patient's bank account cannot be opened. Technically, Nikshay and PFMS will be able to process such payments. However, it is important that patient's consent is duly documented so that no issues are raised by the patient or by the auditors in the

	future.
26.	The payments which were previously made to Patients directly through PFMS (using the DO Login) are not updated in Nikshay. How can those be updated in Nikshay? Can a facility be provided to manually update those transaction details in Nikshay?
	Presently, Nikshay does not have a feature to enable the users to update the details of such transactions. However, CTD is trying to explore the possibility of updating these payment details in Nikshay so that payments get reconciled. CTD will communicate this to all States and Districts once a solution is available.
27.	In Nikshay 1.0, we had approved few DBT payments. However, those payments are neither visible in PFMS (through DO Login) nor processed/paid by PFMS. How can those payments be processed?
	The Nikshay PFMS interface does not require the use of the DO ID, and any action performed in the DO ID will not be reflected in Nikshay. Details of DBT payments approved/paid in Nikshay 1.0 have been migrated to Nikshay 2.0. Request to kindly check the DBT status of such patients in Nikshay 2.0. If Nikshay 2.0 reflects that benefit payment is due to the patient, you may verify and approve such payments. If you find any reconciliation issue with respect to any specific patient's payment, request to raise it to the service desk (through "Ask for Help" module of Nikshay 2.0) and the technical support team will look into it.
28.	The number of patients paid directly through PFMS (via DO Login) is not matching with the count displayed in DBT scheme dashboard in Nikshay 2.0. It is not getting updated even after a few days.
	If a payment transaction is processed directly via PFMS, the payment details do not get updated in Nikshay. Since the DBT Module is now available and fully functional, users should process payment transactions from Nikshay. In PFMS, the transactions which have been processed via Nikshay can be identified by the "created by" field if value is 0038
29.	After approval of payments in Nikshay, how much time does it take for payment transactions to appear in PFMS and be visible through the DO Logins?
	Once a benefit payment is approved in Nikshay, it is sent to PFMS. PFMS may either accept a transaction for processing the payment or reject a transaction. If PFMS accepts a transaction, it will be visible in the DA's login (and not in DO's Login). The time taken by PFMS to process transactions (and either accept or reject) may max 48 hours and informs Nikshay.
30.	If a particular patient's (beneficiary) details are not visible in PFMS, what is to be done
	User should search for the patient record in Nikshay and check its 'Beneficiary status'. ● If status is 'Empty', user should update the Bank Account details in Nikshay. ● If status is 'Pending with PFMS', user should wait for PFMS to validate Bank details and check after a few days. ● If status is 'validated', submit a service request using the 'Ask for Help' module so that the Nikshay Technical team can look into it and resolve.
31.	While updating the Bank details of a patient, if Bank Name or Branch name is not visible in Nikshay, what are the next steps
	All the Bank and Branch details which are registered with PFMS are updated in Nikshay. However if any user faces a problem with respect to a particular Bank or Branch name, request to kindly raise a service request providing the Bank Name, Branch Name and IFSC Code. The Nikshay Technical Support team will look into the issue and resolve immediately
32.	Presently, all the Benefits which are due for payment are visible in a single list. Is it possible to provide separate lists for public and private also enable search by date of diagnosis
	The DBT module of Nikshay will soon be enhanced to enable users search transactions by various criteria For E.g. Due Month of benefit, Type of Patient (DSTB or DRTB and Public Sector or Private sector) etc. CTD will inform the users as soon as this feature is made available.
33.	In the "Pending" tab of DBT, for a patient, if the 'Beneficiary status' is Rejected, what are the next steps

