

New Online Empanelment Portal Manual

Website Link <https://claim.cmchistn.com/HospEmpanel/Instruction.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

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: | Country: | State: |

Telephone: 1234567890 | Mobile: | Email: arun.ganesan@remedinet.com

Fax: | 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

Buttons: Add New Row, Delete

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

Hospital/Provider Empanelment Request

TAX & PAN Card Details

PAN Type: Permanent | PAN: abcde2345p | TAN: | Service Tax Reg. No.:

Name on PAN Card: arun | Scanned PanCard (PDF/JPG/DOC): 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.: 1111111111 | Beneficiary Name of the Account: arun

Buttons: 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 pages

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	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 speciality. Multiple no specialists can be added using the “Add New row “button.

The screenshot shows the 'Unit' tab selected. The 'Speciality' is 'CARDIOLOGY'. The 'HOD Name' is 'HOD Test', 'HOD Registration No.' is 'hod123456', and 'HOD Qualification' is 'MD'. 'Experience Years' is '15', '#Cases handled' is '1000', 'Contract Type' is 'Full-Time Permanent', and 'Mobile Number' is '1234567890'. The 'Other practicing hospitals' is 'Non'. The 'Registration/Speciality Certificate' is 'Choose File' with 'No file chosen'. The 'Remarks' field is empty. Below the form, there are tabs for 'Criteria', 'Unit', 'Procedure', and 'ICU', with 'Unit' being the active tab. A table lists one unit:

Row Number	Designation	Name	Registration Number	Qualification	Other practicing hospitals	Document
1	Unit Chief	Chief 1	123456	MD	111	<input type="text"/>

Buttons for 'Add/Save Specialist Info', 'Next Step', and 'Add New Row' are visible. A message at the bottom says 'Please Enter Minimum One Criteria Details !!'. The system clock shows 5:32 PM on 1/20/2017.

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

The screenshot shows the 'Procedure' tab selected. The 'Speciality' is 'HEMATOLOGY'. The 'HOD Name' is 'HOD Test', 'HOD Registration No.' is 'hod123456', and 'HOD Qualification' is 'MD'. 'Experience Years' is '15', '#Cases handled' is '1000', 'Contract Type' is 'Full-Time Permanent', and 'Mobile Number' is '1234567890'. The 'Other practicing hospitals' is 'Non'. The 'Registration/Speciality Certificate' is 'Choose File' with 'No file chosen'. The 'Remarks' field is empty. Below the form, there are tabs for 'Criteria', 'Unit', 'Procedure', and 'ICU', with 'Procedure' being the active tab. A table lists procedures with 'YES/NO' checkboxes:

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"/>

Buttons for 'Add/Save Specialist Info', 'Next Step', and 'Add New Row' are visible. A message at the bottom says 'Please Enter Minimum One Criteria Details !!'. The system clock shows 5:33 PM on 1/20/2017.

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.

The screenshot shows the 'Hospital/Provider Empanelment Request' form. The 'ICU' tab is selected and highlighted with a red box. Below it, the 'Intensive Care Unit Available (YES/NO)' checkbox is checked and also highlighted with a red box. The form includes sections for 'ICU - Intensivist' and 'ICU - Staff (Nurses, Paramedics, Technicians)', each with a table for entering details. At the bottom, there is a table for '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

The screenshot shows the same form after the 'Add/Save Specialist Info' button has been clicked. The button is now highlighted with a red box. The 'Specialist Info Have Add/Saved For:' table at the bottom now contains the following data:

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

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
 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						Delete
						Add New Row

Pathologist

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

Radiologist

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

Pathologist

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

Sonologist

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

Duty Medical Officer

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

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

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

Ambulance Paramedics

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

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

Access	YES/NO	Remarks
CMCHIS boards displaying the available services under the scheme	<input type="checkbox"/>	
Signages	<input checked="" type="checkbox"/>	
Ramp	YES/NO	Remarks
Clear signs to locate Ramp	<input type="checkbox"/>	
Lift	YES/NO	Remarks
Fall safe incase of power outage (automatically stops and opens in the floor below)	<input type="checkbox"/>	
Fire Safety	<input type="checkbox"/>	
Maintenance	YES/NO	Remarks
24 x 7	<input checked="" type="checkbox"/>	
Alternate power sources /back up - for LSS	<input type="checkbox"/>	
Fire Safety	YES/NO	Remarks
Certificate	<input type="checkbox"/>	
IMS	YES/NO	Remarks
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	YES/NO	Remarks
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"/>	

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

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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 displays a web browser window with the following details:

- Browser Tabs:** Multiple tabs are open, including 'Inbox (2)', 'Hospital E...', 'Online Pr...', 'Entity Em...', 'sql - How...', 'sql server...', 'Entity Em...', 'Online H...', 'Entity Em...', 'Entity Em...'.
- Address Bar:** The URL is `182.74.174.99/TN_LIVE_TEST_Comp/HospEmpanel/Stage7.aspx?refno=T_181938559`.
- Page Header:** The Government of Tamil Nadu logo is on the left, and the text 'Government of Tamil Nadu' and 'Chief Minister's Comprehensive Health Insurance Scheme' is on the right. A 'Powered By HealthSprint Networks' link is in the bottom right of the header.
- Main Content:**
 - Hospital/Provider Empanelment Request** (Section Title)
 - Application Form Upload** (Section Title)
 - Documents:** A table with columns 'Documents', 'Uploaded Files(PDF/DOC/XLS/XLSX/JPG)*', and 'Remarks'.

Documents	Uploaded Files(PDF/DOC/XLS/XLSX/JPG)*	Remarks
Signed and Sealed Application Form	Choose File No file chosen	
NABH/GOI Standard Certificate	Choose File No file chosen	
 - DECLARATION:** A checked checkbox followed by the text 'We accept the T & C of the CMCHIS Scheme'.
 - Submit Empanelment Request** (Button)

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_XXXXXX (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

cmchistn.com/index.php



Government of Tamil Nadu

Chief Minister's Comprehensive Health Insurance Scheme

முதலமைச்சரின் விரிவான மருத்துவ காப்பீட்டுத் திட்டம்

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA (AB-PMJAY)



Menu -
Enrollment -
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- Empanelled Hospital List -
- MTM
- District Wise Single Speciality
- District Wise Multiple Speciality
- Grade Wise Hospital List
- Speciality Wise Hospital List
- Diagnostic Center -
- Package List -
- Hospital/DC List -
- Online Empanelment -
- CMCHIS Hospital Login



Empanelment Criteria

New Empanelment Request

Search Empanelment Request

Manual for Online Empanelment

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.
<input type="text" value="K"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Find Status

Please Enter at least KT_1819385131