

New Online Empanelment Portal Manual

Website Link <http://claim.cmchistn.com/HospEmpanel/Stage1.aspx>

New Empanelment Request

Stage: 1

Step: 1 The Hospital Requested need to click the New Empanelment Request for applying online empanelment request from www.cmchistn.com public portal



Step:2

After the Selecting the New Empanelment request , The Page will Re direct to a link which will open the below Stage 1 Page. In that the Hospital should enter the Hospital Name,Type ,Specialty, their Managing director /CEO details and other information's as shown in the below screen shot No:2.

(*) fields are Mandatory

Screen Shot:2

Chief Minister's Comprehensive Health Insurance Scheme
Powered By HealthSprint Networks

Hospital/Provider Empanelment Request

Payer* UIIC - CMCHISTN **Payer Scheme*** TNHSP-CMCHISTN

Hospital/Provider Entity Name* Demo Hospital **Hospital/Provider Ownership** Corporate

Hospital Speciality* Multiple **Hospital/Diagnostic Center*** HOSPITAL

Address (Site, Street, Area)* Kilpauk Chennai **Hospital Type*** Medical College Hospital

City/Location* Chennai **Pincode*** 600010

District* Chennai **Landmark**

State **Country**

Telephone* 1234567890 **Mobile**

Fax **Email*** arun.ganesan@remedinet.com

Alternate Contact No. **Alternate Email Id**

Alternate Communication Address

Web Address **NABH/GOI Standard** Yes No

MD/CEO Name* Arun **MD/CEO Department*** Mgt **MD/CEO Mobile*** 9790559387 **MD/CEO Email*** arun.ganesan@remedinet.com **MD/CEO Fax** 123456

Row Number	Designation	Department	Name	Mobile	Email	Fax
1	GM	Dep1	Loki	9884624227	arunganeshd@gmail.com	123456

[Add New Row](#)

[Error: P. Name] (Source: Chennai, Pincode: 600010)
Waiting for 182.74.174.99...

After entering all the demographic information, The Applicant needs to click the **“Save & Next”** Button and user will be redirected to stage 2 page.

Stage: 2

Government of Tamil Nadu
Chief Minister's Comprehensive Health Insurance Scheme
Powered By HealthSprint Networks

Hospital/Provider Empanelment Request

TAX & PAN Card Details

PAN Type Permanent **PAN*** abcde2345p **TAN** **Service Tax Reg. No.**

Name on PAN Card* Scanned PanCard (PDF/JPG/DOC)*
arun [Choose File](#) images (1).jpg
T_181938566_1_PanScannedFile.jpg

Provider Bank A/C Details

Bank* Hdfcbank **Bank Branch*** chennai **IFSC Code*** hdfc00001

Account Type* Current **Account No.*** 111111111111 **Beneficiary Name of the Account*** arun

[Save Tax Info](#)

In this Stage the Applicant need to enter the PAN, TAN and Bank account Information which is mandatory as shown in the above screen shot. After entering these above User needs to click the “**Save Tax**” Button. Now this information will be saved and user will be redirected to below Stage: 3 page

Stage: 3

Government of Tamil Nadu
Chief Minister's Comprehensive Health Insurance Scheme

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Hospital/Provider Empanelment Request

Speciality Details

Speciality: **CARDIOLOGY**

HOD Name: **HOD Test** | HOD Registration No.: **hod123456** | HOD Qualification: **MD**

Experience Years: **15** | #Cases handled: **1000** | Contract Type: **Full-Time Permanent** | Mobile Number: **1234567890**

Other practicing hospitals: **Non** | Registration/Speciality Certificate: **Choose File** | 219_example.jpg

Criteria | Unit | Procedure | ICU

CRITERIA	YES/NO	REMARKS
Cath Lab	<input type="radio"/> Yes <input type="radio"/> No	
Cardiothoracic OT with Cardiopulmonary by pass equipment	<input type="radio"/> Yes <input type="radio"/> No	
Perfusionists - number	<input type="radio"/> Yes <input type="radio"/> No	
Trained staff nurses in cardiac ICU care	<input type="radio"/> Yes <input type="radio"/> No	
Speciality Staffs - number with qualifications	<input type="radio"/> Yes <input type="radio"/> No	

Here the applicants need to select each specialty from the Specialty drop down. After selecting the specialty user need to click the Criteria tab and it will display the criteria for the selected Specialty. Now User needs to select the Yes/No option from the list and need to enter the remarks.

