



NALAM360 • TRIAL RUN SOP

UNIFIED DIGITAL ECOSYSTEM

A PRODUCT OF



TRIAL RUN SOP · TRIAL PLAN AND FUNCTIONAL WALKTHROUGH

Nalam360 on your own data: a 14-day trial, from set-up to go / no-go

For the hospital's trial owner and the ClinexGen trial lead. In 14 days, a masked sample of the hospital's own records is loaded and reconciled, three patients from it are taken through an OP visit and two in-patient episodes, and the four measures the pilot will track get their baseline. On day 14 both sides sign a go, conditional go or no-go.

Duration	Edition		Checks	Decision	
14 days, on the hospital's own masked data	Professional, one hospital (Enterprise adds a second branch)		39 checkpoints in 6 stages (Part B)	Go, conditional go or no-go on day 14, signed by both sides	
0.x	M.x	1.x	2.x	3.x	4.x
Set-up checks	Data migration	Initiation	Execution	Verification	Sign-off
5 checkpoints · day 1	8 checkpoints · days 2–3	2 checkpoints · day 4	13 checkpoints · days 4–9	5 checkpoints · days 10–11	6 checkpoints · days 12–14

What the trial proves

- Bedside entries (ICU, theatre, pharmacy, blood bank) reach the bill without being keyed again.
- The claim is raised from the complete episode and tracked to the UTR.
- Discounts need an approver other than the biller; reversals stay on the trail.
- Your own records migrate, reconcile to your totals and reload cleanly.
- OP charges stay on the OP bill; the in-patient bill comes from the stay.

In this document

- **Part A · The trial plan:** A1 purpose and scope · A2 before day 1 · A3 roles · A4 day by day · A5 test scenarios · A6 data and privacy (DPDP Act, 2023) · A7 success criteria · A8 issues and escalation · A9 go / no-go and sign-off
- **Part B · Functional walkthrough:** B1 prerequisites · B2 the run on one page · B3 the 39 step cards · B4 troubleshooting · issue log

Marking a checkpoint

Pass	Nalam360 did what the step expects.
Fail	It did something else. Write what you saw.
Blocked	The step couldn't run, for example after an earlier failure. Write the reason.
Skip	Not run on purpose: an Enterprise-only step, or a capability still in delivery. Say which.

Copy every Fail and Blocked onto the issue log, with a severity from A8.

Before you start

Screen and button names may differ slightly in the trial build: confirm them once and note the difference. Each module's status (live, in delivery or roadmap) is confirmed in writing at fit and gap.

Trial workspace address (from the ClinexGen trial lead):

Who does the step

Administrator	<code>trial.admin</code> · Masters, tariff, packages, roles, dashboards	Front office	<code>trial.front</code> · Queue, registration, admission, OP bill
Consultant	<code>trial.drA</code> · Casesheet, orders, e-prescription, discharge summary	Ward / ICU nurse	<code>trial.nurse</code> · Nursing charts, ICU charting, transfers
Theatre	<code>trial.ot</code> · OT checklist, consumables against the case	Lab and radiology	<code>trial.diag</code> · Results and charges
Pharmacy	<code>trial.pharmacy</code> · Issues charged to the episode	Blood bank	<code>trial.bloodbank</code> · Donors, issue tied to the admission
Billing and TPA	<code>trial.billing</code> · Episode, interim and final bills, discounts, claims	Approver	<code>trial.approver</code> · Discount approvals and the reversal console

Each login belongs to one named person at the hospital. The approver is never the biller.

PART A

The trial plan

Written for the hospital's trial owner and the ClinexGen trial lead: what the 14 days prove, who does what, how your data is handled, and how the go / no-go is decided and signed.

A1 Purpose and scope

What the trial proves, on which edition, for whom, and for how long.

The trial shows, on the hospital's own masked records, that what ICU, theatre, pharmacy and blood bank record at the bedside reaches the bill and the claim without being keyed again, and that the controls on discounts, reversals and access hold. It also records the baseline for the four measures a pilot will track.

