

GH EXPENDITURE MODULE
USER MANUAL

This Document contains Expenditure Details of GH

Login:

- Open the web browser and type <http://claim.cmchistn.com>
- Enter the valid user name and password

demodaim.cmchistn.com/tn_live_test_comp/

HealthSprint Online Payer-Provider Healthcare Data Exchange Platform.

User Id: demogovt2

Password: *****

Enter Captcha Text: g5qlu7

g5qlu7 Refresh

Log-In Reset

[Forgot Password?](#)

[New Empanelment Request](#)

[Search Empanelment Request](#)

[Dashboard](#)

Powered By Remedinet

On successful Login, User will be directed to the below page , Now click the GH Expenditure Tab

HealthSprint

Welcome demo govt hosp of Role PreAuthorizer at demo govt hosp2 [Log-Out](#)

PreAuth PreAuth Drafts Claims Payer Packages Search iPrint MIS TDS Exemption Health Camps IP Update Notifiable Disease **GH Expenditure** FAQ Profile

PreAuth Inbox

Ref No. Name

URN No. Card No.

Payer

There is no Item to Show !!

News Important News [*testing*](#) Unread News
Regular News [*testing faq*](#) Important= 1
HS News Regular= 1

HealthSprint

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Home **Add Expense** Expenses Inbox Reports

Expenses Inbox

Category Sub Category

From Date To Date

Payer

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

News Important News [*testing*](#) Unread News
Regular News [*testing faq*](#) Important= 1
HS News Regular= 1

ADD Expense:

- Click the Add Expense Tab to Add New Expense details
- This will Load the Directorate, District, Hospital, Department automatically based on the User profile.
- Select the category from the drop down and fill the details

Form for 15% Incentive category

Select the category, select the payment mode from drop down ,Enter the date, Amount, issue to whom, purpose, Upload the resolution file

And click the save button.

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UITC_DEMO
Select Expense Category *	15% of approved amount - Incentive
Payment Mode *	Cheque
Select Cheque Issue Date *	17/01/2018
Cheque No *	837434
Amount (in Rs.) *	10000
Issued To Whom *	dean
Purpose	rteoit6
Upload Resolution file *	Browse... board-361516_960_720.jpg
	Save

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

Form for 45% Consumables

Select the category from drop down, select the sub category, payment mode, cheque date, amount, issued to whom, purpose and upload resolution file and click on save button

For Implants sub category, Select the status from drop down

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UIIC_DEMO
Select Expense Category *	45% of approved amount - Consum...
Select Sub Category *	Manpower
Payment Mode *	Select Sub Category
Select Cheque / NEFT Issue Date *	Manpower
Amount (in Rs.) *	Drugs
Issued To Whom *	Implants
Purpose	Proposals-TNMSC
Upload Resolution file *	Others
	Browse... No file selected.
	Save

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

Form for 20% Infrastructure

Select the category from drop down, select the sub category, select the payment mode, date of issue from calendar, amount, enter issue to whom, enter the purpose, upload the resolution file and click save button.

For Beds sub category, User need to enter the count of beds

For proposals pwd /proposals Tnmsc, User needs to select the status from drop down.

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UIIC_DEMO
Select Expense Category *	20% of approved amount - Infrastru...
Select Sub Category *	Manpower
Payment Mode *	Select Sub Category
Select Cheque / NEFT Issue Date *	Manpower
Amount (in Rs.) *	Beds
Issued To Whom *	Proposals-PWD
Purpose	Proposals-TNMSC
Upload Resolution file *	Others
	Browse... No file selected.
	Save

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
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Form for Bank charges

Select expense category from dropdown, select date from calendar, enter the amount, Upload resolution file and click save button.

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UIIC_DEMO
Select Expense Category *	Bank Charges
Date *	
Amount (in Rs.) *	
Upload Resolution file	<input type="button" value="Browse..."/> No file selected.
	<input type="button" value="Save"/>

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

Form for Fund transfer

Select the expense category from drop down, select the hospital from drop down, select the department from drop down, select the payment mode, select the date from calendar, enter the amount, issue to whom, enter the purpose, upload the resolution file and click the save button.

