Hospital Care Network Provider Empanelment Module (HCNP EM) for Diagnostic/Imaging Center: Software Application User Guide





Rajasthan Government Health Scheme

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Helpline No. : 181

SSO Log in Page

◆ Login through SSO ID: User shall login through their SSO ID and password.

Rajasthan Single Sign On v14.7 One Digital Identity for all Applications		English हिन्दी
	Login	Registration
G2G APPS		
181	Digital Identity (SSOID/ Us	ername)
	Password	
G2C/G2BAPPS	- 4 2 . 4	
E 1 1	5 - 4 -	D Enter Captcha 🔊 🔁
	L	ogin
IDENTITIES	🖒 I Forgot my Digital Identi	ty (SSOID). <u>Click Here</u>
1, 6 5, 2 3, 2 9 2	I Forgot my Password. <u>Cl</u>	ick Here

RGHS Icon Page

* Link for RGHS (Icon): RGHS icon will be displayed on SSO website which redirects user to HCNP Request Tab.

GOVERNMENT OF RAJASTHAN	A- A A+ 🛈 💥 Settings - 🗙
Citizen Apps (G2C)	Search Apps Q SIMPLE VIEW
Recent Apps	~
RGHS RGHS CLEAR RECENT APPS RAIS RAIS RAIS RAIS RAIS RAIS RAIS RAI	
Active Apps	^
₹ Bill Payments	^
Cevelopment Apps	

Menu Page (1/3)

Health Care Network Provider (HCNP Request Tab): HCNP request tab for empanelment of diagnostic/imaging center will be displayed on menu page.



Menu Page (2/3)

User shall click on HCNP request tab and shall apply by filling out the details to proceed further for registration.

RGHS		Rajasthan Govern	nment Health Scheme	
	HOME HCNP Request			BACK TO SSO LOGO
	SSOID	Facility Name *	EMAIL *	MOBILE NO. *
	MHRC123	Facility name	Enter your email	10 digit mobile no.
	Empanelled under RCS (MA) Rules , 2013	CGHS Empanelled /N (*NABH not applicab	IABH/NABL accredited le for Imaging/Diagnostic Centre)	,
		Choose File No file	GHS Certificate (*max size 300kb) chosen	
	Please write details *			
	Please write here			
	*Please fill all the mandatory fields!!			SUBMIT

Menu Page (3/3)

Health Care Network Provider (HCNP Tab): User will be communicated through e-mail in case of approval or rejection. Post approval of HCNP request, user will get the access of HCNP registration tab and the same will be displayed on menu page. User shall click on HCNP registration tab to proceed further for registration through application form.



Profile Detail Form (1/3)

Health Care Network Provider Application Form (Profile Form): User shall fill up the profile details that involves facility details, facility Incharge, nodal officer details, clinical registration details.

RGHS	Raja s	sthar	n Governi	m	ent Health	Sch	ieme	
rofile Details Finance	e Infra:	structure	Human Resources	U	Ipload Documents			
Facility Details		Address *		_	State/UT *		District *	
Facility Details Facility Name * Ramesh		Address •	kwxcyduwl 23		State/UT * Rajasthan	~	District *	~
Facility Details Facility Name * Ramesh City of Location *		Address * bdxvel Pin Code	kwxcyduwl 23		State/UT * Rajasthan Website	~	District * Jaipur	~
Facility Details Facility Name * Ramesh City of Location * Jaipur		Address • bdxvel Pin Code 121006	kwxcyduwl 23		State/UT • Rajasthan Website rghs.rajasthan.gov.in	~	District *	~
Facility Details Facility Name * Ramesh City of Location * Jaipur Type of Facility *	~	Address • bdxvel Pin Code 121006 Type of Di	kwxcyduwl 23 5 iagnostic Centre •		State/UT • Rajasthan Website rghs.rajasthan.gov.in Facility Category •	~	District * Jaipur	~
Facility Details Facility Name * Ramesh City of Location * Jaipur Type of Facility * Diagnostic Centre	~ ~	Address • bdxvel Pin Code 121006 Type of Di Microbi	kwxcyduwl 23 5 iagnostic Centre * iology v		State/UT • Rajasthan Website rghs.rajasthan.gov.in Facility Category • Individual	 	District *	~
Facility Details Facility Name * Ramesh City of Location * Jaipur Type of Facility * Diagnostic Centre Name of Proprietor of the	► Firm •	Address • bdxvel Pin Code 121006 Type of Di Microbi	kwxcyduwl 23 5 iagnostic Centre * iology v		State/UT * Rajasthan Website rghs.rajasthan.gov.in Facility Category * Individual Mobile no *	 	District • Jaipur Phone no •	~