ITEM	IN THIS TRIAL
Duration	14 days, from kick-off (day 1) to the go / no-go meeting (day 14)
Edition	Professional, one hospital: blood bank, claims tracked to the UTR, discount approvals and the reversal console. An Enterprise trial adds a second branch (Branch Two) and the steps marked Enterprise
Departments	Front office, consultation, lab and radiology, wards, ICU, theatre, pharmacy, blood bank, stores, billing and the TPA desk
Data	A masked sample of the hospital's own records: 50 patients, 10 outstanding balances and 20 stock items. Patients One to Three are taken from it
Out of scope	In-delivery items (PACS viewer, lab analyser integration, video tele-consultation) and roadmap items are not tested. ABDM / ABHA only if the hospital has enabled it. No real claim is sent to a TPA or insurer

A2 Before day 1: prerequisites

Both lists complete before the kick-off.

The hospital provides

- A named trial owner, and a sponsor who takes the go / no-go decision
- Trial users by role (A3), each with a named login
- Desktop browsers, two test phones for the patient and doctor apps, a printer
- One specialty casesheet and the discharge summary format
- Masters: tariff, one surgical package, ICU and bed-day charges, the payer list (TPA, insurer, corporate), one stores item on a rate contract, one blood bank donor and unit
- The masked sample (M.1–M.2) with source totals signed by the administrator, and written approval to use it

ClinexGen provides

- The trial workspace, served over HTTPS on our cloud in India
- Ten role accounts, with the approver kept separate from billing
- Masters configured from the hospital's own lists
- The mapping sheet and the results sheet
- A named trial lead and delivery engineer, and the support desk for the trial
- A test TPA approval and a test UTR, so no real payer is contacted

A3 Roles and RACI

R does it · A answers for it · C is consulted · I is informed.

ACTIVITY	CLIENT SPONSOR	CLIENT TRIAL OWNER	DEPARTMENT USERS	CLINEXGEN TRIAL LEAD	CLINEXGEN DELIVERY ENGINEER	CLINEXGEN SUPPORT DESK
Approve the trial, its scope and the use of a masked sample	A	R	I	C	I	–
Name the trial users; supply forms, tariff and payer lists	I	A	R	C	C	–
Serve the trial workspace over HTTPS; accounts and masters	–	C	–	A	R	I
Extract and mask the sample before it leaves the hospital	I	A	R	C	C	–
Map, load, reconcile and reload the sample	–	C	C	A	R	–
Run the scenarios and mark the checkpoints	–	A	R	C	C	–

ACTIVITY	CLIENT SPONSOR	CLIENT TRIAL OWNER	DEPARTMENT USERS	CLINEXGEN TRIAL LEAD	CLINEXGEN DELIVERY ENGINEER	CLINEXGEN SUPPORT DESK
Log issues; triage, fix and retest	–	C	R	A	R	R
Record the baseline measures	I	A	R	C	–	–
Go / no-go decision and sign-off	A	R	I	R	I	–
Delete the trial data, or carry it into go-live	A	C	–	R	R	–

Department users include the client's data owner, who extracts and masks the sample. **Trial logins** are listed in B1.

A4 Day-by-day plan

Fourteen days, in groups. Each group names the Part B steps it covers.

DAYS	FOCUS	WHO LEADS	PART B STEPS	OUTPUT
Before day 1	Prerequisites in A2 complete; masked sample and source totals agreed; kick-off booked	Trial owner, ClinexGen trial lead	–	A2 checklist signed
Day 1	Kick-off; every role signs in; set-up checks	Administrator, trial lead	0.1–0.5	Every screen opens; rights saved
Days 2–3	Migration of the masked sample: extract and mask at the hospital, map, load, reconcile, reload, sign off	Client data owner, delivery engineer	M.1–M.8	Migration signed off
Days 4–5	Front office and the OP visit: register, consult, lab and radiology, results back, OP bill; training by role	Front office, consultant, lab	1.1–1.2, 2.1–2.2	OP path passes
Days 6–9	Two in-patient episodes: admission and pre-authorisation estimate, a direct admission, ward, ICU and back, theatre, pharmacy, blood bank, interim bills, discount approval, discharge, final approval, claim to a test UTR	Nursing, theatre, pharmacy, blood bank, billing, approver	2.3–2.12	Both episodes closed and claimed
Days 10–11	Verification: unbilled charges, reversal console, day close and dashboards, access, activity log. Department users repeat their own paths unaided	Billing, approver, administrator, each login	3.1–3.5	No unbilled charge; controls hold
Days 12–13	Next visit, apps and feedback; baseline measures; retest every fix	Front office, administrator, trial lead	4.1–4.5	Baseline recorded; fixes retested
Day 14	Go / no-go meeting; issue list; trial data decision	Sponsor, trial owner, trial lead	4.6, A9	Decision signed by both sides

A5 Test scenarios

Each scenario is a path through Part B, with its expected result and pass criterion.

