



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL INFORMATICS

Directorate B - Digital Business Solutions  
**DIGIT B2 - Solutions for Legislation, Policy & HR**

# **PMO Mobile**

## **User Guide**

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## 1. COMMON FEATURES

### 1.1. What is PMO Mobile?

PMO Mobile is a web-based mobile application that allows you to view your personal insurance data, request insurance certificates, and request direct billings from your mobile phone. **There are other options intended for active Commission staff that are not relevant to pensioners.**

### 1.2. Requirements

PMO Mobile is a mobile-first web application. The App works on recent versions of Chrome on Android and Safari on iOS.

On Windows 10 desktop, the App works on Chrome and Firefox.

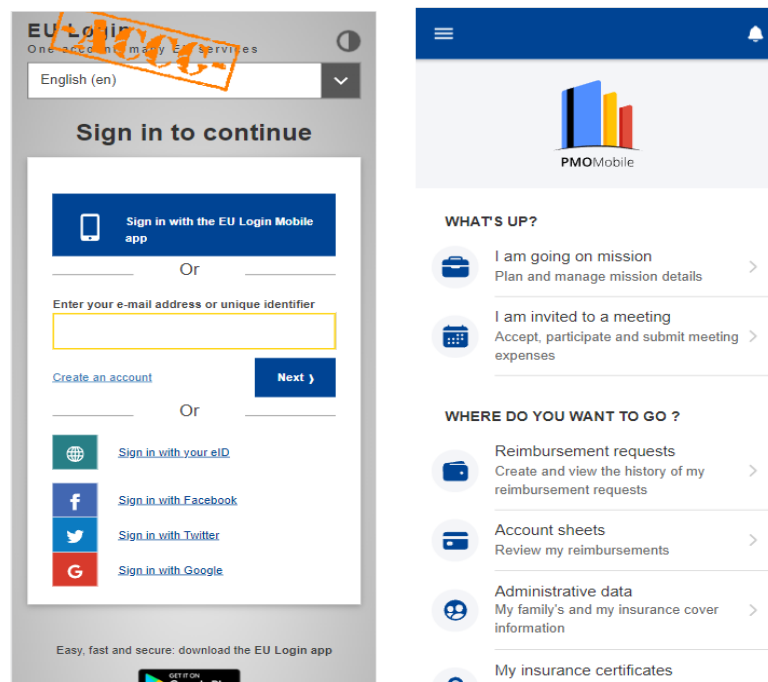
### 1.3. Access to PMO Mobile

PMO Mobile is a web application and, although it is not yet available in the Apple App nor Google Play stores, it soon will be.

PMO Mobile is available at:

<https://webgate.ec.europa.eu/PMOMOBILE> (Case sensitive URL).

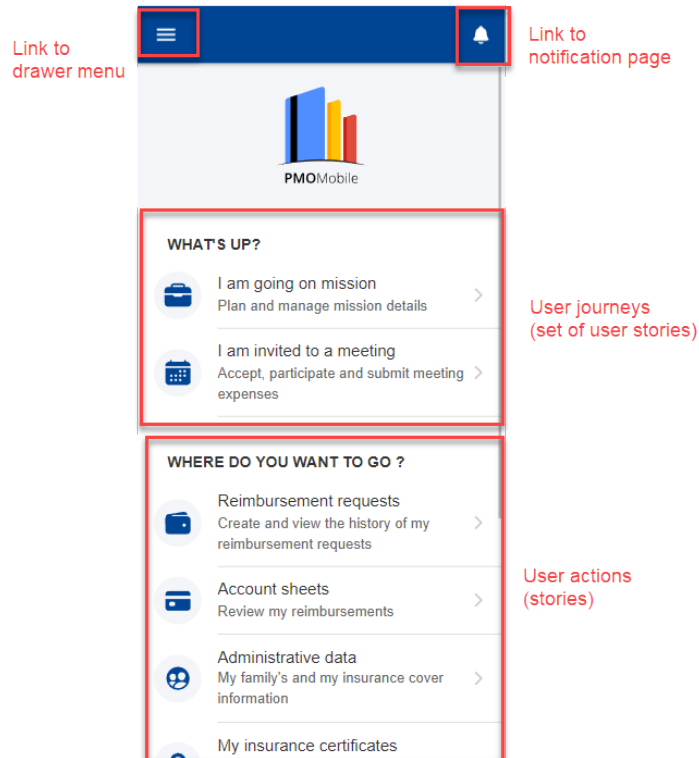
The PMO Mobile App is accessible via EULogin with double authentication method (for instance using Password and Mobile phone + SMS). More information related to EULogin and how to add a mobile device is available at: <https://webgate.ec.europa.eu/cas/userdata/mobileApp/manageMyMobileDevices.cgi>




In case you can't log in, please contact your usual support [EC-HELPDESK-IT@ec.europa.eu](mailto:EC-HELPDESK-IT@ec.europa.eu).


#### 1.4. Home page

The home page displays the list of available actions.

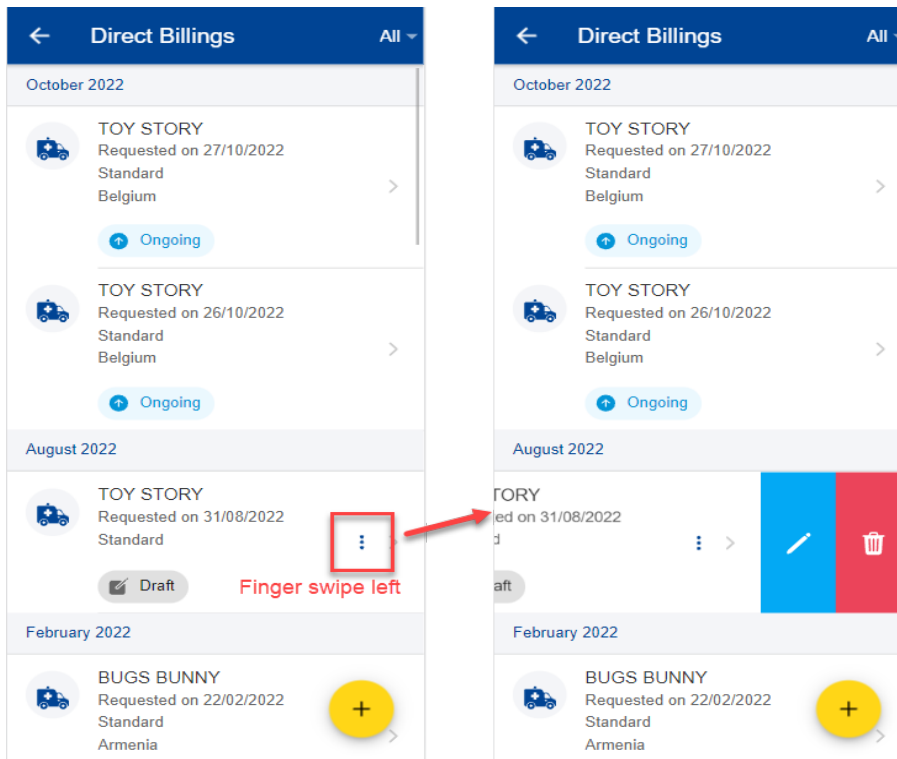


#### 1.5. Context menu and the slide action

The context menu is a set of actions that are available for certain items in the application. Due to the screen size limitation on the mobile devices, the context menu is normally hidden and becomes visible only when you click on the three dot  icon next to the item or, alternatively, when you swipe the item to the left side of the screen using a finger motion (the slide action).

The context menu changes from a type of item to another. You can edit, delete, duplicate the item, etc. The context menu is only displayed if you are allowed to perform a certain action. Otherwise, it does not appear. The screen below shows the context menu for an item in the direct billings list. In order to see the possible actions under the menu, you can either click on the  icon or slide the item to the left side of the screen.

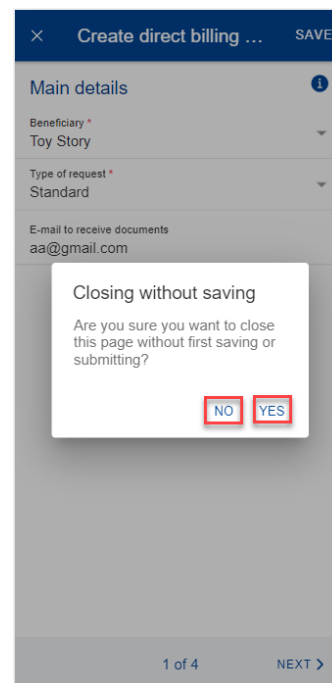
In this specific case, you can see two possible actions: edit and delete item.



## 1.6. Warning save popup

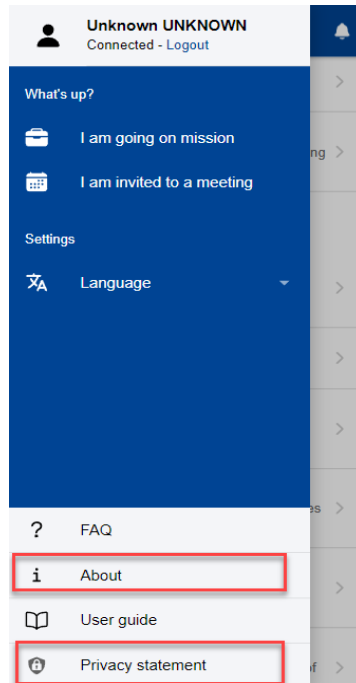
When you are modifying a form in the application and trying to leave without saving your data, the system will display a warning message asking you if you want to save the modifications so far.

You can choose to save them or not. If you save then you will be able to find back your form in “Draft” mode and continue working on it, otherwise the data will be lost.