Profile Detail Form (2/3)

Facility Incharge/Nodal Officer Details

Name of Facility Incharge *		
Ramesh Chand		
Mobile No. *	Phone No. *	Official e-mail *
9871573247	9871573247	rghs.rajasthan@GMAIL.COI
Name of Nodal Officer *		
Ramesh Chand		
Mobile No. •	Phone No *	Email ID *
9871573247	9871573247	rghs.rajasthan@GMAIL.COI
Name of Authorized Signat	ory *	
Ramesh Chand		
Mobile No. *	Phone No *	Email ID *
9871573247	9871573246	rghs.rajasthan@GMAIL.COI
Real and the second		

Clinical Registration Details

Registration No.* Registration Date*
1231462453743 15-09-2021

Profile Detail Form (3/3)

Health Care Network Provider Application Form (Profile Form): Post filling up the complete profile details. User shall click on next for entering into finance form.

Certification / Accreditation				ı.
	VABL	NABL Expiry Date CGH	S CGHS Expiry Date 29-09-2021	
				HOME

Finance Form (1/2)

Health Care Network Provider Application Form (Finance Form): User shall fill up the finance form that involves banking details and other financial details.

र े	Rajasthan Gove	ernment Health Sche	me
rofile Details Finance	nfrastructure Human Resources Uploa	d Documents	
BANKING DETAILS	PAN Card Holder's Name*	PAN No*	• Service Tax Registration No.
BANKING DETAILS Payee Name* 111111111	PAN Card Holder's Name*	PAN No*	Service Tax Registration No.
BANKING DETAILS Payee Name* 111111111 GST No.	PAN Card Holder's Name* 111111111 Name of Bank*	PAN No* 111111111 Bank Account No.*	Service Tax Registration No.
BANKING DETAILS Payee Name* 111111111 GST No. 111111111	PAN Card Holder's Name*	PAN No* 111111111 Bank Account No.* 111111111	Service Tax Registration No. 111111111 Branch Address with Pincode* 11111111144
BANKING DETAILS Payee Name* 111111111 GST No. 111111111 IFSC Code*	PAN Card Holder's Name*	PAN No*	Service Tax Registration No. 111111111 Branch Address with Pincode* 1111111144 TDS Section code*

Finance Form (2/2)

- ✤ User shall make payment of application fee of Rs. 5000/- and can download the PBG format.
- ✤ User to click on next for entering into infrastructure form.



Infrastructure Form (1/2)

Health Care Network Provider Application Form (Infrastructure Form): Post filling up the complete financial details. User shall fill up the infrastructure form involves details of premises, non-expandable equipment's, expandable equipment's casualty medical service, details of other services/facilities.



Infrastructure Form (2/2)

Expendable Equipment		
Chemicals Stationary	✓ Media	Glassware
Details of Other Services/Facilities		•
Reception & Billing	Air-conditioned Lab	Power back up
Basic Signages	Waiting area with public utilities and Safe drinking water (mini. 10 patients)	Legal/Statuary requirements
Grievance Registration and disposal mechanism	Patient information and education	IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.
Records Maintenance: Maintain complete records as required on day-to-day basis	Display of Charges (Rates)	Fire Safety
Security Services	Central Sterile Supply Department	Biomedical Waste Disposal System
		PREVIOUS NEXT

Human Resource Form

Health Care Network Provider Application Form (Human Resource Form): Post filling up the complete infrastructure details. User shall fill up the human resource form involves the details of qualified consultants, staff details etc.

Offile Details Finance Infrastructure Human Resources Upload Documents Supporting and Technical Staff Specially Technician with DMLT (adequate experience of handling pathology Doctor MD Supporting Staff N Microbiology 6 6 6 6 Specialist Consultants Details Infrastructure Infrastructure Infrastructure Infrastructure Infrastructure Infrastructure	RGHS	i(C)		chillen neur	·		
Supporting and Technical Staff Specialty Name Technician with DMLT (adequate experience of handling pathology) Doctor MD Supporting Staff N Microbiology 6 6 6 Specialist Consultants Details Supporting Staff N Supporting Staff N	file Details	Finance In	frastructure Human Re	upload Documents			
Microbiology 6 6 6	Specialty Name	Technical St	aff ian with DMLT (adequate e specimens including Cytol	experience of handling pathology ogy and Histopathology)	Doctor MD	Supportin	g Staff No
Specialist Consultants Details	Microbiology	6			6	6	
Name Highest Qualification Peakstration Number Experience in years Add Pemoy							

NEXT

PREVIOUS

Document Uploading Form (1/4)

Health Care Network Provider Application Form (Document Upload Form): Post filling up the complete human resource details. User shall upload the documents as per the requirement mentioned below in snapshot.