#	SCENARIO	WHAT IS DONE	STEPS	EXPECTED RESULT	PASS CRITERION
S1	OP visit	Patient One: register, consult, one lab test and one radiology study, results back to the consultant, OP bill	1.1–1.2, 2.1–2.2	One identity; result and charge in one entry; OP charges only on the OP bill	All four steps Pass
S2	Insured in-patient episode	Patient Two: admission with the TPA as payer and an estimate for pre-authorisation, ward, ICU and back, theatre with consumables, pharmacy, blood bank, interim bill, discharge summary, final approval, claim with a test UTR	2.3–2.12	Every bedside entry on the episode bill; the claim equals the final bill and is tracked to the UTR	Steps Pass; KPIs 2, 3 and 4 met
S3	Direct admission, two payers	Patient Three: admitted directly without an OP visit (the emergency path), TPA and cash on one admission, a discount rejected once then approved, one reversal through the console	2.3, 2.8b, 3.2	Two payers on one admission; approval by someone other than the biller; reversal tied to user, branch and shift	Steps Pass; KPI 5 met

#	SCENARIO	WHAT IS DONE	STEPS	EXPECTED RESULT	PASS CRITERION
S4	Controls and day close	Out-of-role screens, the activity log and approval history, the day close and the eight role dashboards	3.3–3.5	Out-of-role access refused; who, when and what recorded; dashboards match the trial	Steps Pass; KPIs 6 and 7 met
S5	Your data, migrated	The masked sample: extract, mask, map, load, reconcile, spot-check, reload and sign off	M.1–M.8	Loaded plus rejected equals the extract; every total equals the source; the reload is identical	Steps Pass; KPIs 10–13 met
S6	Returning patient and apps	Patient One's second visit; the patient and doctor apps; one feedback entry	4.1–4.2	The same record opens; the visit shows in the apps	Steps Pass; KPI 8 met
E	Enterprise trials only	A second branch: another branch's record refused, a visit at Branch Two, branch and group reports	3.4, 4.1, 4.4	Branch enforced on the server; one record across both branches	Run only on an Enterprise trial; otherwise Skip

A6 Data handling and privacy

India's Digital Personal Data Protection Act, 2023 (DPDP Act).

Who decides

- The hospital is the data fiduciary. ClinexGen processes trial data only to run this trial.
- Real personal data is used only with the hospital's written approval, and only as a masked sample.
- Access to the trial workspace is limited to the named trial users in A3.

One masking rule

- The hospital's data owner masks names, mobile numbers and ID numbers before the file leaves the hospital (M.2).
- ClinexGen checks the file on receipt. If anything still identifies a person, the load stops, the file goes back for masking, and a Critical issue is logged.
- Passwords are never written in notes or in the issue log.

After the go / no-go

The trial data is **deleted within 30 days** and ClinexGen confirms it in writing, or **carried into go-live** if the hospital signs. The decision is recorded on the sign-off in A9.

A7 Success and exit criteria

Tick Met when the target is reached. Measured, not promised: no time-saved figure is quoted.

#	KPI	TARGET TO DECLARE THE TRIAL SUCCESSFUL	MET?
1	Coverage	Every checkpoint in Part B marked Pass, Fail, Blocked or Skip; in-delivery items marked Skip	☐ Yes ☐ No
2	Unbilled charges	None: every bedside, pharmacy, ICU, theatre and blood bank entry of the trial episodes is on a bill (3.1)	☐ Yes ☐ No
3	One entry	Results and charges entered once, at the point of care (2.1, 2.6)	☐ Yes ☐ No
4	Claim from the episode	The claim equals the final bill and is tracked to the test UTR (2.11)	☐ Yes ☐ No
5	Controlled changes	Every discount approved by someone other than the biller; every reversal on the trail by user, branch and shift (2.8b, 3.2)	☐ Yes ☐ No
6	Day close	Day close and the role dashboards match the trial's bills and receipts (3.3)	☐ Yes ☐ No
7	Access	Out-of-role screens refused (3.4); on an Enterprise trial, other-branch records refused as well	☐ Yes ☐ No
8	One identity	A returning patient opens the same record (4.1); at Branch Two on an Enterprise trial	☐ Yes ☐ No
9	Baseline measures recorded	Unbilled charges · day close · claims returned · discharge time (4.3)	☐ Yes ☐ No
10	Migration completeness	Loaded plus rejected rows equal the extract; every reject explained (M.4)	☐ Yes ☐ No
11	Migration accuracy	Every count and total equals the source; ten of ten spot checks match (M.5, M.6)	☐ Yes ☐ No