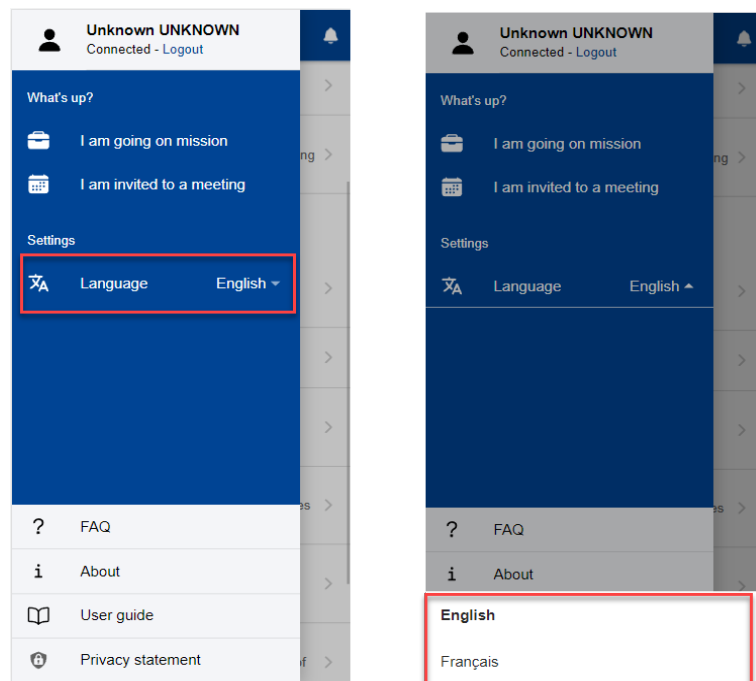
## 1.7. View App details and confidentiality statement

Click on the “About” button to obtain information about the application version and improvements. You may also view the confidentiality statement.



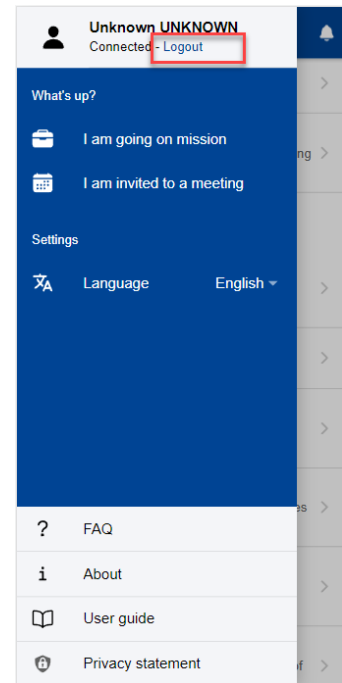
## 1.8. Change language

To change the language, click on the  icon on the top of the screen, then select the language from the languages list.



## 1.9. Log out

To log out, click on the ☰ icon then select “Logout”.

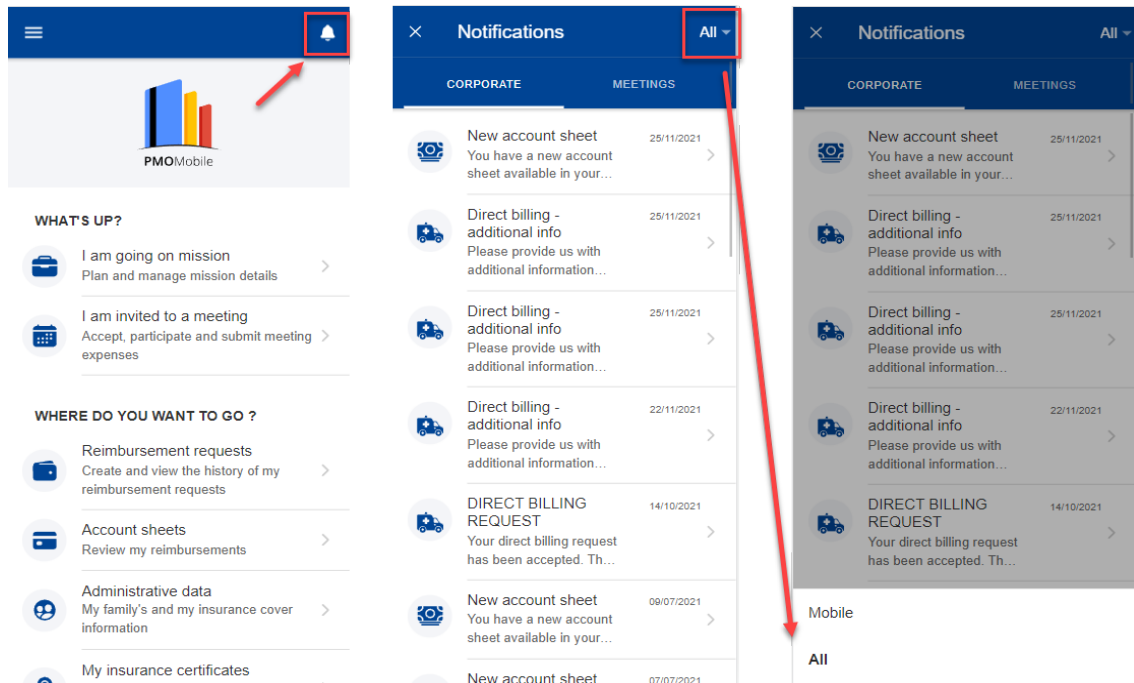


## 2. NOTIFICATIONS

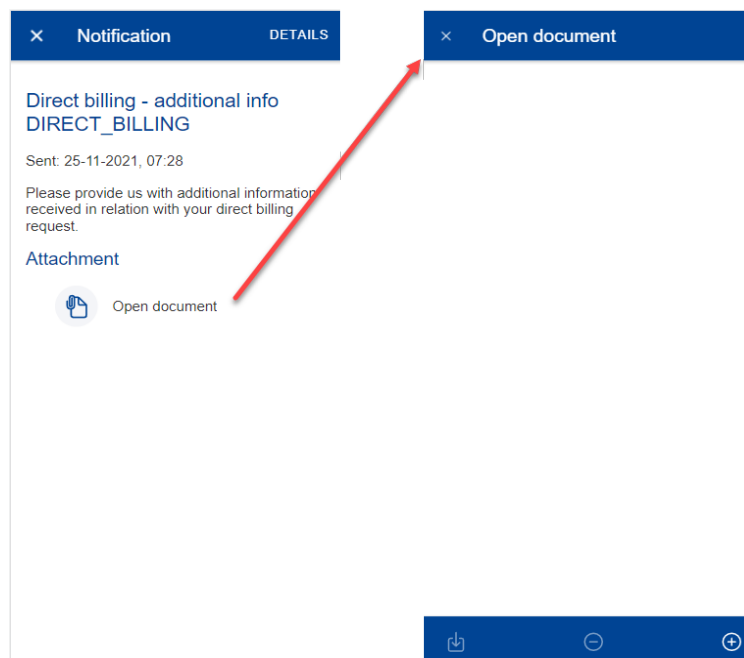
The domain specific desktop applications (e.g., JSIS) may send notifications related to previous user actions, etc. These notifications are grouped under the bell icon on the upper right side of the PMO Mobile home screen.

### 2.1. Visualizing a notification

- 1) Click on the bell icon on the upper right of the home screen (left below)
- 2) The list of notifications is displayed. The notifications in bold are the ones unread.
- 3) Choose a notification from the notifications list (middle below)
- 4) Alternatively, you can filter the notifications by clicking on the “All”. It will display the list of available filters. (right below)



- 5) When you click on the notification, you can see the details of the notification: text and attached documents, if any. (left below) If you click on an attachment, it will open on the screen. (left right)



- 6) If the notification is linked to a PMO Mobile implemented functionality, by clicking on 'Details' (upper left corner) you will be redirected to the specific functionality item (e.g. Direct Billing, etc.). You can then update your request and submit the additional information (comments, documents, etc.).

Note: If the functionality is not yet implemented in PMO Mobile, the "Details" button does not appear.



### 3. PERSONAL/ADMINISTRATIVE DATA (JSIS)

#### 3.1. View family administrative data

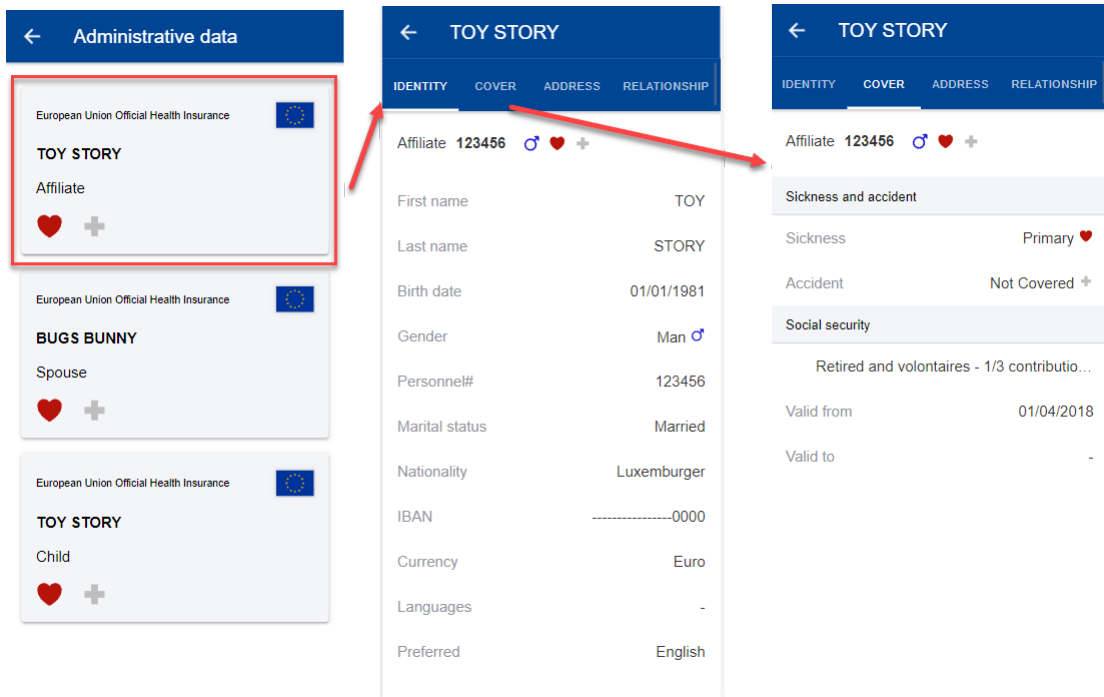
JSIS members can view their own as well as their family members' JSIS cover information.

On the home page, click on “Administrative data”. The App will display all the insurance cards of your family composition (below left).

As in JSIS Online, the sickness and accident coverage icons are available:

- Red icon: Primary full right coverage.
- Orange icon: Complementary right coverage.
- Grey icon: No Coverage

You can select a name to view more details (below middle and right). The details are organized in tabs, below the beneficiary name.