	If 'Beneficiary status' is 'Rejected', it means that the Bank details of the patient could not be validated by PFMS. The user needs to edit the beneficiary bank details and see the "logs" to identify the reason for rejection and the correct bank details accordingly. The Beneficiary gets rejected mostly because incorrect bank details are entered. In such cases, correct bank details need to be obtained from the patient and updated in Nikshay. As soon as the Bank details are updated, Nikshay will automatically send the revised Bank details to PFMS for validation.
34.	Is it necessary to enter Patient's Follow up test details in Nikshay to process payment of the 2nd installment of the incentive
	Presently, while calculating the benefit amount due for a patient, Nikshay does not check the Follow up Test details. However the user is required to ensure that all appropriate follow-up tests are done and updated in Nikshay before initiating payments.
35.	Is it necessary to enter Patient's Adherence details in Nikshay to process payment of the 2nd installment of the incentive
	Presently, while calculating the benefit amount due for a patient, Nikshay does not check the Adherence information of the patients.
36.	For Benefit payment through DBT Module of Nikshay, what is the importance of updating Treatment outcome
	If Treatment outcomes are not updated on time, Nikshay will not be able to calculate the correct benefit amount due. In the absence of outcome information, Nikshay will assume that the patient is still on treatment and will continue to increase benefit amount at the rate of Rs.500 for every 28 days of treatment
37.	Under Nikshay Poshan Yojana, should Benefits be given to patients taking treatment under Private sector
	Yes, under this scheme benefits should also be given to Private sector patients. However, before approving the payments, the team should ensure that Public Health Action is taken. During Public Health Action, staff should try to understand if the patient record is duplicate. Identification of duplicates will become easier as the Deduplication functionality is built in Nikshay. CTD will inform all States and Districts as soon as this PHA/deduplication feature is made available in Nikshay.
38.	Are DRTB patients included in the DBT Module of Nikshay for payment of incentives under Nikshay Poshan Yojana
	Yes, DRTB patients are also included in the DBT Module of Nikshay.
39.	Does the column called "ID" in the DBT module refer to Nikshay ID of the Patient
	No, this refers to the unique Benefit ID of the benefit transaction in Nikshay. In the near future, Patient ID for whom the benefit is being generated will also be displayed in the DBT Module.
40.	Under which circumstances should a Benefit be "removed"?
	If for any reason, the DTO/ TU believes that the benefit amount should not be paid to the patient, the Benefit transaction can be removed. For E.g. If a patient refuses to take the benefits or not willing to share the bank details, the TU/DTO User can remove it. If a transaction has been removed by mistake, it can be 'unremoved' and processed further.
41.	Under which circumstances can a Benefit be "deferred"?
	If a Benefit is "deferred", Nikshay will add the amount to the next benefit, when it is due. Once a transaction is deferred, it can only be processed along with the next benefit, as it becomes due.
	A benefit is required to be deferred if the benefit amount is to be accrued to installments of Rs.1000 or in cases where there is a possibility that the patient might complete treatment in the next 2 months and the advance amount is to be adjusted.
42.	How to re-initiate DBT for patients whose payment have been rejected by Bank (Expiry of PPA / Insufficient funds)?
	All such rejected benefits will be visible in the TU login's pending list and will need to be re-processed by the TU/DTO users.