#	KPI	TARGET TO DECLARE THE TRIAL SUCCESSFUL	MET?
12	Repeatable load	The reload gives the same counts and totals, with no duplicates (M.7)	☐ Yes ☐ No
13	Migration signed off	The hospital's administrator signs before the run continues (M.8)	☐ Yes ☐ No

THE FOUR BASELINE MEASURES (4.3)

MEASURE	HOW IT IS TAKEN	BASELINE FROM YOUR REPORTS	IN THE TRIAL
Unbilled charges	Bedside, pharmacy and theatre entries compared with final-bill lines		
Day close	Hours from the last receipt to a closed day		
Claims returned	Claims returned or short-paid in the last quarter, and why		
Discharge time	From discharge advice to the bill in hand		

A8 Issues and escalation

Every Fail and Blocked goes on the issue log with a severity.

SEVERITY	MEANING	HANDLED BY	FIRST RESPONSE
Critical	The trial cannot continue, or a control fails: another branch's or role's data visible, a discount approved by the biller, a masked file that still identifies a person	ClinexGen trial lead, at once; the client trial owner informed	1 hour, 07:00–23:00 daily
High	A scenario is blocked and there is no workaround	ClinexGen delivery engineer, through the support desk	4 business hours
Medium	A step fails but there is a workaround	ClinexGen support desk	1 business day
Low	Wording, layout or a question	ClinexGen support desk	3 business days

First-response times are those of the published Standard cover, to first human response; business hours are Monday to Saturday, 09:00–18:00 IST. Escalation runs department user → client trial owner → ClinexGen trial lead → client sponsor and ClinexGen's named contact.

A9 Go / no-go and sign-off

Day 14. Signed by both sides.

DECISION	WHEN IT APPLIES	WHAT HAPPENS NEXT
Go	Every KPI in A7 met, and no Critical or High issue open	The proposal for the edition that fits, then the pilot and go-live: front office from day 41, the first clean month by day 90
Conditional go	Every KPI met except named open items, each with an owner and a date; no Critical issue open	Each open item closed by its date and retested; then the proposal
No-go	A Critical issue open, or KPI 2, 4, 5, 7 or 11 not met	The reasons and the issue list in writing; the trial data deleted, with the deletion confirmed in writing

SIGN-OFF

TRIAL SUMMARY	RECORDED ON DAY 14
KPIs met (A7)	of 13
Issues still open (A8)	Critical · High · Medium · Low
Baseline measures recorded (4.3)	☐ Yes ☐ No
Comments	

Decision

☐ Go ☐ Conditional go ☐ No-go

OPEN ITEM (CONDITIONAL GO)	OWNER	DATE

Trial data

☐ Delete: ClinexGen confirms the deletion in writing within 30 days ☐ Carry into go-live: the hospital signs

For the hospital

Name and role

Signature

Date

For ClinexGen

Name and role

Signature

Date

PART B

Functional walkthrough

The step-by-step checks behind the scenarios in A5: 39 checkpoints in six stages, with the data migration first. Run on Professional, one hospital; steps marked Enterprise are Skipped unless the trial has a second branch.

B1 Prerequisites

Set these up before the first checkpoint.

ENVIRONMENT

#	PREREQUISITE	DETAIL
P1	Trial workspace	Nalam360 trial address and an admin login from the ClinexGen trial lead, served over HTTPS
P2	Hosting	Our cloud in India; or the hospital's own servers if the proposal says so. Note which one the trial runs on
P3	Browsers and apps	One window or profile per login; the patient and doctor mobile apps on two test phones
P4	Printer	For the OP bill, estimate, interim bill, discharge summary and final bill
P5	Results sheet	One row per checkpoint: Pass / Fail / Blocked / Skip and a note

GROUND RULES

- Patients One to Three come from the masked sample; no unmasked record is ever loaded.
- Any figure marked as a test value is for the trial only; none is a ClinexGen rate.
- No claim goes to a real TPA or insurer: the final approval and the UTR are test entries.
- Never write a password in a note.