For other questions related to coverage, consult JSIS Online first, then contact Staff Matters or contact PMO.

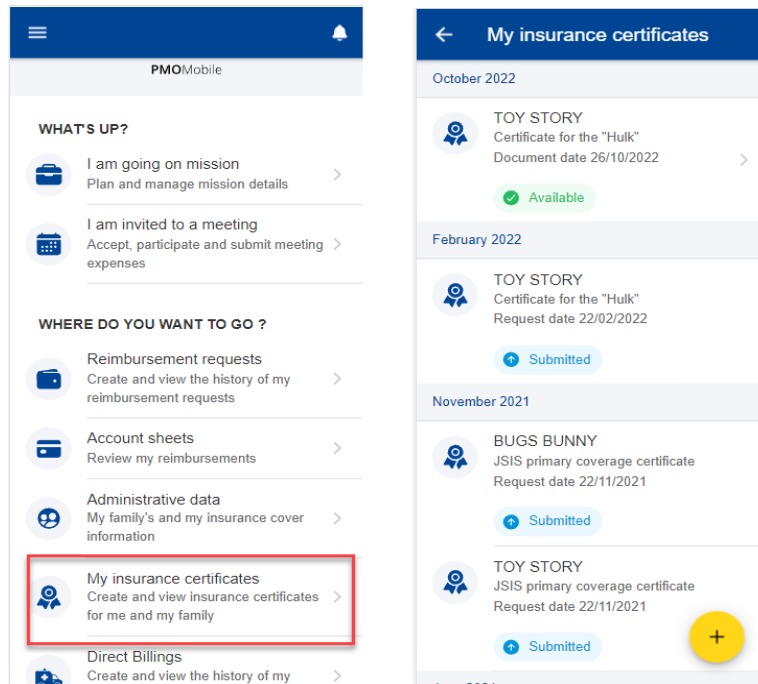
JSIS Online: <https://webgate.ec.europa.eu/RCAM>

Staff Matters: <https://myintracomm.ec.europa.eu/staff/EN/Pages/index.aspx?ln=en>

## 4. INSURANCE CERTIFICATES (JSIS)

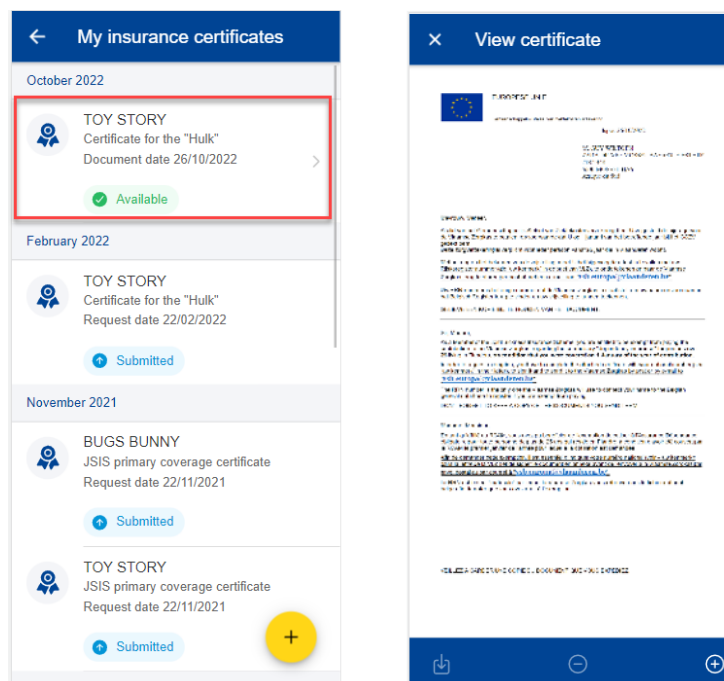
### 4.1. View Insurance Certificates

From the home page, select “My insurance certificates” to view all certificates requested so far.



Note: The floating action button (FAB)  may allow you to request a new insurance certificate.



Once available (status changes to “Available”), to view a requested certificate, click on the corresponding item in the list.

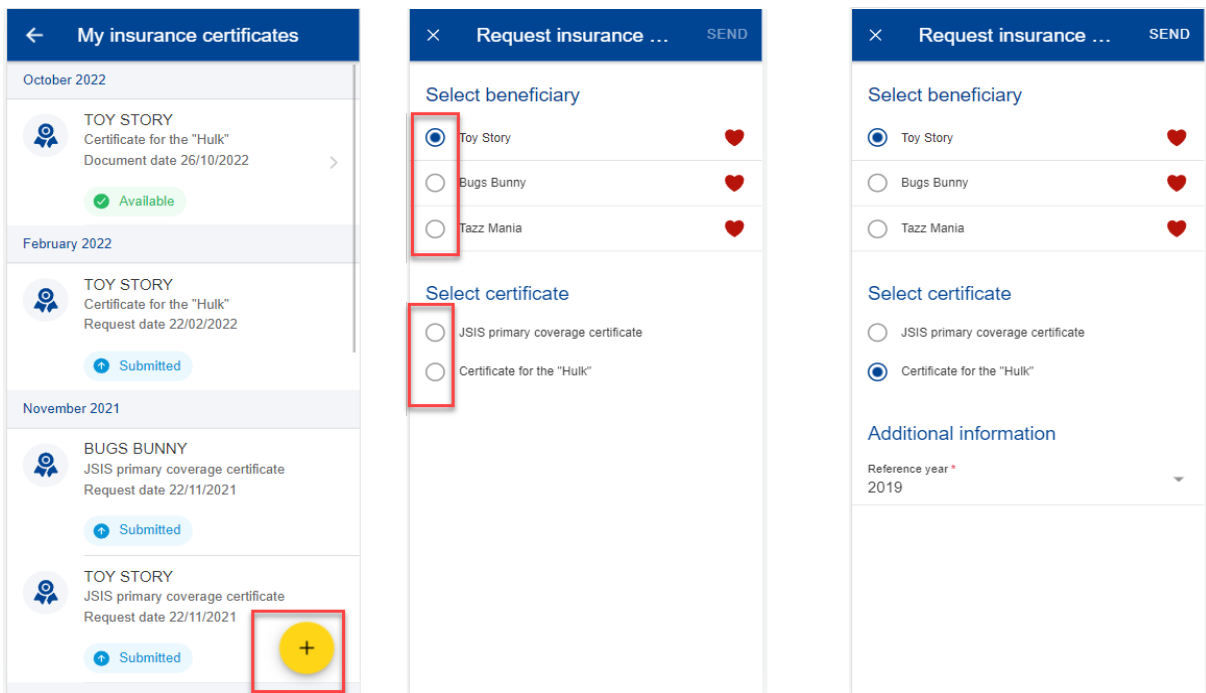


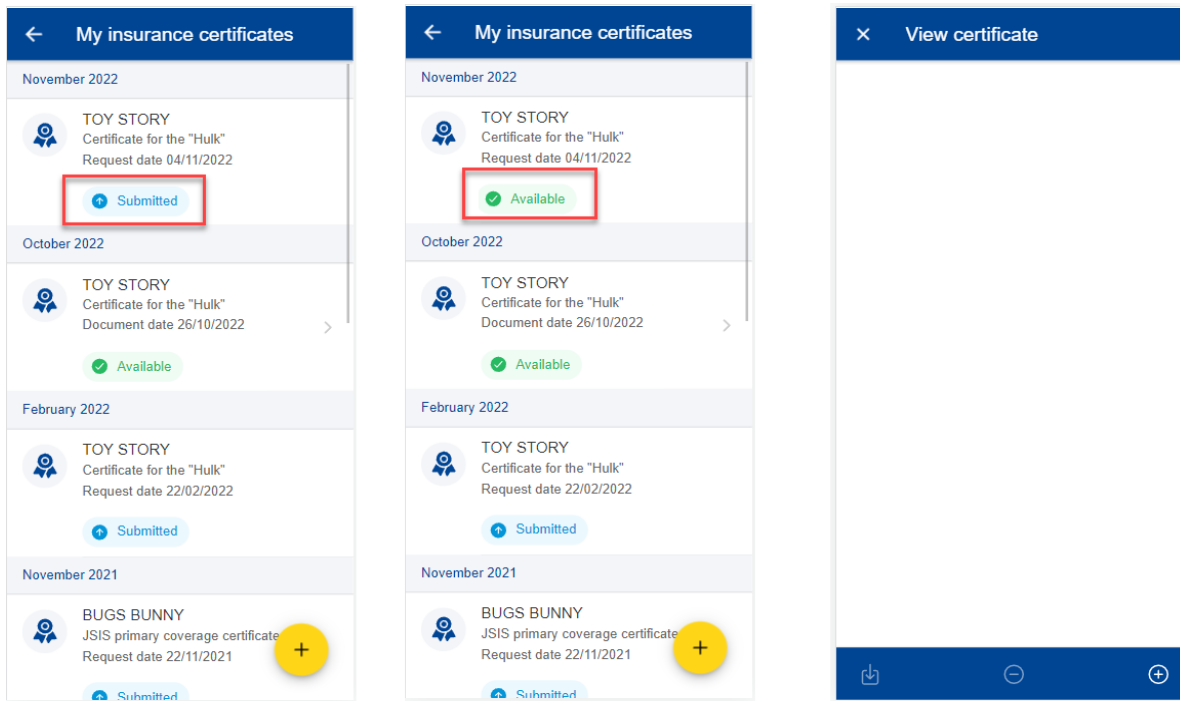
## 4.2. Request Insurance Certificates

JSIS members can request insurance certificates for all family members covered by JSIS.

Steps:

- 1) On the home page, select “My insurance certificates”
- 2) Click on the  icon.
- 3) Select the beneficiary and choose the type of certificate.
- 4) Depending on the certificate, additional information may be requested such as visited country, start date, end date and language for a VISA.
- 5) Click Send.
- 6) The app confirms that a new certificate was requested and adds the certificate to the list of requested certificates. The status of the request is “Submitted”.
- 7) The App generates the certificate which can take up to 30 minutes.
- 8) Once generated, the App fires a notification (click on the  icon) and changes the status of the request to “Available”.
- 9) Select the insurance certificate to view it.



