



MDINDIA HEALTHCARE SERVICES (TPA) PVT. LTD.

Guiding Principles

Manual – Online Hospital Empanelment Form

Rajiv Gandhi Jeevandayee Arogya Yojana

Document Provides the information in understanding the process to fill up the online application form for Hospital Empanelment.

Hospital Empanelment Module

This Module guides in understanding the process to fill up the Hospital Empanelment Application Form.

Website: <http://www.rajivjeevandayee.org/>

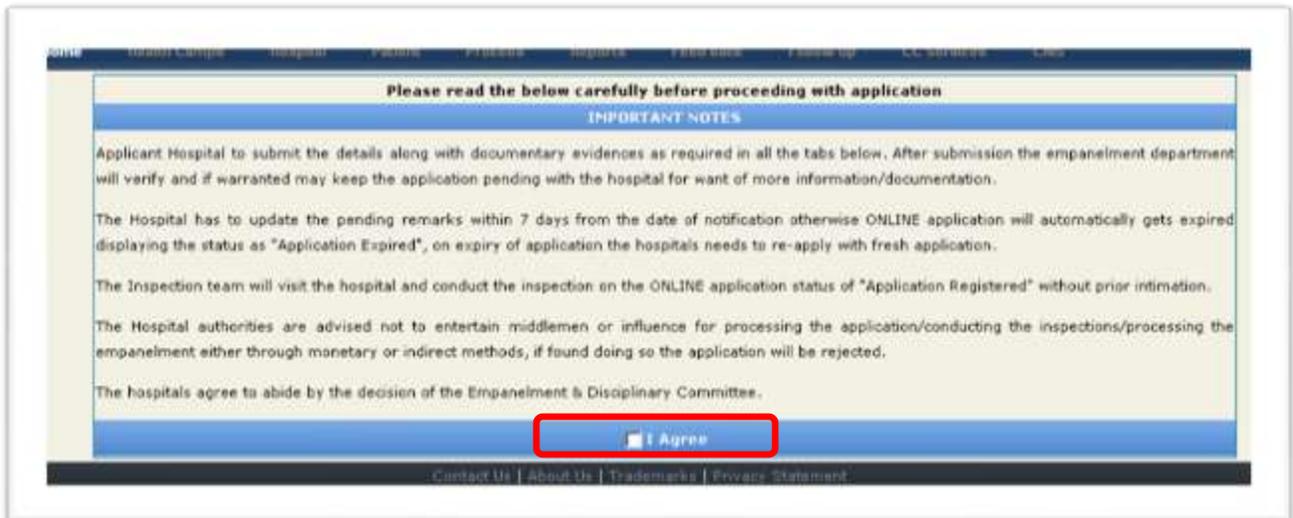
Log in to the URL <http://www.rajivjeevandayee.org/> and click on the Hospital Menu as shown in the below screen.



View of the Eligibility Criteria for the Empanelment of the Hospital appears. Click on the button “Click Here for Application” as per the below screen shot:



On clicking on the application 'Important Notes' information appears.
You have to read and then select the check box stating 'I Agree' as show below:

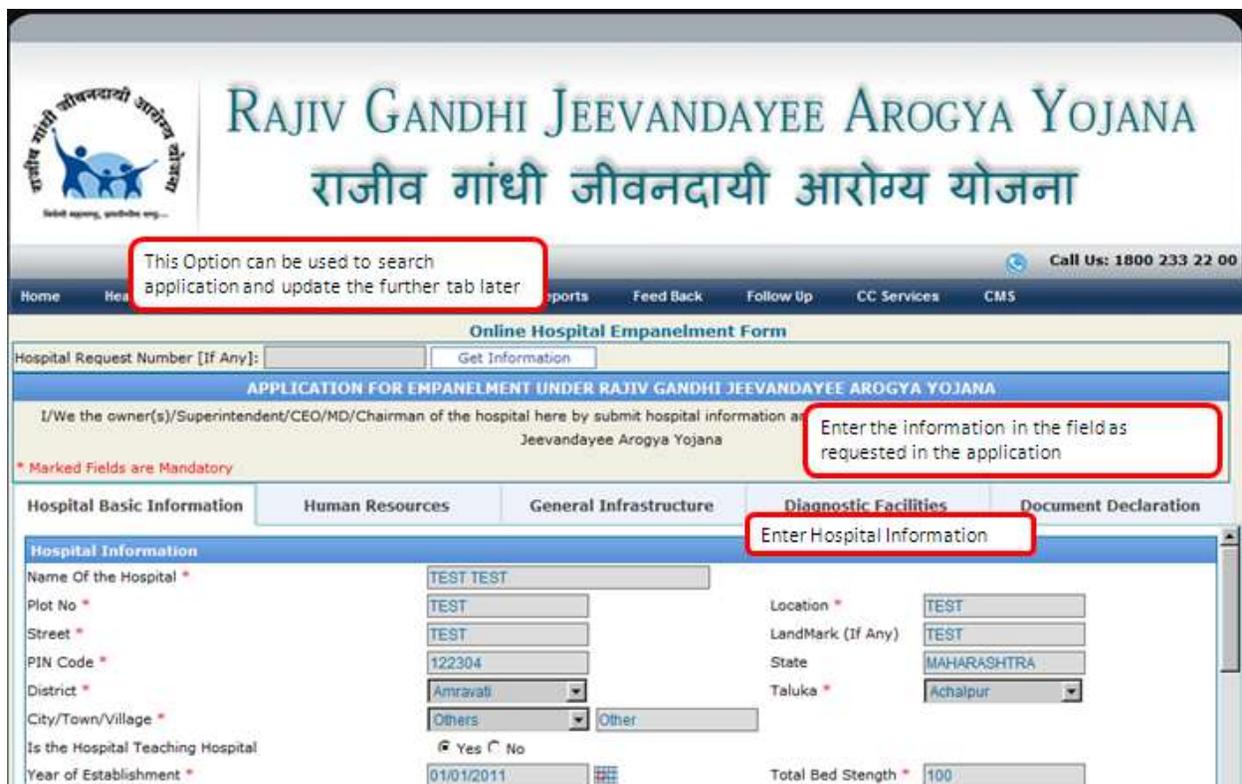


Below screen appears with the option of selecting the Type of Hospital as shown below:



After clicking on type of hospital option the Application Form appears as per the below screen.

*Note: It is mandatory to enter all the details having * symbol.



Taxation Details			
Eligible for TDS Deduction Exemption	<input type="text" value="Yes"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload Attachment"/>
Exemption Limit	<input type="text" value="0"/>		
PAN Card Number *	<input type="text" value="123654ABCD"/>	Name as per PAN Card *	<input type="text" value="ABCDE MNOP"/>
Eligible for TDS Deduction at Special Rates	<input type="text" value="Yes"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload Attachment"/>
Special Rate of TDS	<input type="text" value="0"/>	Exemption Limit For Special Rate Deduction	<input type="text" value="0"/>
Certificate Issuing Authority *	<input type="text" value="XYZ"/>	Certificate Issue Date *	<input type="text" value="01/01/2011"/>
Exemption From Date *	<input type="text" value="01/01/2011"/>	Exemption To Date *	<input type="text" value="31/12/2011"/>
Service Tax Registration No	<input type="text" value="UYEQPOI5896"/>	TAN No	<input type="text" value="1258ANCD"/>

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A confirmation message pops up guiding to move to the next tab with the Hospital Application Number as below:

Hospital Request Number (If Any): HSP021111389

APPLICATION FOR EMPANELMENT UNDER RAJIV GANDHI JEEVANDAYEE AROGYA YOJANA

I/We the owner(s)/Supervisor(s)/CEO/MD/Chairman... application for getting empanelled under Rajiv Gandhi