TRIAL ROLES AND LOGINS

LOGIN	ROLE	SEES AND DOES
trial.admin	Administrator	Masters, tariff, packages, roles, branches, dashboards
trial.front	Front office	Queue, registration, appointments, admission, OP bill
trial.drA	Consultant	Specialty casesheet, orders, e-prescription, discharge summary
trial.nurse	Ward / ICU nurse	Nursing charts, ICU charting, transfers
trial.ot	Theatre	OT checklist, consumables against the case
trial.diag	Lab and radiology	Results and charges
trial.pharmacy	Pharmacy	Issues charged to the episode
trial.bloodbank	Blood bank	Donors, issue tied to the admission
trial.billing	Billing and TPA	Episode, interim and final bills, discounts, claims
trial.approver	Approver	Discount approvals and the reversal console

CONFIGURATION BEFORE THE RUN

SETTING	VALUE FOR THE TRIAL
Hospital and branch	TRIAL Hospital Chennai (and TRIAL Branch Two on an Enterprise trial)
Tariff and packages	The hospital's tariff; one surgical package; ICU and bed-day charges
Specialty forms	One specialty casesheet
Wards, ICU, theatre	A ward, an ICU bed and one theatre with its checklist
Payers	TRIAL TPA, TRIAL Insurer and a corporate payer: masters set per hospital
Blood bank	One donor and one unit in stock
Stores	One item with a rate contract, for an indent, PO and GRN

SETTING	VALUE FOR THE TRIAL
Rights	View, add, edit, delete, print per screen for each role; approver separate from billing

TRIAL PATIENTS

RECORD	NAME	PATH
OP patient	Patient One	Consultation, lab and radiology, results back, OP bill, goes home; returns for a second visit
Insured IP patient	Patient Two	Admission with an estimate for pre-authorisation, ward, ICU and back, theatre, blood bank, discharge, final approval, TPA claim
Two-payer IP patient	Patient Three	Direct admission (the emergency path), TPA and cash on one admission, discount approval, a reversal

NOT IN THIS TRIAL

CAPABILITY	STATUS	MARK
PACS viewer, lab analyser integration, video tele-consultation	In delivery: being built, dated in writing	Skip, note "In delivery"
FHIR data exchange, AI assistance pilots, doctor directory, ticketing, CRM, quality and compliance, asset management	Roadmap: no software behind it yet	Not tested
ABDM / ABHA	Built, ready to enable; certification is the hospital's own registration	Skip unless enabled
Second branch: 3.4 (branch part), 4.1 at Branch Two, 4.4	Enterprise edition	Skip on a Professional trial

DATA MIGRATION PREREQUISITES

ITEM	DETAIL
Source	The hospital's current system
Sample extract	50 patients, 10 outstanding balances and 20 stock items, as of the cut-off date
Masking	Names, mobile numbers and ID numbers replaced by the hospital's data owner before the file leaves the hospital; checked by ClinexGen on receipt
Mapping sheet	One row per source column: the target field, a format rule, or not migrated
Source totals	Patient count, balance total by patient and payer, stock quantity and value, signed by the administrator
Load route	Import file or delivery-team load, as agreed for the site: confirm on the trial build
Reload	The sample can be removed and loaded again