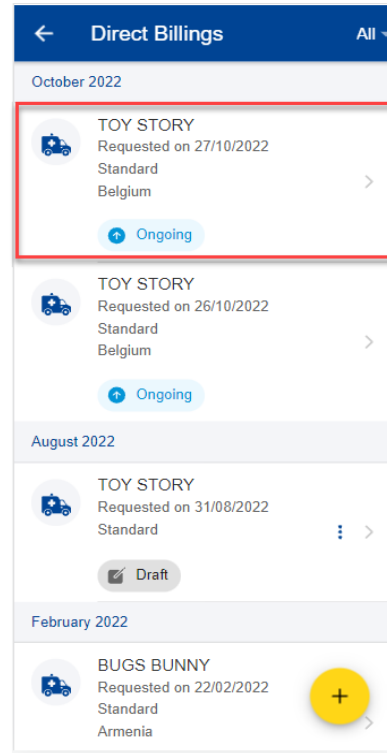
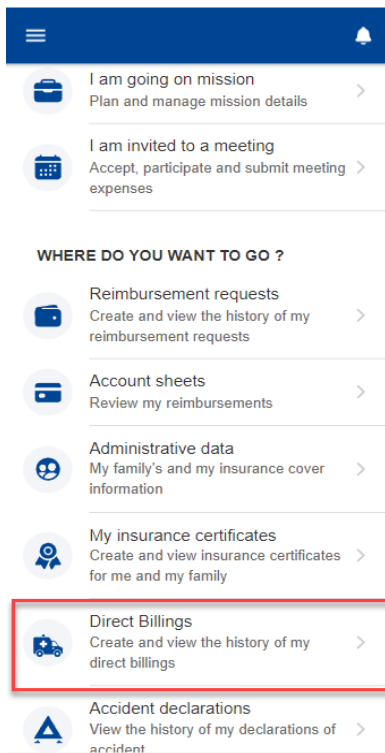



## 5. DIRECT BILLINGS (JSIS)

### 5.1. View direct billings

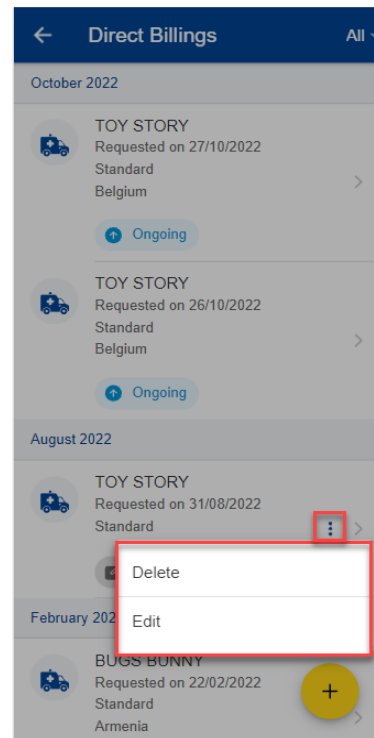
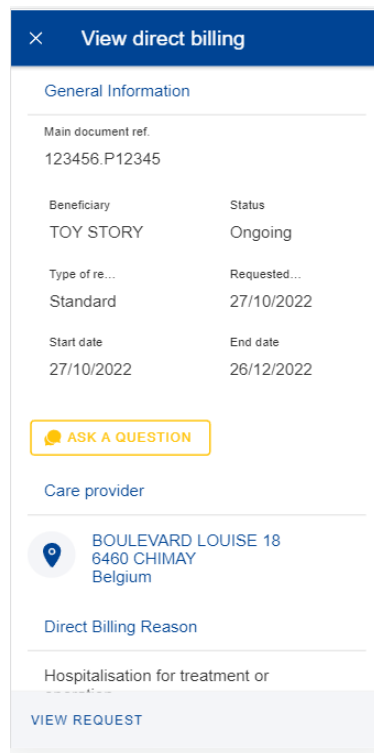
From the home page, select “Direct Billings” to view all direct billings requests created so far (left below).

The existing direct billing requests are displayed for each beneficiary with the type of request, the country where the request was made, the date of the request and the request’s status. The most recent direct billing requests are displayed on top of the list (right below).



You can click on an existing direct billing to view more details (left below). You can also choose to edit or delete a direct billing in Draft status by clicking on the three point icon  next to the direct billing (right below).

The floating action button (FAB)  allows you to create a new direct billing.



## 5.2. Direct billings - Ask a question

A wide choice of FAQ will clarify most of your doubts. If this is not the case, you can send your questions directly to the competent sectors via Staff Contact.

× View direct billing

General Information

Main document ref.  
123456.P12345

Beneficiary Status  
TOY STORY Ongoing

Type of re... Requested...  
Standard 27/10/2022

Start date End date  
27/10/2022 26/12/2022

ASK A QUESTION

Care provider

BOULEVARD LOUISE 18  
6460 CHIMAY  
Belgium

Direct Billing Reason

Hospitalisation for treatment or

VIEW REQUEST

European Commission | Staff Contact

EN FR My Questions

Back to Staff Matters Sign Out

Direct billing

Subject\*  
Direct Billings (123456.P12345)

Context\*

Beneficiary concerned by your question\*  
TOY STORY


It relates to

Description\*

## 5.3. Create a new direct billing

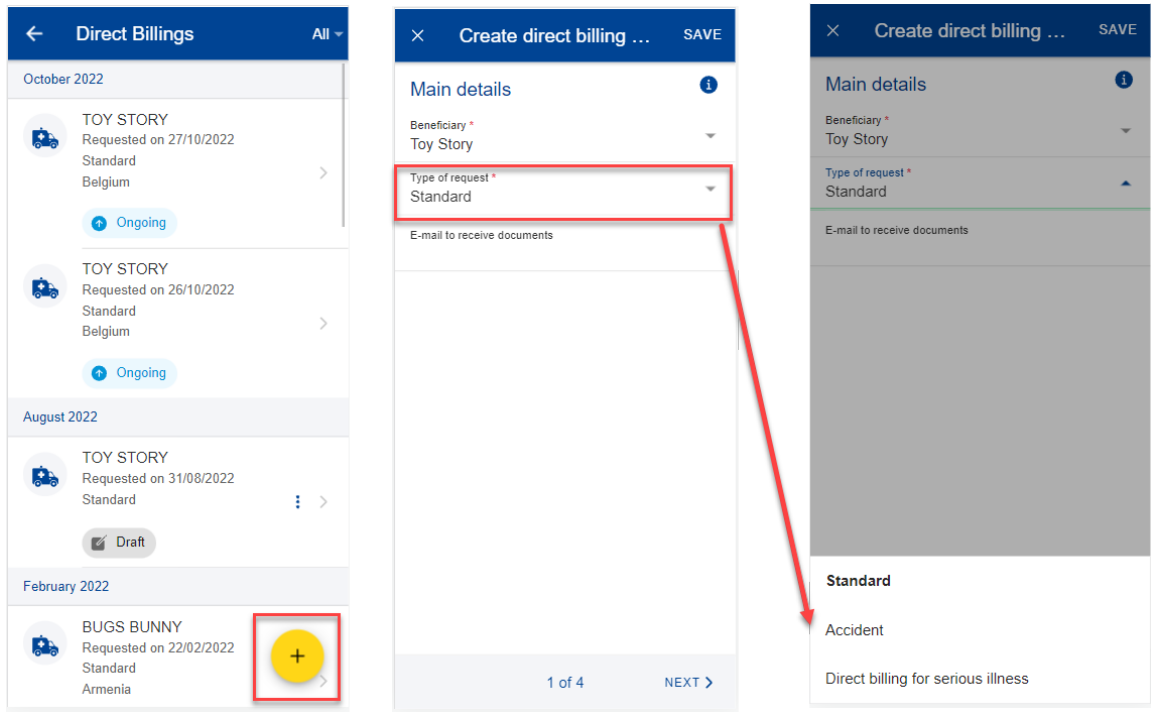
JSIS members can request a direct billing for all family members covered by JSIS.

Steps:

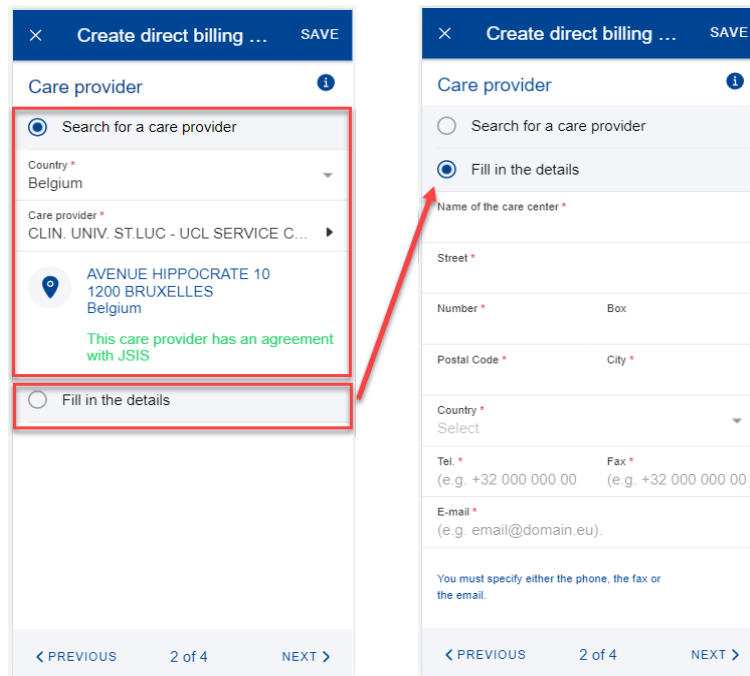
- 1) On the home page, select “Direct billings”
- 2) Click on the  icon.
- 3) Step1: Select the beneficiary and choose request type\*.

\*Request type depends on the profile of the beneficiary and/or the institution s/he belongs to.

Note: You can Save in each step the data that you’ve already filled in. The direct billing will appear in your direct billings list in Draft status and you can go back and edit it at a later stage. You can also continue modifying your direct billings in the desktop application.



- 4) Step 2: Search for a care provider. You can filter care providers by country and name or insert a new care provider details if you did not find the care provider in the pre-existing list. Once done, click Next.