Trained staff nurses in cardiac ICU care	<input type="radio"/> Yes <input type="radio"/> No	
Speciality Staffs - number with qualifications	<input type="radio"/> Yes <input type="radio"/> No	
ICU Doctors -number with qualifications	<input type="radio"/> Yes <input type="radio"/> No	
CCU(Coronary Care Unit) with number of functioning ventilators	<input type="radio"/> Yes <input type="radio"/> No	
CCU with central oxygen/suction, multipara monitors, defibrillators, emergency medical tray	<input type="radio"/> Yes <input type="radio"/> No	
Post OP CTS Unit with number of ventilators	<input type="radio"/> Yes <input type="radio"/> No	
Ventilators - number of functioning ventilators	<input type="radio"/> Yes <input type="radio"/> No	
Cardiologists practicing at hospital -number	<input type="radio"/> Yes <input type="radio"/> No	
Cardiothoracic Surgeons practicing - number	<input type="radio"/> Yes <input type="radio"/> No	
Facilities for Electrophysiological Studies - including Cartography and Radiofrequency ablation for arrhythmias	<input type="radio"/> Yes <input type="radio"/> No	
Facilities for pacemaker implantation	<input type="radio"/> Yes <input type="radio"/> No	
TMT	<input type="radio"/> Yes <input type="radio"/> No	
Transesophageal ECHO	<input type="radio"/> Yes <input type="radio"/> No	
Epicardial ECHO	<input type="radio"/> Yes <input type="radio"/> No	

Press F11 to exit full screen

Add/Save Specialist Info | Next Step

Next Applicants needs to click the Unit Tab and need to enter the Specialist details for the selected specialty. Multiple no specialists can be added using the “Add New row “button.

Government of Tamil Nadu
Chief Minister's Comprehensive Health Insurance Scheme

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Hospital/Provider Empanelment Request

Specialty Details

Specialty: CARDIOLOGY

HOD Name: HOD Test, HOD Registration No.: hod123456, HOD Qualification: MD

Experience Years: 15, #Cases handled: 1000, Contract Type: Full-Time Permanent, Mobile Number: 1234567890

Other practicing hospitals: Non, Registration/Specialty Certificate: Choose File, No file chosen

Remarks:

Criteria: Unit (selected), Procedure, ICU

Row Number	Designation	Name	Registration Number	Qualification	Other practicing hospitals	Document	
1	Unit Chief	Chief 1	123456	MD	111		Delete

Add New Row

Add/Save Specialist Info | Next Step

Please Enter Minimum One Criteria Details !!

Next Applicants Need to click the Procedure Tab and need to select the required procedures for the particular specialty.

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Chief Minister's Comprehensive Health Insurance Scheme

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Hospital/Provider Empanelment Request

Specialty Details

Specialty: HEMATOLOGY

HOD Name: HOD Test, HOD Registration No.: hod123456, HOD Qualification: MD

Experience Years: 15, #Cases handled: 1000, Contract Type: Full-Time Permanent, Mobile Number: 1234567890

Other practicing hospitals: Non, Registration/Specialty Certificate: Choose File, No file chosen

Remarks:

Criteria: Unit, Procedure (selected), ICU

PROCEDURENAME	YES/NO
THROMBOCYTOPENIA WITH BLEEDING DIATHESIS	<input type="checkbox"/>
BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION- INCLUDING TOTAL BODY RADIATION	<input type="checkbox"/>
THALASSEMIA MAJOR/HAEMOGLOBINOPATHIES/ CHELATION THERAPY/SICKLE CELL ANAEMIA	<input type="checkbox"/>

Add/Save Specialist Info | Next Step

Please Enter Minimum One Criteria Details !!

Next Applicant need to click the ICU Tab and need to select whether ICU is available or not by checking the yes/no check box . If ICU is available and then user need to enter the ICU Intensivist/Staff details.

Government of Tamil Nadu
Chief Minister's Comprehensive Health Insurance Scheme

Hospital/Provider Empanelment Request

Speciality Details

Speciality* Select Speciality

Criteria Unit Procedure **ICU**

Intensive Care Unit Available (YES/NO) ☒

ICU - Intensivist

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1	Test icu	test1234			Delete

[Add New Row](#)

ICU - Staff (Nurses, Paramedics, Technicians)

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					Delete

[Add New Row](#)

[Add/Save Specialist Info](#) [Next Step](#)

Specialist Info Have Add/Saved For :

HOD Name	Speciality	HOD Qualification	HOD RegNo	Experience Years	Contract Type	#Cases Handled	Mobile	HOD Certificate	Remarks	Other Practicing Hospitals	ICU	Delete
CARDIOLOGY					Full-Time Permanent						1	Update Delete