43.	From Nikshay is it possible to get a list of Patients where Bank details are missing
	A list of Benefits due with details of bank account seeding, even for cases where bank account details are not entered are visible along in the DBT interface (Beneficiary status= EMPTY). This list is a sortable.
	A new register called as "Benefit Register" will soon be made available for download.
44.	How to update the PFMS agency code of a TU in Nikshay?
	To be able to process the payments via PFMS, it is essential that the correct PFMS Agency code is updated in Nikshay. To update the PFMS Agency code, a service request should be raised using the "Ask for Help" feature provided in Nikshay 2.0.
	This will be possible by the users themselves, once the "User Management" module is made available.
45.	We are not able to differentiate patients from PPA generated by DAM (Question not clear?)
	In PFMS, in the E-Payment approval screen, if the payment request is "created by" is "0038", it means that the payment request was received from Nikshay. For any other payments/ PPA requested will have a different value for the "Created by" field (such as, MakerCHCDDR etc.)
46.	How to map the RNTCP DBT component with the Bank account in PFMS
	The steps for Account Scheme component mapping in PFMS:
	Step – 1: Open the PFMS portal using link: https://pfms.nic.in/ and click on Login button.
	Step – 2: Enter the user name and password for the Admin id of the agency
	Step – 3: Go to "My Schemes" module and click on "Manage"
	Step – 3: Select the RNTCP Bank Account (Hyperlink in red colour) from the list of accounts displayed
	Step – 4: Click on "Agency Account Scheme component Mapping"
	Step – 5: Check the Box against the RNTCP component and save.
47.	If a patient is transferred to from one district to another district after diagnosis (before treatment initiation) which district should process the Benefit payment for such a patient?
	It is the responsibility of the district/TU where the patient is currently at, to process payments for the patient promptly. It is also their responsibility to timely transfer cases in Nikshay when patients move between districts and TUs. When a transfer is made in Nikshay, the patient record along with his/her benefits will be transferred to the new TU/District.
	While transferring a patient, it is important to mention Patient's ID in the referral form so that the receiving district can search for the patient record in Nikshay and avoid duplicate notification.
48.	How does DBT work in case of Transfer of patients from one district to another (For e.g. District A to District B)
	If a patient is transferred from District A to B, the pending benefits (at maker or approver) will also be transferred to District B and reassigned the status Maker Pending. The benefit under process in PFMS will be transferred only if it reaches a process end (paid or rejected). All benefits generated in the future will be generated at District B.
	If a patient is transferred, for payments to happen from District B, the beneficiary has to be re-registered with the PFMS agency of the new district. So, the beneficiary status of the patient will be reverted to ENTERED and will be sent to PFMS for re-registration.
49.	For those old patients who were on treatment as on April 1, 2019 and are now cured, it is being very difficult to get the Bank details. How can such payments be made?
	As per GOI's circular, patients who were on treatment on April 1, 2019 are eligible to receive the benefit amount. The

	district staff are required to make all efforts to collect the bank account details of such patients, and document them as proof of efforts made.
50.	For patients to whom two benefit payment installments are due, does Nikshay display them as two separate benefits or is it consolidated into one single benefit transaction?
	The benefit generated at Notification (incentive Number 1) will cannot be clubbed with any other benefit. Any further benefit created can be deferred, and when a new benefit is created in the next 28 day cycle, Nikshay will club it to the previously deferred benefit. Benefits in the approver pending/ processing/ paid status will not be clubbed with any other benefits.
51.	It is observed that Beneficiary records with Rural Banks such as 'Gramin Bank'or 'Meghalaya Rural Bank' Account details are rejected by PFMS. Has this issue been resolved?
	Most of the issues pertaining to the Rural Bank Branches have now been solved. The Banks which are registered with PFMS are now available in Nikshay while entering the bank details of the patient. If in any exceptional case, a particular Bank /Branch is not visible, or a rejection status is persistent, please raise a service request providing the details of the benefit (Benefit ID) and beneficiary (Patient ID), and Bank / Branch details
52.	Patient who is eligible for DBT is not appearing in the DBT list though is visible in Patient Management module
	Currently to ensure the optimum performance of Nikshay, in the DBT module, at any given time only 2000 records are displayed for processing in the 'Pending' tab. As users keep processing the benefit transactions, new records will start being displayed.
	Within the next one moth, the feature of filtering benefits and page wise view will be made available so that the users can view all the records in set.
53.	For cases where Bank details were rejected by PFMS, after updating bank details, Beneficiary Status is still 'Rejected'
	These cases are being handled by the Technical support team and will be made available for reprocessing in the "Pending" list of the TU Login. In case this status is persistent, please raise a query on the service desk of Nikshay, (Ask for Help)
54.	How to view details of the instalments already paid to the beneficiary
	The amounts in the past benefit created for a patient can be viewed in the Recent Logs.
	However, going forward, in the DBT Module of the Patient's record, the benefit details of the patient will be displayed. Benefit registers will also be provided in excel downloadable formats where all the benefit details will be made available
55.	Do patients records where treatment outcome is already updated, appear in the DBT module
	Yes, if any final benefit amount is due for payment to patient, the record will appear in "pending" section of DBT Module. As a patient's treatment outcome is updated, Nikshay re-calculates the final benefit amount for the patient at the end of the day (at 12 AM) and displays the benefit record in the "Pending" section if any amount is due to be paid.
56.	If a patient dies during treatment, will the benefit be paid to the family?
	Since Nikshay Poshan Yojana is for nutritional support of the patient, unfortunately if the patient dies, it is the discretion of the DTO on whether or not the benefit amount should be paid to the patient's family. As the patient's treatment outcome is updated in Nikshay, it re-calculates the final benefit amount at the end of the day (at 12 AM) and displays it in the "Pending" section if any benefit amount is due. The DTO may either decide to "approve" or "remove" the benefit.
57.	For some cases, the DBT amount calculated by Nikshay is displayed as Zero.
	This issue has now been resolved and users should not find any such cases now. If any user finds any benefit transaction where amount is zero, request to kindly report the issue with details (such as Patient ID and Benefit ID) to the "Ask for Help" portal.