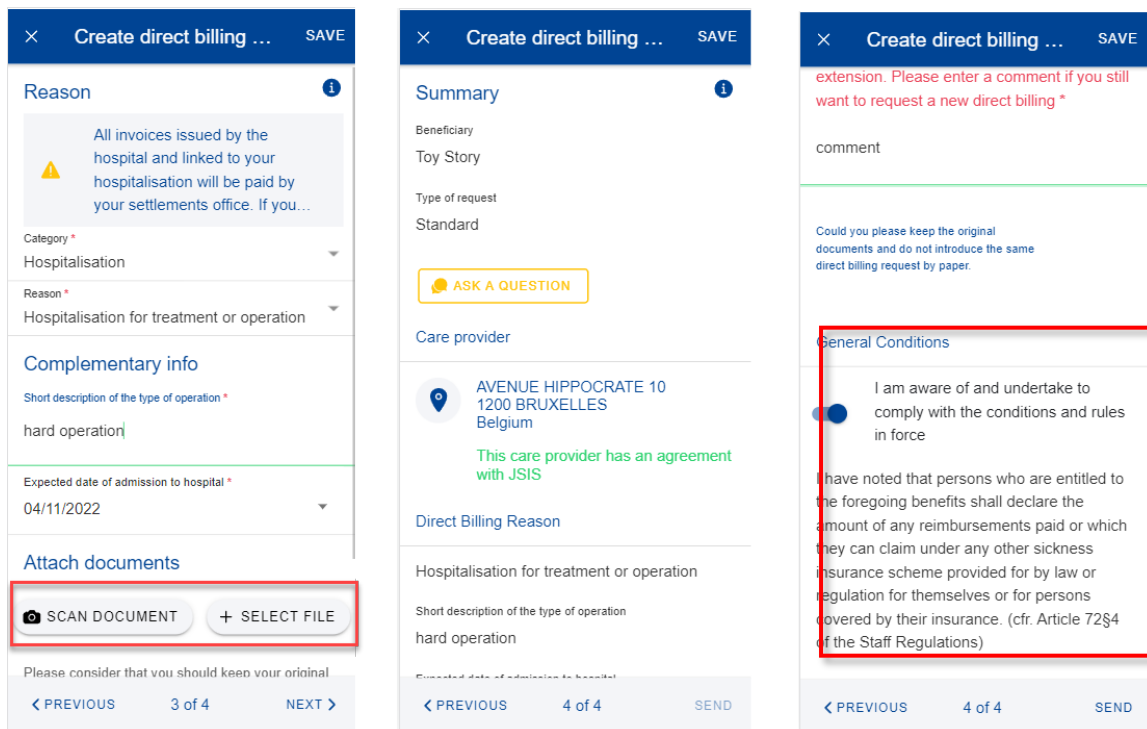


- 5) Step 3: Insert the Category, Reason and all additional mandatory fields, as requested by the application. You can also scan or add a document from your phone in this step, if required (left below).

- 6) Step 4: A summary of the direct billing is displayed in this step together with one or more acknowledge checks (right below). Once you've verified the data

and agreed with the General Conditions, you can send your direct billing by clicking “Send”.

If something in your summary is not correct, you can always go back to previous steps by clicking the “Previous” button. You can also Save the data if you do not want to submit the direct billing request immediately.



Note: Once you have sent the direct billing, you can retrieve it in your direct billings list. The direct billing will be further processed in the JSIS back office like any direct billings created in the JSIS desktop application. The direct billing will change its status after being processed.

#### 5.4. Adding supplementary required information in a Direct billing

There are two ways of adding supplementary information in a previously submitted Direct Billing:

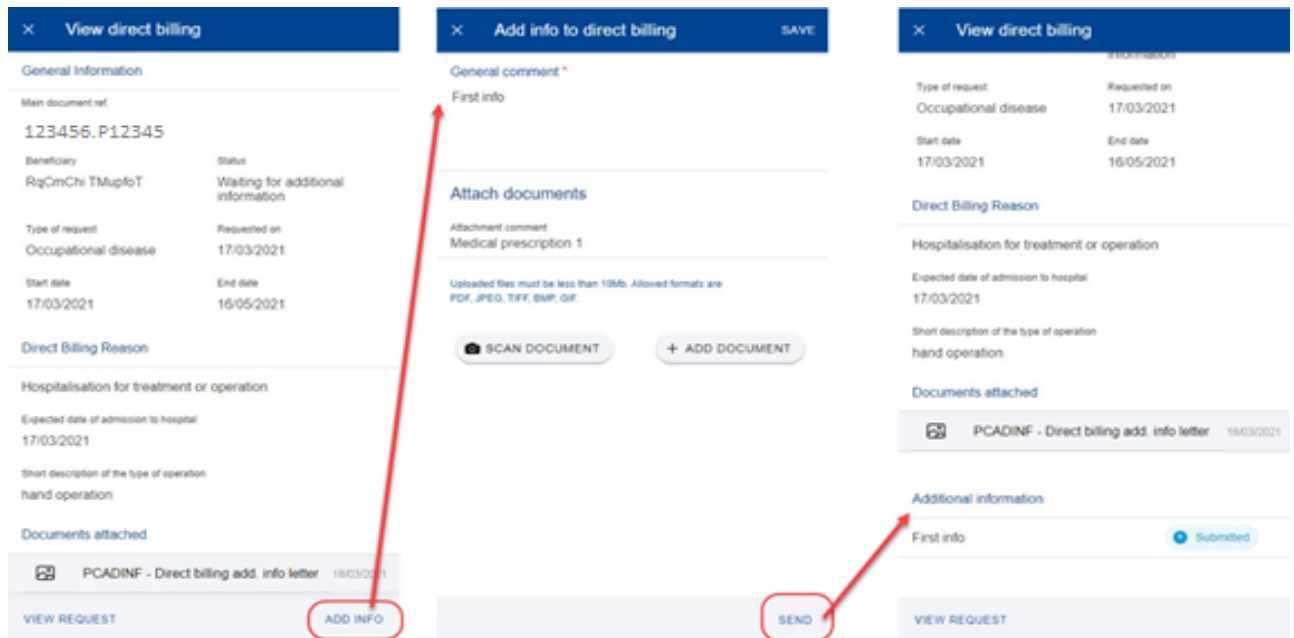
- a. From the notification that requires you to add further information, you click on “Details” (upper right side). This redirects you to the Direct Billing item where you can add the information immediately.
- b. In the Direct Billings list, you can view the items with the “Waiting for additional information” status. If you did not provide the information yet, click on the item and add the additional info required.

Steps:

- 1) Within the specific Direct Billing item you can add the required supplementary information (below left and middle screen):




- a. Click on “Add Info”
  - b. Fill in the “General comment” text field
  - c. Attach additional documents, if needed
  - d. Click “Send”
- 2) The additional information will be appended to the existing item (below right) and will appear as “Submitted”.
  - 3) You are not able to add more information after you’ve submitted, unless you request the JSIS back office or they send an additional request for information.