After entering all the Criteria, Unit details, Procedure, ICU details, User need to click the “Add/Save Specialist info3.” button. Now all the information for the particular specialty will be saved and will be displayed below the “Add/Save Specialist info3.” As shown in the below screen shot

Hospital/Provider Empanelment Request

Speciality Details

Speciality* Select Speciality

HOD Name* HOD Registration No.* HOD Qualification

Experience Years #Cases handled Contract Type Mobile Number*

Other practicing hospitals Registration/Speciality Certificate* Remarks

[Choose File](#) No file chosen

Criteria Unit Procedure **ICU**

Intensive Care Unit Available (YES/NO) ☒

ICU - Intensivist

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					Delete

[Add New Row](#)

ICU - Staff (Nurses, Paramedics, Technicians)

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					Delete

[Add New Row](#)

Add/Save Specialist Info [Next Step](#)

Specialist Info Have Add/Saved For :HOD Test

HOD Name	Speciality	HOD Qualification	HOD RegNo	Experience Years	Contract Type	#Cases Handled	Mobile	HOD Certificate	Remarks	Other Practicing Hospitals	ICU	Delete
HOD Test	HEMATOLOGY/MD		hod123456	15	Full-Time Permanent	1000	1234567890	T_181938566_1_SpecialistCertificate_HOD_Test.jpg		Non	1	Update Delete

If user wants to add another specialty , he need to select the required specialty from the drop down and need to repeat the stage 3 process again. He can add any no of specialty using the **“Add/Save Specialist info3.”**

After entering the entire specialty details user need to click the **“Next step”** button. This redirects the user to stage 4 pages

Stage : 4

Hospital/Provider Empanelment Request

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General Infrastructure

Category	Total Beds
AC Private	32
AC Semi Private	0
Deluxe	32
General Ward(Female)	0
General Ward(Male)	0
ICU	0
Others	21
Post-op facility	0
Private	0
Semi Private	676
Step-down facility	0
Super Deluxe	0

Radiologist

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Pathologist

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Sonologist

Pathologist

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Sonologist

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Duty Medical Officer

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Other Technicians (ECHO, USG, X-ray etc.,)

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Ambulance Paramedics

Row Number	Name	Registration Number	Qualification	Other practicing hospitals	Document
1					

Save Infra and Facilities Info

In stage 4 users need to enter the general infrastructure and other Lab technician details. After entering all the details user need to click the **“Save Infra and Facilities Info”** button. Now user will be redirected to stage 5 page.

Stage: 5

Here user need to enter the criterion details and need to click the **“Save Criterion for Empanelment”**. Now all the information will be save and will be redirected to stage 6