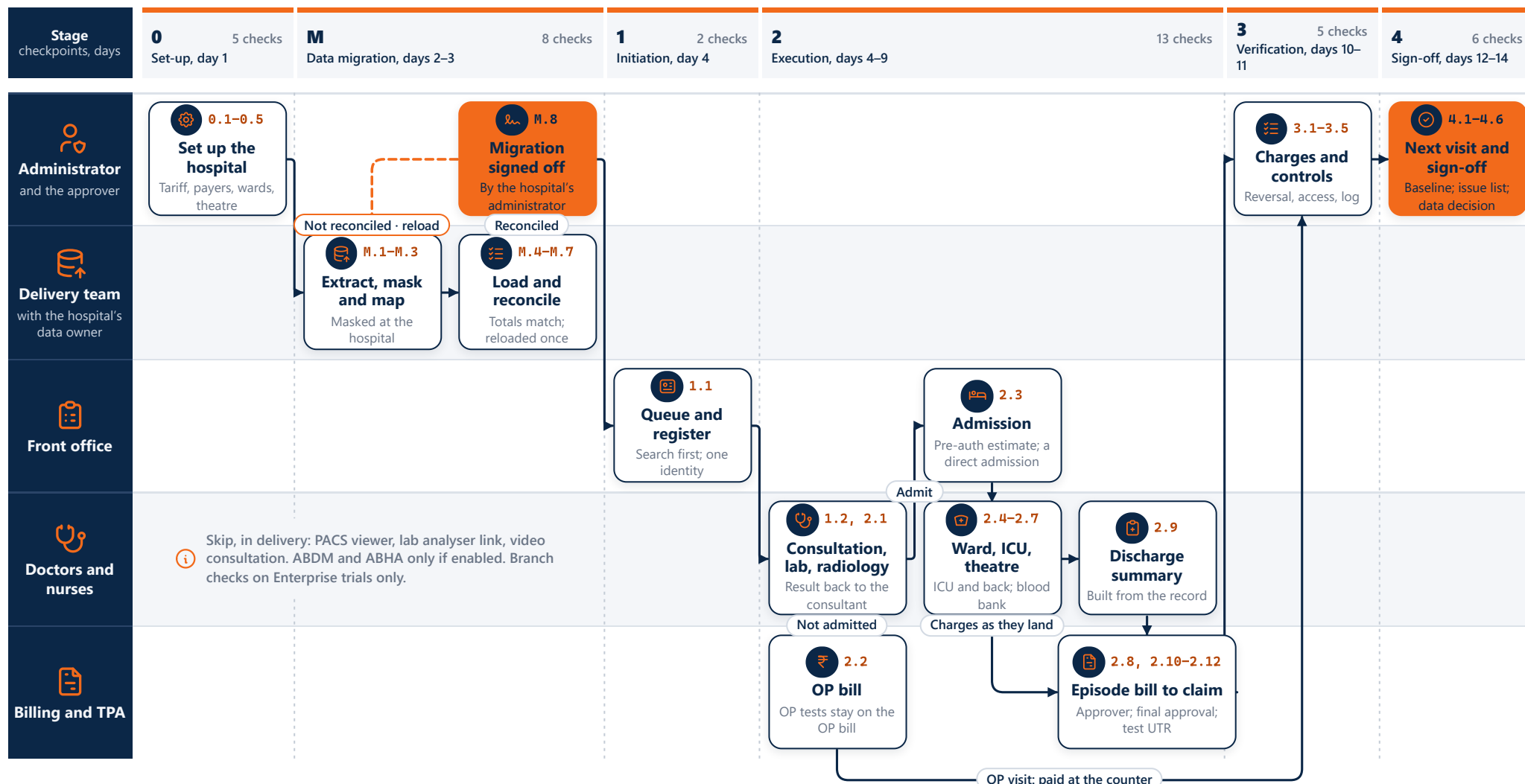
B2 The run on one page

The numbers on each box are the Part B steps that test it. Step cards follow.

THE FLOW THE TRIAL FOLLOWS

Set-up to the claim, with data migration first

Each box is a group of steps, done by its lane. **Orange marks a sign-off, or an approval by someone other than the person asking.** Dashed lines are fix-and-reload loops.



A group of steps
Signed off, or approved by someone else
— Then
 - - - Fix and reload

Days as in the plan (A4)

B3 Step cards

Mark each checkpoint and note what you saw.

0.x Set-up checks Day 1. Before the first patient: the workspace, masters, roles and rules.

0.1 Admin

Sign in; open masters, tariff, packages, roles and dashboards

CHECKPOINT Every screen opens without an error

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.2 Admin

Check wards, ICU bed, theatre checklist and the specialty casesheet

CHECKPOINT Present

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.3 Admin

Check TPA, insurer and corporate payer masters

CHECKPOINT Present for this hospital

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.4 Admin

Set rights per screen; keep the approver separate from billing

CHECKPOINT Saved

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

0.5 Admin

Raise an indent, a PO on the rate contract and a GRN for the stores item

CHECKPOINT Stock updated; supplier payment due

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.x Data migration Days 2–3. The hospital's masked sample: loaded, reconciled, reloaded, signed off.