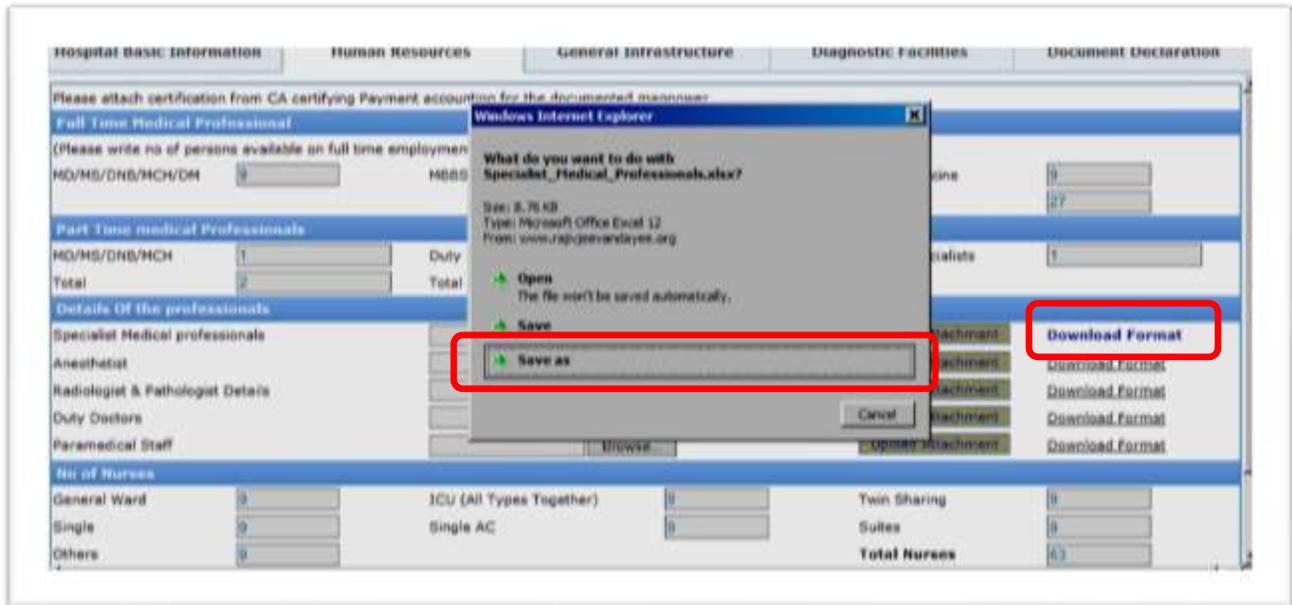
Thank You for Online Empanelment Request.

Your Application Number: HSP021111389
Generated Successfully...

Application number can be used to update the pending tab unless last 'Document Declaration' is not updated.

***Note:**

- We have to download the format wherever applicable and then update the required information as needed.
- The same update sheet has to be browsed and then click on the 'Upload Attachment' to upload the file in the application form as shown in the screen shot.



As shown in the above screen save the file on local drive and update the required details in the saved file. Browse and Upload the Attachment.



A message will be pop up after the file is successfully uploaded



Further 'Human Resource' information has to be updated as per the below screen shot:

Hospital Basic Information | **Human Resources** | General Infrastructure | Diagnostic Facilities | Document Declaration

Please attach certification from CA certifying Payment accounting for the documented manpower

Full Time Medical Professionals
(Please write no of persons available on full time employment basis)

MO/MS/DNB/MCh/DM	10	MSBS	10	Super Specialists	10
				Total	30

Part Time medical Professionals

MO/MS/DNB/MCh	10	Duty Doctor to patient Ratio	1:5	Super Specialists	10
Total	20	Total No Of Duty Doctors	50		

Details Of the professionals

Specialist Medical professionals		Screen	Uploaded Successfully	Upload Attachment	Download Format
Anesthetist		Browse		Upload Attachment	Download Format
Radiologist & Pathologist Details		Browse		Upload Attachment	Download Format
Duty Doctors		Browse		Upload Attachment	Download Format
Paramedical Staff		Browse		Upload Attachment	Download Format