RGHS	R	ajasthar	n Government Health Scheme	€
rofile Details	Finance	Infrastructure	Human Resources Upload Documents	
Profile Detai Facility Catego (Required in ca	i ls ny Documents se you have se	elected hospital ca	itegory as Partnership /Company/Society/Trust)	
Profile Detai Facility Catego (Required in ca Choose file	ls ry Documents se you have se	elected hospital ca	itegory as Partnership /Company/Society/Trust) Browse	
Profile Detai Facility Categor (Required in ca Choose file NABH Accredite	ry Documents se you have se ation Certifica	elected hospital ca te *Not applicable	tegory as Partnership /Company/Society/Trust) Browse for Diagnostic/Imaging Centre	
Profile Detai Facility Categor (Required in ca Choose file NABH Accredite Choose file	ry Documents se you have se ation Certifica	elected hospital ca te *Not applicable	tegory as Partnership /Company/Society/Trust) Browse for Diagnostic/Imaging Centre Browse	
Profile Detai Facility Catego (Required in ca Choose file NABH Accredite Choose file	ils ny Documents se you have so ation Certifica ation Certificat	elected hospital ca te *Not applicable te	for Diagnostic/Imaging Centre Browse	
Profile Detail Facility Categor (Required in ca Choose file NABH Accredite Choose file NABL Accredite Choose file	ry Documents se you have se ation Certifica tion Certificat	elected hospital ca te *Not applicable re	tegory as Partnership /Company/Society/Trust) Browse for Diagnostic/Imaging Centre Browse Browse	
Profile Detail Facility Categor (Required in ca Choose file NABH Accredite Choose file NABL Accredite Choose file Choose file	ry Documents se you have so ation Certifica tion Certificat	elected hospital ca te *Not applicable te	tegory as Partnership /Company/Society/Trust) Browse for Diagnostic/Imaging Centre Browse Browse	

Document Uploading Form (2/4)

Financial Details CA Audited Receipts (Financial statement to prove working in Rajasthan for last 2 years indicating the annual turnover for relevant financial year (not annualized) and it should not include, student fees, Rental income like cycle/Scooter Stand, Canteen income etc.) *Not applicable for Diagnostic/Imaging Centre Choose file Browse Application Fees Choose file Browse PBG Doc. Choose file Browse

Document Uploading Form (3/4)

Infrastructure	
PCPNDT Act Certificate	
Choose file	Browse
Pollution Control Board Certificate	
Choose file	Browse
Fire Safety Certificate	
Choose file	Browse
AERB Registration Certificate	
Choose file	Browse
Human Resources	
TDS Deduction Certificates of Consultants(Upload in Sinale PDF Only)	
Choose file	Browse

Document Uploading Form (4/4)

Health Care Network Provider Application Form (Document Upload Form): Post filling up the complete registration form, user shall provide online affidavit cum declaration and submit the form successfully.

Online Affidavit cum Declaration

- 1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied
- 2. That Diagnostic Laboratory/Imaging Centre shall not charge RGHS beneficiaries higher than the CGHS rates
- 3. That the rates have been provided against a facility/procedure/investigation actually available at the Organization.
- 4. That if any information is found to be untrue, Diagnostic Laboratory/Imaging Centre would be liable for de-recognition by RGHS. The Organization will be liable to pay compensation for any financial loss or physical and or mental injuries caused to RGHS beneficiaries..
- 5. That Diagnostic Laboratory//Imaging Centre has the capability to submit bills and medical records in digital format and that all Billing will be done in electronic format and medical records will be submitted in digital format.
- 6. The Diagnostic Laboratory/Imaging Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
- 7. That Diagnostic Laboratory/Imaging Centre has not been derecognized by CGHS or any State Government or other Organizations.

I declare that all the information submitted by me are correct.