M.1 Administrator

Agree the scope: patients, outstanding balances by patient and payer, and stock from the current system, the cut-off date, and the totals to reconcile against

CHECKPOINT Scope noted: source, row counts, cut-off date, source totals

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.2 Client data owner

Extract a sample of 50 patients, balances for 10 of them and 20 stock items; mask names, mobile numbers and ID numbers before the file leaves the hospital

CHECKPOINT Extract has the agreed rows; ClinexGen checks the file on receipt and finds nothing that identifies a real person

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.3 Delivery engineer

Map each source column to a Nalam360 field in a mapping sheet; fix date formats, codes, mobile numbers and duplicates; match stock units of measure and batches

CHECKPOINT Every source column mapped, or marked not migrated

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.4 Delivery engineer

Load the sample into the trial workspace by the route agreed for the site (import file or delivery-team load); count loaded and rejected rows

CHECKPOINT Loaded plus rejected equals the extract; each reject explained

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.5 Delivery engineer

Reconcile: patient count; balance total by patient and by payer; stock quantity and value by item

CHECKPOINT Every count and total equals the source

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.6 Front office / Billing

Spot-check ten migrated records: search each patient, open balances in billing and stock items in stores

CHECKPOINT All ten match the source

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.7 Delivery engineer

Remove the loaded sample, then load it again

CHECKPOINT Same counts and totals the second time; no duplicates

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

M.8 Administrator

Sign off the migration; agree the plan for loading real records at go-live

CHECKPOINT Signed; the run continues on the migrated records

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

1.x Initiation

Day 4. Three patients from the migrated sample enter the run.

1.1 Front office

Issue queue tokens for Patients One to Three; search first, and register only a patient who is not found

CHECKPOINT One identity per patient; a repeat search finds the record; no duplicate created

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

1.2 Consultant

Specialty casesheet, orders and e-prescription for Patient One, with one lab test and one radiology study

CHECKPOINT Orders created once

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.x Execution

Days 4–9. The OP visit and two in-patient episodes, with every approval.

2.1 Lab and radiology

Enter Patient One's results; the consultant opens them before deciding on admission

CHECKPOINT Result and charge in one entry; the result is on the consultant's record

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.2 Front office

OP bill for Patient One; collect

CHECKPOINT OP tests and medicines are on the OP bill and on no in-patient bill; the patient leaves with summary and bill

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.3 Front office

Admit Patient Two with the TPA as payer and an estimate for pre-authorisation. Admit Patient Three directly, without an OP visit (the emergency path), with TPA and cash on one admission

CHECKPOINT Bed, payer and estimate saved; the estimate is ready for the TPA's pre-authorisation; two payers share Patient Three's admission

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.4 Nurse

Nursing charts; transfer Patient Two to the ICU, and back to the ward

CHECKPOINT Both transfers and the charts on the record

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

2.5 Pharmacy

Issue medicines to both stays

CHECKPOINT Each issue charged to the episode

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.6 Nurse / Theatre

ICU charting for Patient Two; theatre checklist and consumables against the case

CHECKPOINT ICU chart is also the billing source; consumables on the case

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.7 Blood bank

Issue one unit to Patient Two

CHECKPOINT Issue tied to the admission

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.8 Billing

Interim bill for each stay

CHECKPOINT Charges land as they happen

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.8b Billing / Approver

Ask a discount for Patient Three; the approver rejects it once, then approves

CHECKPOINT Approval by someone other than the biller; both decisions in the history

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.9 Consultant

Discharge summaries

CHECKPOINT Built from the record

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.10 Billing

Final bills; send Patient Two's final bill for the TPA's final approval (a test approval: no real TPA is contacted)

CHECKPOINT No ward slips; no charge missing; the final bill is ready for final approval

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.11 Billing

Prepare the claim for Patient Two from the complete episode; record a test UTR on settlement

CHECKPOINT Claim matches the final bill; tracked to the UTR

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

2.12 Front office

Hand over summary and bill

CHECKPOINT Patient goes home; bed freed

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

3.x Verification Days 10–11. Totals, controls, access and the audit trail.