No of Nurses

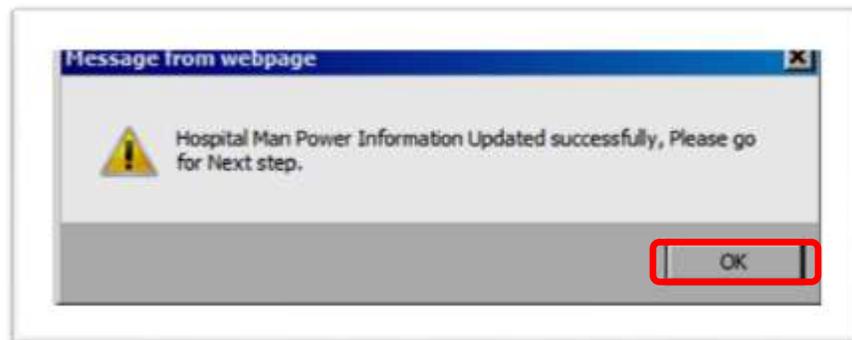
General Ward	10	ICU (All Types Together)	10	Twin Sharing	10
Single	10	Single AC	10		
Others	10				

Qualification wise Segregation of total no of nurses

Registered Nurses	10	JANs	10		
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Save

A confirmation message pops up guiding to move to the next tab as below:



Further 'General Infrastructure' information has to be updated as per the below screen shot:

Hospital Basic Information	Human Resources	General Infrastructure	Diagnostic Facilities	Document Declaration	
Teaching Facilities Available					
MD/MS/DNB/MCH/DM	<input type="text" value="No"/>	No of Seats	<input type="text" value=""/>		
Diploma	<input type="text" value="No"/>	No of Seats	<input type="text" value=""/>		
Nursing School	<input type="text" value="Yes"/>	No of Seats	<input type="text" value="100"/>		
Type & No of Beds					
General Ward Total	<input type="text" value="20"/>	Female	<input type="text" value="10"/>	Male	<input type="text" value="10"/>
		Reserved for Rajiv Jeevadayee Beneficiaries	<input type="text" value="5"/>		
ICU	<input type="text" value="5"/>	NICU	<input type="text" value="5"/>	CCU	<input type="text" value="5"/>
ICCU	<input type="text" value="5"/>	PICU	<input type="text" value="5"/>	NICU	<input type="text" value="5"/>
Twin Sharing	<input type="text" value="5"/>	Single	<input type="text" value="5"/>	Others	<input type="text" value="5"/>
How many are fowler Beds of all beds	<input type="text" value="10"/>			Total Beds	<input type="text" value="85"/>
Overall Bed Occupancy Rate					
2008-09	<input type="text" value="10"/>	2009-10	<input type="text" value="10"/>	2010-11	<input type="text" value="10"/>
Total Bed Occupancy Rate					
<input type="text" value="10"/>					
Overall ICU (all together) Occupancy Rate					
2008-09	<input type="text" value="10"/>	2009-10	<input type="text" value="10"/>	2010-11	<input type="text" value="10"/>
No of Toilets	<input type="text" value="10"/>	Total ICU Occupancy Rate		<input type="text" value="10"/>	
Availability					
(Please write the no of rooms available for below. Eg. 2 labor rooms with 10 beds, Write 2. If not available write 0)					
No of Labor Rooms	<input type="text" value="5"/>	No of Endoscopy Rooms	<input type="text" value="5"/>	No of Cath Labs	<input type="text" value="5"/>
No of Major OT's	<input type="text" value="5"/>	No of Minor OT's	<input type="text" value="5"/>		
No of OPD rooms	<input type="text" value="5"/>	OPD Timings From	<input type="text" value="09 AM"/>	To	<input type="text" value="09 PM"/>