58.	DTO is not receiving OTP in their registered mobile number
	This might happen if Nikshay does not have the updated mobile number of the DTO. A service request should be immediately raised using the "Ask for Help" module using the DTO's email ID providing the correct mobile number and the phone number will be updated in Nikshay by the technical support team
59.	Since Nikshay now enables processing of DBT transactions, what are activities that are to be done using the DO Login of PFMS
	With Version 2 we expect only DAID to be used. With increasing number of beneficiaries being registered from Nikshay to PFMS. It will be very difficult to reliably initiate payments from the DOID. As DBT through Nikshay is getting stabilized, we shall be closing any transaction initiation from DOID of PFMS for TB patient Nutrition
60.	What are the various types of DBT reports that are available in Nikshay

	Presently, DTO users can download the following three summary reports from Nikshay. These reports are available under section called DBT reports and can be downloaded in excel format
	 ● DBT Summary: Provides month wise, TU wise counts of "Benefits Eligible", "Paid benefits" & "Amount Paid"
	 ● DBT Beneficiary Status: Provides month wise, TU wise status wise break up of Beneficiaries of a given district:
	     o Total Beneficiary
	     o Bank Details Empty for Beneficiary
	     o Bank Details Entered & sent to PFMS for Validation
	     o Bank Details Validated by PFMS
	     o Bank Details Rejected by PFMS
	 ● DBT Benefit Status: Provides month wise, TU wise status wise break up of Benefits of a given district:
	     o Benefit Eligible
	     o Pending for PFMS Validation
	     o Maker Pending for Validated Benefit
	     o Approver Pending Benefits
	     o Approved (In PFMS Process)
	     o REMOVED by Maker/Approver
	     o DEFERRED by Maker/Approver
	     o ACCEPTED by PFMS
	     o REJECTED by PFMS
	     o Paid Benefits

61.	How to know the correct Agency Name and Code in PFMS?
	The steps for getting correct Agency name and Code in PFMS are: Step – 1: Open the PFMS portal using link: https://pfms.nic.in/ and click on Login button Step – 2: Enter the user name and password for the Admin id of the agency Step – 3: Go to "My Details" module and click on "Agency Profile"
62.	What are the Benefit Schemes under DBT in RNTCP?
	● Nikshay Poshan Yojana / TB Patient Incentive to TB Patients for nutrition support ● Treatment supporters Honorarium ● Treatment support to Tribal TB patients

	● Private Practitioners incentives for Notification
63.	We are not able to see the Benefit due List of any other scheme except Nikshay Poshan Yojana?
	Presently, Nikshay enables DBT only for Nikshay Poshan Yojana. The facility of processing DBT under other schemes will made available shortly. In the meantime, it is suggested that payment of such benefits be made directly through PFMS.
64.	When the relatives account number is collected, whose Aadhaar number must be entered in NIKSHAY?
	Patient's Aadhaar must always be collected.
65.	What is the uniform way to enter name in this case as the name in NIKSHAY doesn't match with Account holder's name?
	To accommodate cases where the patient does not have a bank account, an additional field will soon be provided in Nikshay to capture the name of the person whose account number is being collected for making the payment.
66.	If a patient wants to change his Bank Account number what is the process and what are the implications