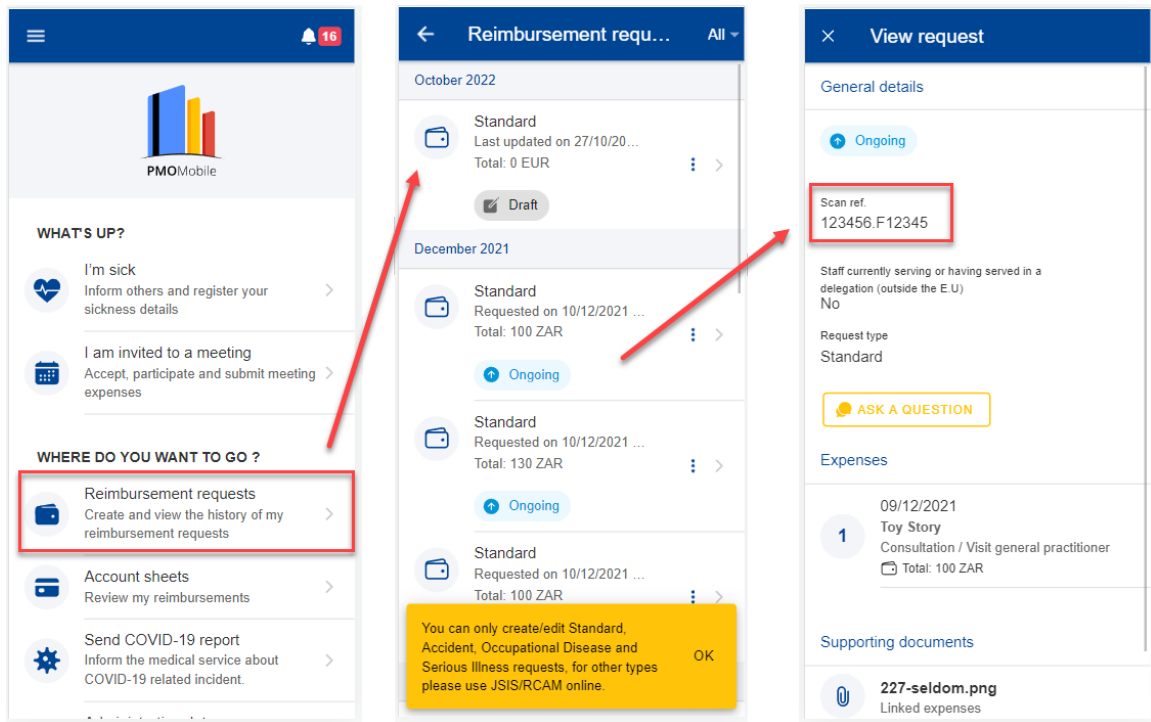


## 6. REIMBURSEMENT REQUESTS (JSIS)

### 6.1. View existing requests for reimbursement

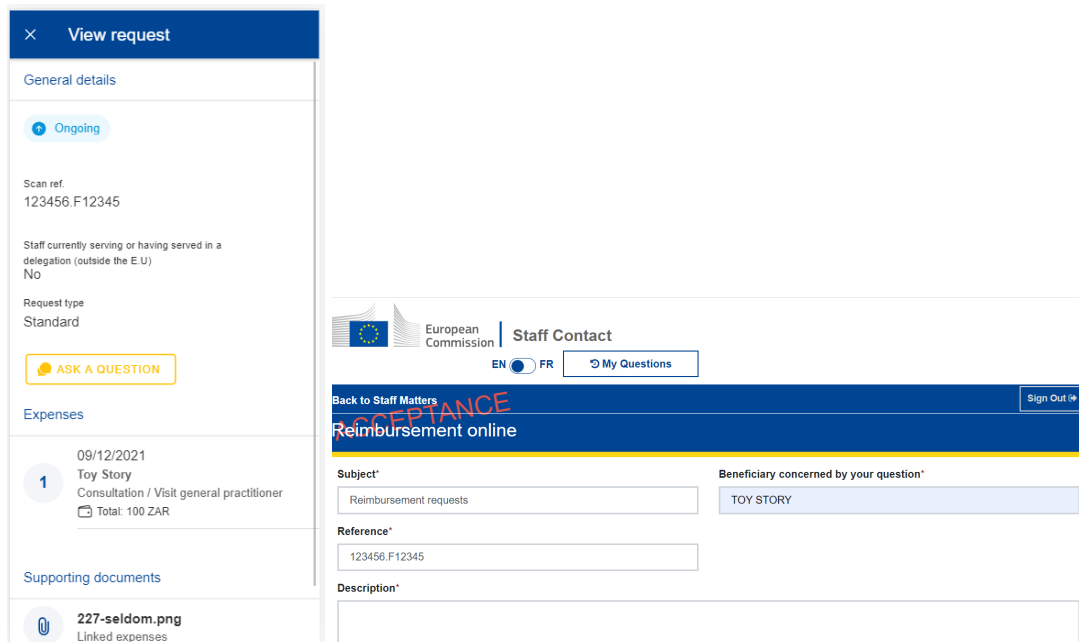
- 1) On the home page, select “Reimbursement requests” to view all your reimbursement requests created so far (below left).
- 2) The system displays the list of requests showing the type of request, the date of the request, the request’s status and the total amount of the request. The most recent reimbursement requests are displayed on top of the list. You can scroll down to view the reimbursement requests grouped under each month. (below middle)
- 3) You can choose to edit or delete a request in Draft status by clicking on the three point icon  next to the request. (below middle)
- 4) Click on an existing reimbursement request to view the request information. If the request has been submitted you can see the Scan reference code. You cannot modify such a request. (below right)

5) If your request is in Draft status you can continue to modify it as described in the next section.



## 6.2. Reimbursement Requests – Ask a Question


A wide choice of FAQ will clarify most of your doubts. If this is not the case, you can send your questions directly to the competent sectors via Staff Contact.

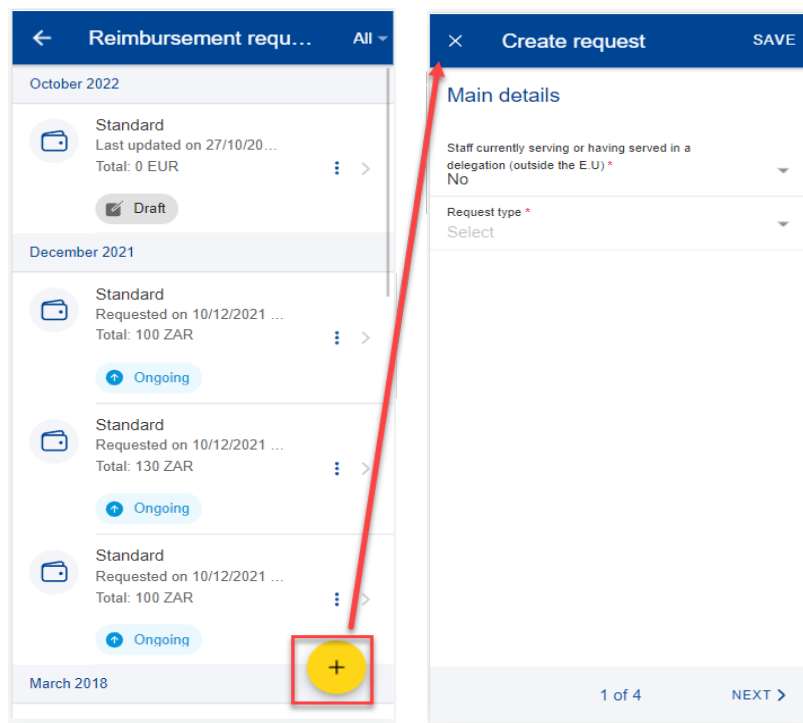



### 6.3. Create a new reimbursement request

JSIS members can request a reimbursement for all family members covered by JSIS at the time of treatment.

Steps:

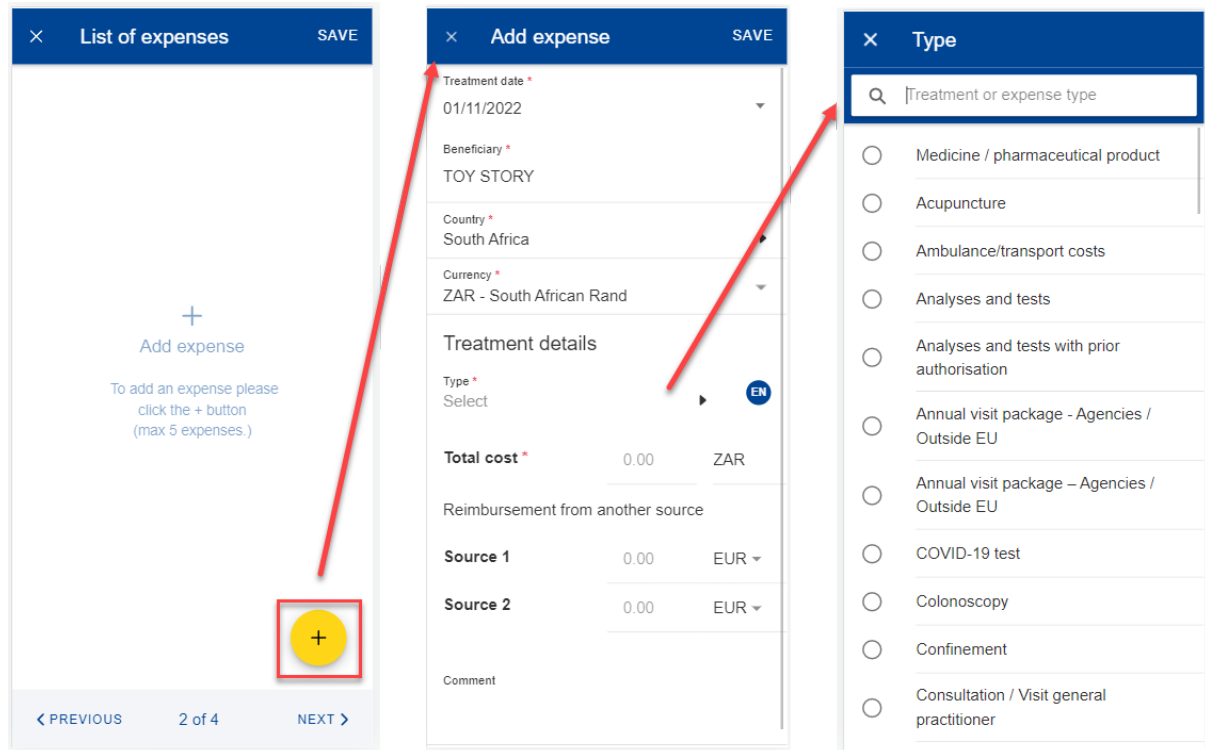
- 1) On the home page, select “Reimbursement requests”
- 2) Click on the  icon to add a new reimbursement request. (below left)
- 3) Step1: Change the delegation information if needed. By default, the Delegation field is set to “No”.
- 4) Choose request type from list: Standard, Accident, Occupational disease etc  
Click “Next”



- 5) System displays Step2 - List of expenses.
- 6) Click on the  icon to add a new expense. You are allowed to add up to five expenses. (below left)
- 7) Select the Treatment date. The list of beneficiaries will be filled in based on the selected date and the type of request. Only the beneficiaries covered by JSIS on that date will be displayed. (below middle)
- 8) Select the Beneficiary.
- 9) Select the Expense/Treatment detail from the list. Start by typing the name of the treatment or select directly from the list. (below right)

10) Depending on your selection, additional fields may appear in the expense form: Prior Authorization requests, Dental Cost estimates, Number of Sessions, etc.

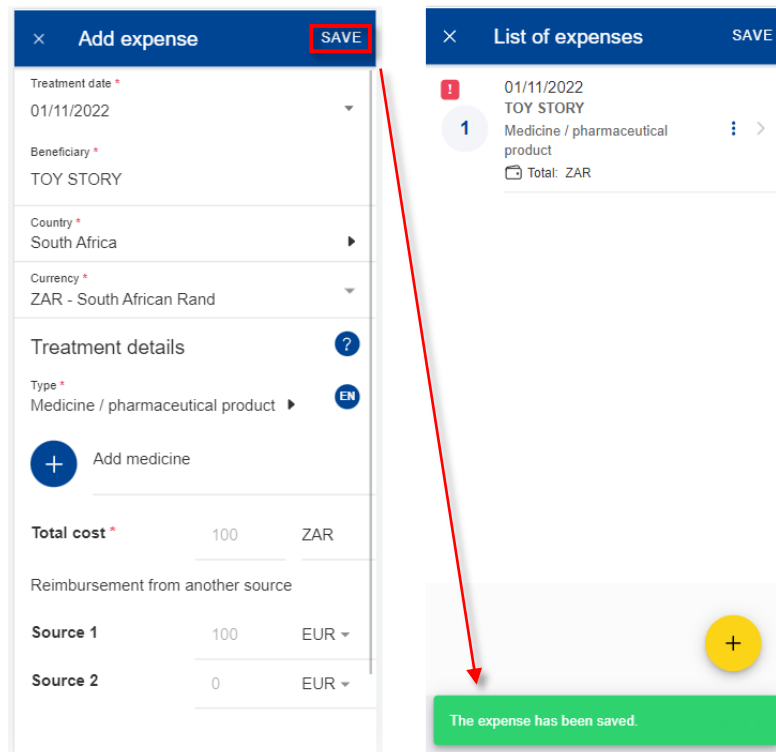
**Note:** You can choose to change the language of the Treatment detail by clicking on the language icon, just above the Treatment list. That will switch your list from English to French and vice versa.





11) Change the Country, if needed. The default Country is the country of affectation for active staff and the country of residence for pensioners.

12) Change the Currency, if needed. The default currency is the currency of the country from the previous step.