3.1 Billing

Compare bedside entries (ICU, theatre, pharmacy, blood bank) with the final bills

CHECKPOINT No bedside entry is missing from a bill

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

3.2 Approver

Make one reversal through the console

CHECKPOINT Reversal tied to user, branch and shift

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

3.3 Admin

Day close; open the eight role dashboards

CHECKPOINT Figures match the trial's bills and receipts

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

3.4 Each login

Try a screen outside the role. Enterprise trials only: open a record from Branch Two

CHECKPOINT Refused; on an Enterprise trial, the other branch's record is refused by the server

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

3.5 Admin

Read the activity log and approval history

CHECKPOINT Who, when and what recorded

☐ Pass
 ☐ Fail
 ☐ Blocked
 ☐ Skip
 Note

4.x Sign-off Days 12–14. Closing checks, baseline measures, the data decision.

4.1 Front office

Second visit for Patient One (at Branch Two on an Enterprise trial)

CHECKPOINT The same record opens

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.2 Patient / Consultant

Patient app and doctor app on the test phones; one feedback entry

CHECKPOINT Visit visible in the apps; feedback recorded

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.3 Admin

Record the four baseline measures (Part A, A7)

CHECKPOINT Baseline written down

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.4 Admin

Enterprise trials only: branch and group reports from one record

CHECKPOINT Both branches reported from one record

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.5 Any

PACS viewer, lab analyser integration, video tele-consultation, ABDM / ABHA

CHECKPOINT Marked Skip, with “In delivery” or “Not enabled”

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

4.6 Admin / Trial lead

Send the issue list; record the trial data decision on the sign-off page (A9)

CHECKPOINT Issue list sent; deletion confirmed in writing by ClinexGen, or carry-over into go-live signed

☐ Pass ☐ Fail ☐ Blocked ☐ Skip Note

B4 Troubleshooting and common failure points

Anticipated issues and the first thing to do.

SYMPTOM	LIKELY CAUSE	IMMEDIATE ACTION
Patient registered twice	Search skipped, or a different identity field used	Search first; log the duplicate
Bedside entry not on the bill	Item missing from the tariff or package	Add it to the tariff; re-check the interim bill

SYMPTOM	LIKELY CAUSE	IMMEDIATE ACTION
ICU or theatre consumables not charged	Consumable not linked to the case	Link consumables against the case in theatre
OP charge appears on an in-patient bill	Visit recorded against the wrong encounter	Mark Fail; log it with both bill numbers
Blood bank screen missing	Edition is Standard	Expected: blood bank is on Professional
Two payers can't share the admission	Payer masters not set for this hospital	Set TPA, insurer and corporate masters; re-admit
Discount approved by the biller	Approver and billing rights not separated	Mark Fail (control, Critical); separate the roles; re-test 2.8b
Reversal not available	Edition is Standard, or the role lacks the console	Reversal console is on Professional; grant the approver role
Claim differs from the final bill	Charges added after the claim was prepared	Regenerate the claim from the complete episode
Branch user sees another branch	Branch rule not enforced	Mark Fail (security, Critical); escalate at once
Masked file still identifies a person	A column was missed in masking	Stop the load; return the file for masking; log a Critical issue
Images or analyser results don't flow in	PACS viewer and lab analyser integration are in delivery	Skip with "In delivery"
Video consultation not offered	In delivery	Skip with "In delivery"
Rows rejected for dates	Source dates in a different format	Fix the format rule in the mapping sheet; load again
Mobile numbers rejected or merged	Country code or spaces, or one number shared by a family	Store ten digits; keep shared numbers and check how duplicates are flagged
Totals don't reconcile	Totals taken at a different cut-off, or rows rejected without notice	Take the totals and the extract at the same cut-off; count every reject
Records doubled after the reload	The first sample wasn't removed, or the load can't be repeated	Remove the sample first; mark Fail if the load can't be repeated
Text garbled after the load	Extract not saved as UTF-8	Save the file as UTF-8 and load again
Legacy IDs clash with numbering	Migrated IDs overlap the product's own numbering series	Keep the legacy ID in a reference field; let the product number new records
Stock value differs	Units of measure or batches split differently in the source	Map units and batches explicitly; reconcile item by item

Copy every Fail and Blocked here, with its severity (A8). This page goes to the ClinexGen trial lead with the trial result.

CG-NALAM360-TRIAL-2026-V3.1 · No external security audit has been done, so we claim no ISO 27001 or NABH certification; records are ICD-coded and NABH-ready. The decision and both signatures are in A9.