	Whenever a patient's Bank Account number is changed, Nikshay will reinitiate the beneficiary validation with PFMS automatically. For the corresponding Benefit transactions, following is the implication
	 ● For Benefits that are already paid, no changes.
	 ● For Benefits that are pending with TU or DTO for approval, will be reverted to TU in the "Pending" list
	 ● For benefits which are under process with PFMS for payment, no impact till PFMS processes the transaction and sends a response i.e. either rejects or approves.
	     ○ If PFMS processes the benefit successfully, then the transaction will not be changed.
	     ○ If PFMS rejects the transaction, it will be reverted to TU in the pending list and it can be processed only as the new Bank details are validated by PFMS.
	 ● All new benefits created will be processed with the new bank details

67.	Since PFMS starts validating the bank details the moment they are entered in NIKSHAY, there is no option of manual uploading in NIKSHAY V2 and hence only DAID will be used.
	Yes, with Version 2 we expect only DAID to be used. With the increasing number of beneficiaries registered in PFMS (via Nikshay), it will be very difficult to reliably initiate payments from the DOID. Hence, as Nikshay v2 stabilizes, we shall be closing any transaction initiation from DOID of PFMS
68.	Does PFMS process payments batch wise or Patient wise?
	PFMS processes payments in batches. However, Nikshay will display patient wise – payment information
69.	Will one OTP suffice for approval of multiple patients, since approval is patient wise?
	Yes, only one OTP will be sent to the DTO for approval of all the patients' whose payments are being approved in one go.
70.	What is the maximum time for OTP to remain valid?
	OTP will remain valid for 15minutes.
71.	There can be two reasons for PFMS payment rejection. Can there be other reasons for non-payment? a. Sufficient balance not available in the bank account b. Account is closed or merged with some other bank within the period after transfer from NIKSHAY.
	a. Yes, there may be more reasons for transaction failure, once PFMS has accepted a payment request. Unfortunately this is not a defined list of reasons and has to be dealt on a case to case basis.

72.	In some cases, we have seen that NIKSHAY displays that payment status is "PAID" even before payment gets credited to the Patient's bank account
	In Nikshay V1, as soon as PFMS accepted a payment request for processing, status would get updated as "Payment Processed". However, technically, there are a few steps PFMS has to undertake before crediting the payment to Patient's Bank Account. However, Nikshay V2 has more transparency and only after crediting the benefit amount in the Patient's Bank account, the status of the benefit is reflected as "Paid". Till the time PFMS does not send a confirmation of the payment credit, such transactions will continue to be reflected in the "Processing" tab of the DBT module.
73.	In this scenario can PPA reversal/re initiation option needs to be opened within stipulated time.
	Transaction failures can be re-initiated in Nikshay V2
74.	During EGSA, DBT-Manual Payments were done and were compiled through google spread sheets, will this data be reflecting in NIKSHAY V2 after data transition from V1.
	No, at present there are no plans of importing this information into Nikshay V2
75.	There have been many episodes of duplicate entries especially at sites with C&DST labs/CBNAAT sites, is there any mechanism of de duplication inbuilt in NIKSHAY V2-(apart from search option)
	PHA / De-duplication is a critical function which is under development, along with Aadhaar authentication and will be made available within three months' time (by February, 2019).

Other general FAQs

Sr	Questions and Answers
1.	As the format of Nikshay ID has been changed to a number and it does not indicate the District/ TU/ PHI name, it is very difficult to bifurcate/sort patients
	In screens/ reports of Nikshay, the District, TU and PHI details of patient are always displayed for user convenience. Since patients might get enrolled at one PHI, diagnosed at another and initiated on treatment at a different PHI, the ID has been simplified to a unique number
2.	As a patient's outcome is updated as "Treatment Regimen Changed", as a new Regimen is started, should the patient be enrolled/ registered once again because, Re-registration will create a new ID
	If the patient has to be initiated on a new regimen and would have a new "Treatment Initiation date", the patient needs to be registered once again. Today, Nikshay does not have the ability to map/tag the multiple episodes of a same patient. However, this feature is under development and going forward, Nikshay be able to generate a unique Patient ID for an "Individual" and enable mapping the two episodes of a patient to the same patient ID