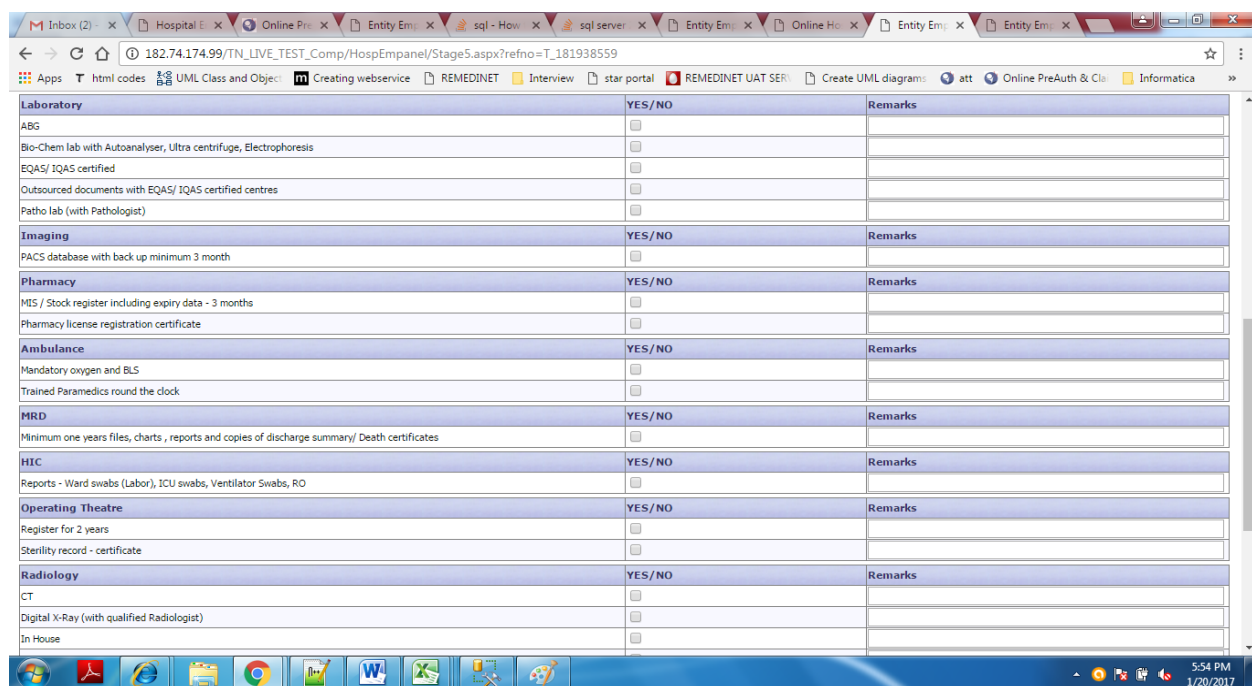


Government of Tamil Nadu
Chief Minister's Comprehensive Health Insurance Scheme

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Hospital/Provider Empanelment Request

	YES/NO	Remarks
Access		
CMCHS boards displaying the available services under the scheme	<input type="checkbox"/>	
Signages	<input checked="" type="checkbox"/>	
Ramp		
Clear signs to locate Ramp	<input type="checkbox"/>	
Lift		
Fail safe incase of power outage (automatically stops and opens in the floor below)	<input type="checkbox"/>	
Fire Safety	<input type="checkbox"/>	
Maintenance		
24 x 7	<input checked="" type="checkbox"/>	
Alternate power sources /back up - for LSS	<input type="checkbox"/>	
Fire Safety		
Certificate	<input type="checkbox"/>	
IMS		
HER with Unique ID	<input type="checkbox"/>	
OP and IP registry as per the provided format(Diagnosis , Investigations,specialists involved, drug charts)	<input checked="" type="checkbox"/>	
BMW		
BMW management approval /Renewal at prescribed intervals with Pollution Control Board or Authorized agencies	<input type="checkbox"/>	
Detailed plan of regular disposal agreement and Quantum disposed (bills)	<input type="checkbox"/>	



Laboratory

	YES/NO	Remarks
ABG	<input type="checkbox"/>	
Bio-Chem lab with Autoanalyser, Ultra centrifuge, Electrophoresis	<input type="checkbox"/>	
EQAS/ IQAS certified	<input type="checkbox"/>	
Outsourced documents with EQAS/ IQAS certified centres	<input type="checkbox"/>	
Patho lab (with Pathologist)	<input type="checkbox"/>	

Imaging

	YES/NO	Remarks
PACS database with back up minimum 3 month	<input type="checkbox"/>	

Pharmacy

	YES/NO	Remarks
MIS / Stock register including expiry data - 3 months	<input type="checkbox"/>	
Pharmacy license registration certificate	<input type="checkbox"/>	

Ambulance

	YES/NO	Remarks
Mandatory oxygen and BLS	<input type="checkbox"/>	
Trained Paramedics round the clock	<input type="checkbox"/>	

MRD

	YES/NO	Remarks
Minimum one years files, charts , reports and copies of discharge summary/ Death certificates	<input type="checkbox"/>	

HIC

	YES/NO	Remarks
Reports - Ward swabs (Labor), ICU swabs, Ventilator Swabs, RO	<input type="checkbox"/>	

Operating Theatre

	YES/NO	Remarks
Register for 2 years	<input type="checkbox"/>	
Sterility record - certificate	<input type="checkbox"/>	

Radiology

	YES/NO	Remarks
CT	<input type="checkbox"/>	
Digital X-Ray (with qualified Radiologist)	<input type="checkbox"/>	
In House	<input type="checkbox"/>	