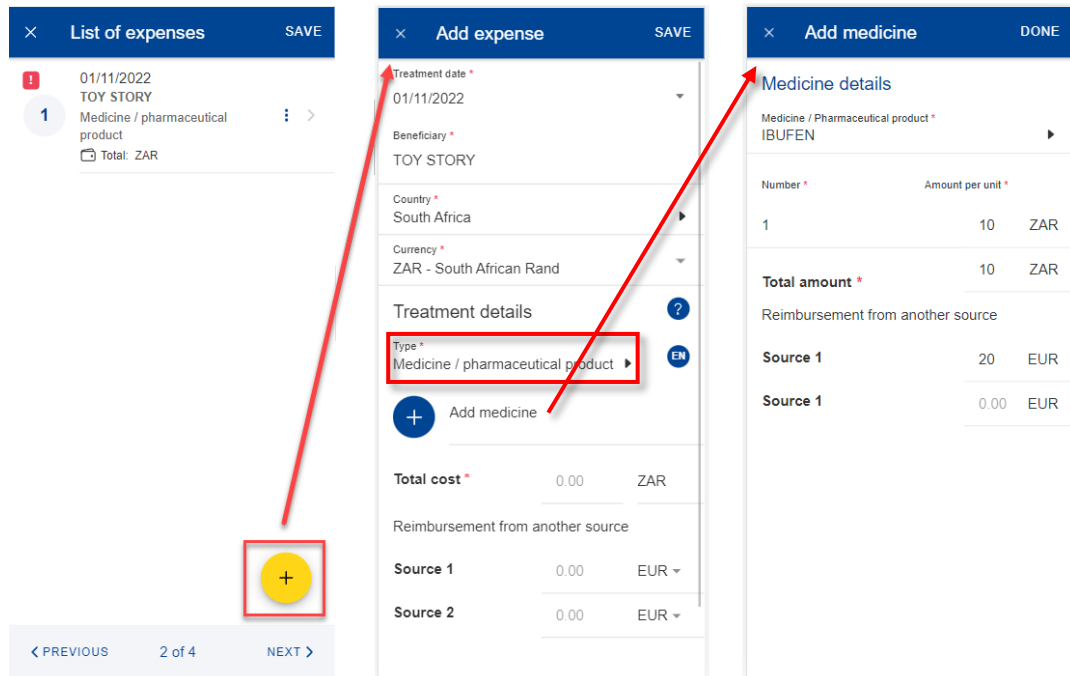
13) Add your costs and the reimbursement received from other sources and click "Save". (below left)



- 14) The system will save and add your expense to the list of expenses (above right)
- 15) You can choose to add a new expense in the list of expenses by clicking the  icon. (below left)
- 16) In order to add a medicine, you go through the same steps as before, but select “Medicine/Pharmaceutical product” in the Treatment type details list. (below middle)
- 17) Click on the  icon to add a new medicine. (below middle)
- 18) Select the medicine, add the number of items, the amount per item and the amount received from other sources if any. Click on Done to return the expense screen (below right)

**Note:** The currency in the medicine details is given by the currency of the country selected in the expense screen. You cannot modify that in the Medicine details screen.

**Note:** If your medicine is not in the Medicines list, you can just type the name and you will be able to use it in your request.

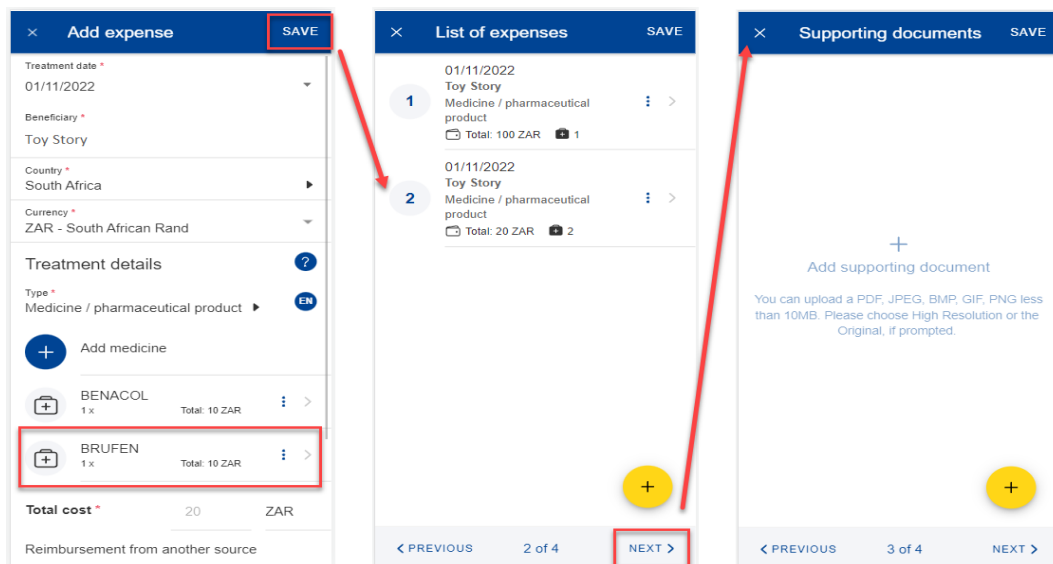



19) Your list of medicines will appear in the expense screen. If there are any errors you will see a red exclamation mark icon on the medicine name. Please correct that in order to move forward and click on Save when you're done (below left)

20) The system will save and add your new expense to the list of expenses (below middle)

21) You can still edit an expense by clicking on it or delete it by clicking on the three point icon next to the request and choosing Delete. Click on Next to move to the next step. (below middle)

22) The system will move to Step 3 – Supporting documents (below right)

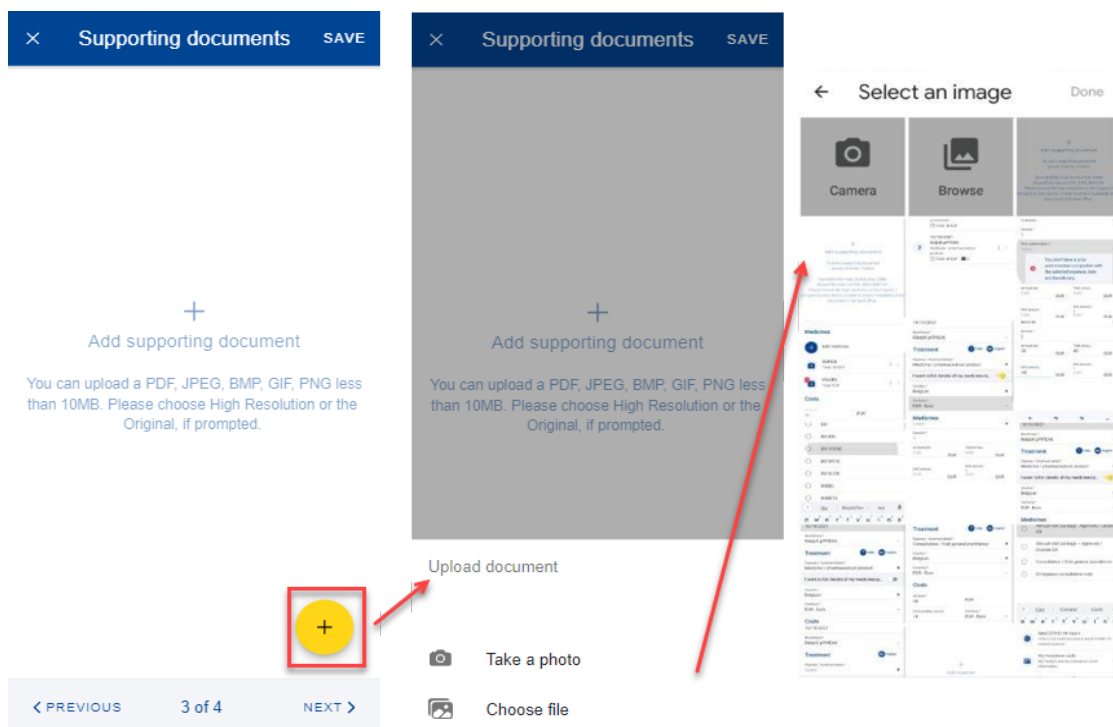


23) Step 3 – Supporting documents. Click on the  icon to add a new supporting document. (below left)

**Note:** Please make sure to choose High resolution or the Original for your uploaded documents when promoted by your mobile, otherwise the documents may not be readable in the back office following the rendition to PDF.

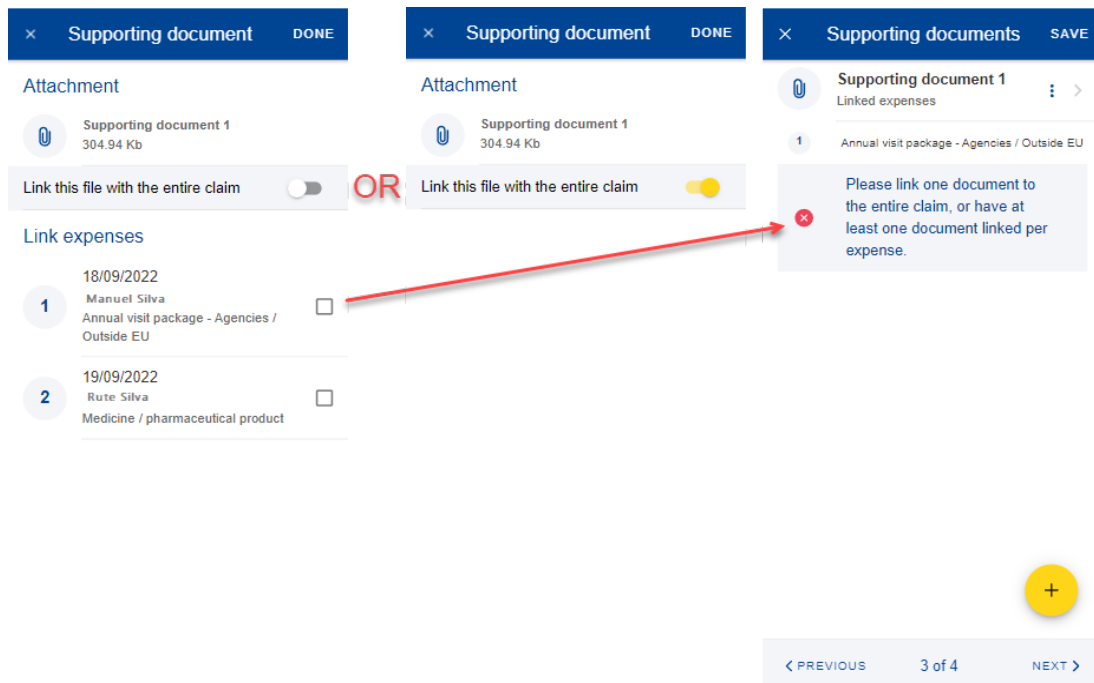
24) The system will prompt you to take a photo or choose a file from your mobile. (below middle)