Emergency Infrastructure Details					
No of Fowler Beds	<input type="text" value="10"/>	Oxygen Facility	<input type="text" value="Yes"/>	Suction Facility	<input type="text" value="Yes"/>
Nursing Station	<input type="text" value="Yes"/>	Crash Cart with Emergency Medicines	<input type="text" value="Yes"/>		
Pharmacy Details					
Pharmacy Type	<input type="text" value="OutSourced"/>	Pharmacy Name	<input type="text" value="ABCD"/>		
Registration No	<input type="text" value="ABCD"/>	Validity Till	<input type="text" value="01/01/2020"/>	Is it 24 hrs	<input type="text" value="Yes"/>
Pharmacy Tel No	<input type="text" value="9876543210"/>				
Supporting Infrastructure					
Biomedical Waste Disposal System	<input type="text" value="Yes"/>	Type of Waste Disposal System	<input type="text" value="Common Treatment Disposal System"/>		
CSSD Facility	<input type="text" value="Yes"/>	Laundry Service	<input type="text" value="Yes"/>	24 hrs Power Backup	<input type="text" value="Yes"/>
Central Gas Supply	<input type="text" value="Yes"/>	Water Purification/Filtration	<input type="text" value="Yes"/>	Disabled Friendly	<input type="text" value="Yes"/>
Mortuary	<input type="text" value="Yes"/>	Hepa Filters & Exchanges	<input type="text" value="Yes"/>	Infection Control Protocols	<input type="text" value="Yes"/>
Hospital Infection control measures	<input type="text" value="Yes"/>	Type of Ambulance	<input type="text" value="Advanced Life Support"/>		
Availability of Ambulance	<input type="text" value="Yes"/>				
IT Infrastructure					
Broadband Connectivity	<input type="text" value="Yes"/>	Hospital Information System	<input type="text" value="[Select Hospital Information System]"/>		
		Digital Records	<input type="text" value="10"/>		

Hospital Reports

Reporting under Medical Certification of Cause of Death (MCCD) Yes No ICD 10 Coding Yes No

Out Patient Register Yes No In Patient Register Yes No ICU Register Yes No

Laboratory Register Yes No X-Ray Register Yes No Labour Room Register No Yes

Operation Theatre Register Yes No Casualty Register Yes No Diagnostics Register Yes No

Update Hospital Reports

Is the following Outcome Data Maintained

In Patient Mortality Yes No Peri Operative Mortality Yes No Post Operative Mortality Yes No Advanced Life Support Yes No

Complications of Anesthesia Yes No Unplanned return to OT Yes No Neonatal Mortality Yes No Advanced Life Support Yes No

Surgical Site Infection Yes No Hospital Acquired Infection Yes No Transfusion Reactions Yes No Advanced Life Support Yes No

Medication Errors Yes No UnPlanned Re Admissions Yes No Transfer to other Hospitals Yes No Advanced Life Support Yes No

Equipment Details

Please attach Certificate from CA certifying purchase of the equipments

Attach File Browse...

Past Performance

Speciality Number of In patient cases (hospitalization cases) handled in last 3 years
(Please attach certificate from CA authenticating the figures)

Attach File Browse...

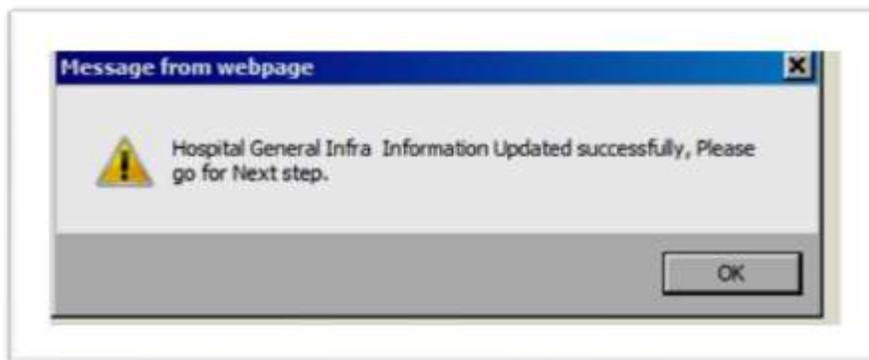
No of Surgeries performed

Update Surgery Details

Type of Operation Theatre	No of OT's	No of Surgeries Performed 2008-09	No of Surgeries Performed	
			2009-10	2010-11
Major OT	<input type="text" value="10"/>	<input type="text" value="50"/>	<input type="text" value="50"/>	<input type="text" value="50"/>
Cardiac OT	<input type="text" value="10"/>	<input type="text" value="50"/>	<input type="text" value="50"/>	<input type="text" value="50"/>