182.74.174.99/TN_LIVE_TEST_Comp/HospEmpanel/Stage5.aspx?refno=T_181938559

Trained Paramedics round the clock

	YES/NO	Remarks
MRD	<input type="checkbox"/>	
Minimum one years files, charts, reports and copies of discharge summary/ Death certificates	<input type="checkbox"/>	
HIC	<input type="checkbox"/>	
Reports - Ward swabs (Labor), ICU swabs, Ventilator Swabs, RO	<input type="checkbox"/>	
Operating Theatre	<input type="checkbox"/>	
Register for 2 years	<input type="checkbox"/>	
Sterility record - certificate	<input type="checkbox"/>	
Radiology	<input type="checkbox"/>	
CT	<input type="checkbox"/>	
Digital X-Ray (with qualified Radiologist)	<input type="checkbox"/>	
In House	<input type="checkbox"/>	
USG (with qualified sonologist)	<input type="checkbox"/>	
ICU	<input type="checkbox"/>	
Support staff trained in using ventilator	<input type="checkbox"/>	
Ventilator (High frequency)	<input type="checkbox"/>	
Ward	<input type="checkbox"/>	
Bed Count	<input type="checkbox"/>	
HR	<input type="checkbox"/>	
Consultants / Specialists / Duty Medical Officers with Reg No	<input type="checkbox"/>	
Laboratory Personnel	<input type="checkbox"/>	
Management Structure with Contact	<input type="checkbox"/>	
Blood Bank	<input type="checkbox"/>	
Registered	<input type="checkbox"/>	

Save Criterion for Empanelment

Stage: 6

Here Applicant details need to be entered and he need to click the **“Save Authorized Applicant Info”** button. Now user will be redirected to the final stage: 7

182.74.174.99/TN_LIVE_TEST_Comp/HospEmpanel/Stage6.aspx?refno=T_181938559

Government of Tamil Nadu

Chief Minister's Comprehensive Health Insurance Scheme

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Hospital/Provider Empanelment Request

Authorized Applicant Information*

Department*	Applicant Name*	Job Role	Email ID*
General Administration	karthick	Office Admin	arun.ganesan@remedinet.com
Telephone Number*	Fax Number	Mobile Number*	
0442654987		9876543211	

Save Authorized Applicant Info

Stage: 7

Here Documents and NABH/GOI standard certificates need to be uploaded. Once the user clicks the “submits Empanelment Request” button. All the captured information’s will be submitted to the Empanelment team.

This is the final stage and once stage 7 is submitted user will not able to edit the information submitted.

The screenshot shows a web browser window displaying the 'Hospital/Provider Empanelment Request' form for the Government of Tamil Nadu. The form is titled 'Chief Minister's Comprehensive Health Insurance Scheme' and is powered by HealthSprint Networks. The form includes sections for 'Application Form Upload', 'Documents', 'Signed and Sealed Application Form', and 'NABH/GOI Standard Certificate'. Each section has a 'Choose File' button and a 'No file chosen' message. A 'DECLARATION' section is also present, with a checked box indicating acceptance of the terms and conditions. A 'Submit Empanelment Request' button is located at the bottom of the form. The browser's address bar shows the URL '182.74.174.99/TN_LIVE_TEST_Comp/HospEmpanel/Stage7.aspx?refno=T_181938559'. The taskbar at the bottom shows various application icons and the system clock indicating 5:57 PM on 1/20/2017.

Documents	Uploaded Files(PDF/DOC/XLS/XLSX/JPG)*	Remarks
Signed and Sealed Application Form	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>
NABH/GOI Standard Certificate	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>

DECLARATION: ☒ We accept the T & C of the CMCHIS Scheme

Up to stage 6 User can edit all the information from stage 1 to stage 6 at any point of time. Using the below credentials from the search

Ref No: T_XXXXXXX (ref no will be displayed in url page. And will start as T_)

MD/CEO Mobile no: xxxxxxxxxx

MD/CEO Mobile no: xxxx@xx.com

Chief Minister's Comprehensive Health Insurance Scheme

Toll Free Number: **1800 425 3993**

Project Office:
No 226, Om Shakti Towers,
Kilpauk Garden Road, Kilpauk,
CHENNAI - 600010, Tamil Nadu,
India

Government of Tamil Nadu
Chief Minister's Comprehensive Health Insurance Scheme

Home Eligibility Salient Features Contact us Hospital List Diagnostic Center Package Rates Member ID
Claim Tender Procedure List Circular & Guidelines Smart Cards Member Search Protocol **Online Empanelment**
GH Expenditure Performance details FAQ NABH & GOI STANDARD GUIDELINES Diseases / Treatments New Empanelment Request
Bonne Sante Search Empanelment Request

Photo Gallery




claim.cmchistn.com/LabSync/SearchOnlineEmpanelmentRequest.aspx

Online Empanelment Information: Ref ID is mandatory and Enter at least 2 More fields Data

Ref. Id*	CEO Mobile*	CEO Email*	Entity PAN No.	Entity Registration No.
T_1819310080	9790559387	arun.ganesan@remedinet.com		
<input type="button" value="Find Status"/>				

History Id	Hospital Request	Payer Response	Status	Submit Time	Process Time	Applicant	Applicant Mobile	Payer Letter
1	DRAFT		DRAFT					