25) Take a photo or select document from your documents list. (below right)

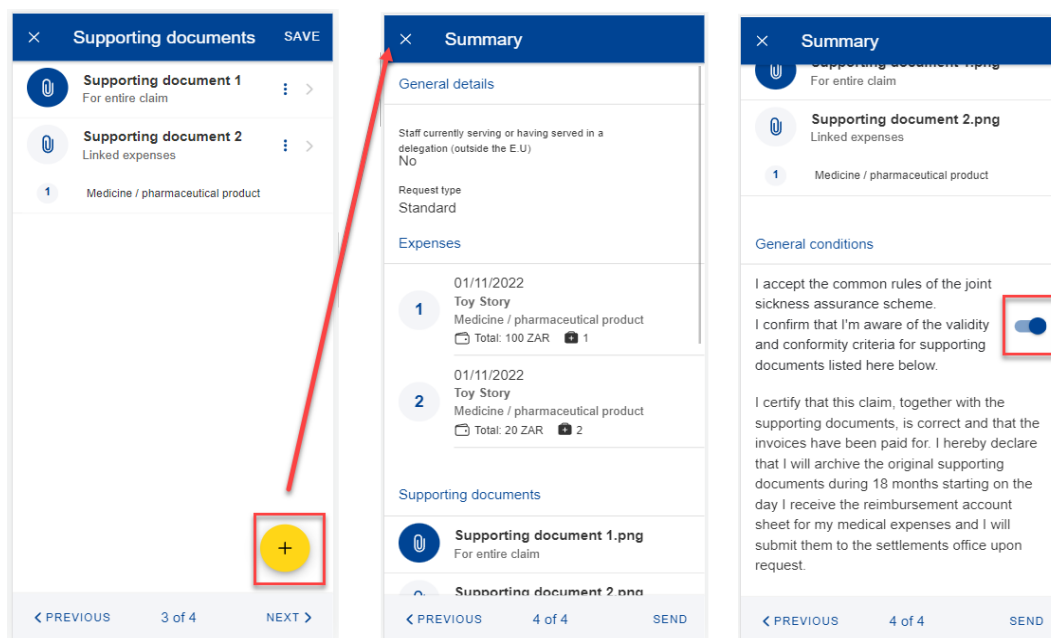


26) Once your document is uploaded, you need to link it to an expense (below left) or to the entire claim, if relevant (below middle). Click Done to return to the list of supporting documents.

27) If you choose to link the document to an expense only, you will be prompted to make sure that all expenses have supporting proofs. (below right)



- 28) Repeat the process above and when you have finished adding your supporting documents and linking them to the expense, click Next. (below right)
- 29) The system will move to Step 4 – Request summary. In this step you can view all your information in a summarized way: general information, expenses and supporting documents (below middle and right).
- 30) You can click on the expenses or supporting documents to view all details but, if you need to edit any of the data, you need to go back to the previous steps.
- 31) When you're done checking your information, confirm that you have acknowledged the conditions of the JSIS and click on "Send" to submit the request or on Save to keep it as Draft, if you have any doubts. (below right)



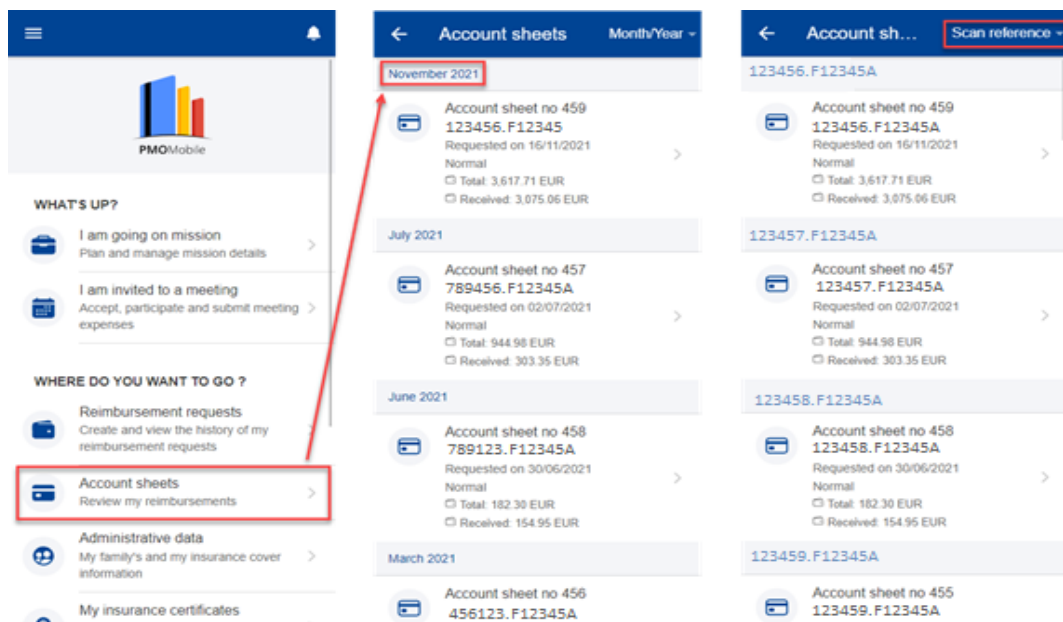


- 32) You can retrieve your request in the list of reimbursements. If the request is in Draft status, you can click to edit it, if the request has been submitted you can view the information as shown in section 6.1 View existing requests for reimbursement

#### 6.4. View account sheets

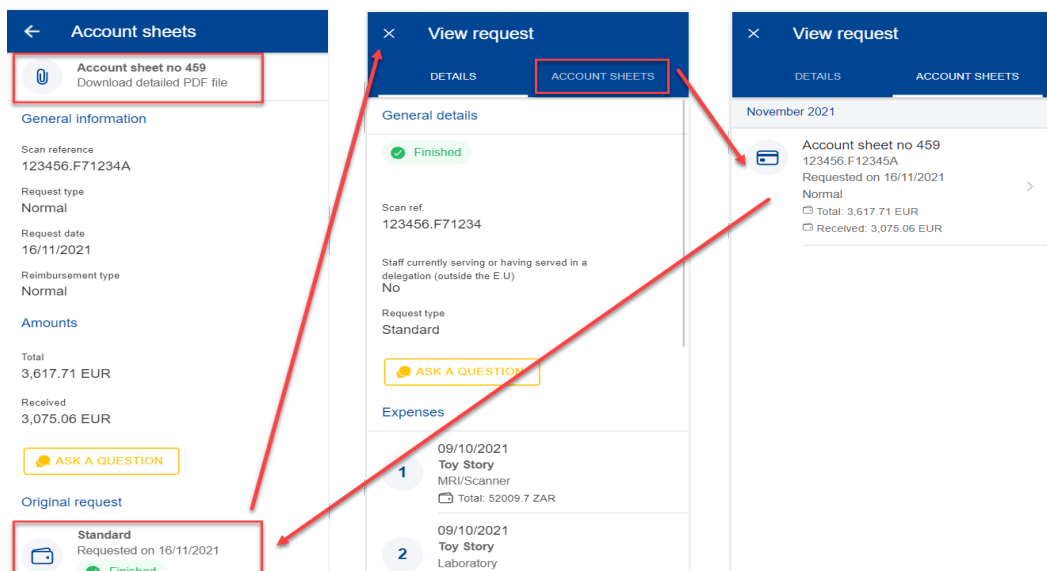
Once your request for reimbursement has been approved and processed in the back office, one or more account sheets are generated with the amounts that were reimbursed as per your reimbursement request.

- 1) On the home page, select “Account sheets” to view your account sheets (below left).
- 2) The system displays the list of account sheets showing the request type, request date, request status and the total amount. The most recent account sheets are displayed on top of the list.
- 3) You can scroll down to view the account sheets grouped per month (below middle)
- 4) Alternatively, you can see your account sheets grouped by scan reference if you change the grouping option (middle screen up right) from Month/Year to Scan reference.
- 5) The system displays the list of account sheets grouped by Scan reference (below right)



- 6) You can click on an account sheet in order to see the details of the account sheet (below left).

- 7) In the Account sheet view you can download the Detailed Account sheet PDF file to see all the details of your reimbursement per each line of expense (below left, above General Information)
- 8) You can additionally view your original reimbursement request by clicking on the original request (below left).
- 9) The system will open the original request with all the details in view mode. (below middle)
- 10) You can see all the account sheets associated with this reimbursement request if you click on the Account sheets tab (below middle and below right)
- 11) You can navigate back to the account sheet details page by clicking an Account sheet from the list. (below right and below left)

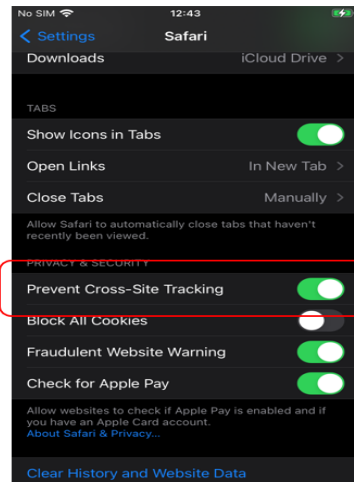


## 7. TROUBLESHOOTING

### 7.1. Client Failure Limit Exceeded

**Problem:** When loading PMO Mobile, iPhones upgraded to iOS version 14 may enter a loop between EU Login and PMO Mobile (screen switching back and forth between both screens). After a while, EU Login will stop and show a message like “Client Failure Limit Exceeded”.

**Solution:** You go to iPhone's settings for Safari, then scroll down to find the “Prevent Cross-Site Tracking” option. If this is setting is set to ON (as in the screenshot below),



Switch to OFF

switch it to OFF