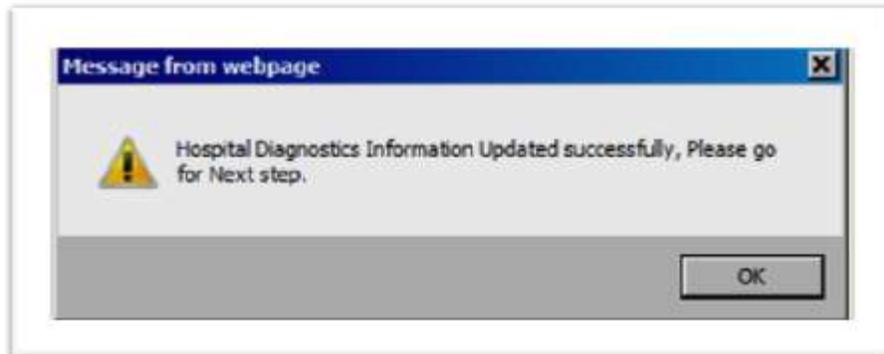
SAVE DETAILS

A confirmation message pops up guiding to move to the next tab as below:



Further 'Diagnostic Facilities' information has to be updated as per the below screen shot:

A confirmation message pops up guiding to move to the next tab as below:



Further 'Document Declaration' information has to be updated as per the below screen shot:

Document Type	File Name	Action	Status	Upload File
Certifications	Bombay Nursing Home Act Certificate	Browse...	Uploaded Successfully.	Upload File
	Authorisation from MPCB	Browse...		Upload File
	Registration under HOTA	Browse...		Upload File
	Registration under PNDT Act	Browse...		Upload File
	Accreditation Certificate (JCI/NABH/ISO/IPHS)	Browse...		Upload File
	PAN Card	Browse...		Upload File
	Tax Exemption Certificate	Browse...		Upload File
	Service Tax Registration Certificate	Browse...		Upload File
Other Documents	Pharmacy Registration Certificate	Browse...		Upload File
	Cancelled Cheque	Browse...		Upload File
	Teaching Institute Approval Letter	Browse...		Upload File
Hospital Broucher	Browse...		Upload File	

Manpower Certificates			
Degree Certificates of all Specialists	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
MMC Registration Certificate of all Specialists	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Chief Pathologist Degree certificate	<input type="text"/>	<input type="button" value="Browse..."/>	Uploaded Successfully. <input type="button" value="Upload File"/>
Chief Pathologist MMC Registration	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Chief Radiologist Degree Certificate	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Chief Radiologist MMC Registration	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
CA Certifications			
Equipment Purchase Certificate	<input type="text"/>	<input type="button" value="Browse..."/>	Uploaded Successfully. <input type="button" value="Upload File"/>
Speciality wise No of in Patient Cases	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
OT Wise No of Surgeries	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Manpower Count	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Audit Statement 2008-09	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Audit Statement 2009-10	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Audit Statement 2010-11	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>

Infrastructure Related Documents: Photographs			
Front View of the Hospital	<input type="text"/>	<input type="button" value="Browse..."/>	Uploaded Successfully. <input type="button" value="Upload File"/>
Reception Area of the Hospital	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Area of the Rajiv Jeevodayee Kiosk	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Proposed Rajiv Jeevodayee OPD Wing	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Proposed Rajiv Jeevodayee Ward	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
General Ward Photo	<input type="text"/>	<input type="button" value="Browse..."/>	Uploaded Successfully. <input type="button" value="Upload File"/>
OT Area Photo - Exterior	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
OT Area Photo - Interior	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
ICU Area Photo - Exterior	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
ICU Area Photo - Interior	<input type="text"/>	<input type="button" value="Browse..."/>	Uploaded Successfully. <input type="button" value="Upload File"/>
Pathology Lab Photo - Patient Area	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Pathology Lab Photo - Instruments	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
X-Ray Room Photo	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
USG Room Photo	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Group Photo of Specialists	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Group Photo of Duty Doctors	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
Group Photo of Paramedical Staff	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload File"/>
DECLARATION FORM			
Click to Download Form : [* Its mandatory to upload before Submit Request] * Declaration Form			
kindly Upload the duly Signed Declaration Form	<input type="text"/>	<input type="button" value="Browse..."/>	Uploaded Successfully. <input type="button" value="Upload File"/>
			<input type="button" value="Save"/>

SAVE DETAILS

Once you fill the information in the 'Document Declaration' page and 'SAVE' it, a message with Hospital Application number is provided on successful completion as shown below