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UIIC_DEMO
Select Expense Category *	Funds Transfer
Transfer District*	Chennai
Hospital *	demo govt hosp
Department *	CARDIOLOGY
Payment Mode *	Select
Select Cheque / NEFT Issue Date *	
Amount (in Rs.) *	
Issued To Whom *	
Purpose	
Upload Resolution file *	<input type="button" value="Browse..."/> No file selected.
	<input type="button" value="Save"/>

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

Form for Bank Interests

Select the expense category from drop down, select the sub category from drop down,

For Interest credited in hospital account sub category, select the date from calendar, enter the amount, enter the purpose, upload the resolution file and click the save button.

For interest credited to TNHSP, select the payment mode from drop down, select the date from calendar, enter the amount, enter issued to whom, enter the purpose, upload the resolution file and click the save button.

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UIIC_DEMO
Select Expense Category *	Bank Interests
Select Sub Category *	Interest Sent to TNHSP
Payment Mode *	Select Sub Category
Select Cheque / NEFT Issue Date *	Interest Credited in Hospital Account
Amount (in Rs.) *	Interest Sent to TNHSP
Issued To Whom *	
Purpose	
Upload Resolution file	Browse... No file selected.
	Save

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
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Form for others category

Select the expense category from drop down, select the sub category from dropdown, select the payment mode from dropdown, select the date from calendar, enter the amount, select issue to whom from dropdown, enter the purpose , upload the resolution file and click the save button.

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Directorate	DME
District	Chennai
Hospital	demo govt hosp2
Department	NEUROLOGY
TPA/Payer *	UIIC_DEMO
Select Expense Category *	Others
Select Sub Category *	Expense
Payment Mode *	Select
Select Cheque / NEFT Issue Date *	
Amount (in Rs.) *	
Issued To Whom *	Select Category
Purpose	
Upload Resolution file *	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Save"/>


Note:
 Consumables : 45% of approved amount up to 5H and 40% after 6H.
 Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

Reports:

User can view overall(Tamilnadu) reports and expenses added by all the districts DMS and DME Hospitals.

Select the overall report from dropdown, select from date and to date from the calendar

Click on generate report and for detailed report, click on download excel .



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Report

Report Type	Overall Report	Directorate	DME	From Date		To Date	
District	Chennai	Hospital/Institution	group 1	Department	NEUROLOGY		

Note:
 Consumables : 45% of approved amount up to 5H and 40% after 6H.
 Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

	Important News	*testing*	Unread News
	Regular News	*testing.faq*	Important= 1
	HS News		Regular =1

Overall report:



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Report

Report Type: Overall Report Directorate: DME From Date: 16/01/2018 To Date: 18/01/2018


District: Chennai Hospital/Institution: group 1 Department: NEUROLOGY

Generate Report Download Excel

Sr.#	District	Hospital/Institution	Entity Name	Department	Directorate	Pre Auth		Claim		Total Approved Claims Amount	Corpus Fund - 28% of approved amount	Actual Fund to Hospital (X)	15% of approved amount - Incentive (a)	(45/40)% of approved amount - Consumables					Total of (45/40)% (b)	(20/17)% of approved amount - Infrastructure												
						Count	Amt	Count	Amt					Manpower	Drug	Implants	Proposals - TNMSC	Others		Manpower	Beds	Proposals - PWD	Proposals - TNMSC	Others	Bank Charges (d)	Fund Transferred (e)	Func Receiv (g)					
1	Chennai	group 1	demo govt hosp2	NEUROLOGY	DME	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Note:
 Consumables : 45% of approved amount up to 5H and 40% after 6H.
 Infrastructure : 20% of approved amount up to 5H and 17% after 6H.

Consolidated Expense Report:



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Welcome demo govt hosp of Role P

Report

Report Type: Consolidated Expense Report Directorate: DME From Date: 16/01/2018 To Date: 18/01/2018

District: Chennai Hospital/Institution: group 1 Department: NEUROLOGY

Generate Report Download Excel

Sr.#	District	Hospital/Institution	Entity Name	Department	Directorate	15% of approved amount - Incentive (a)		(45/40)% of approved amount - Consumables					(20/17)% of approved amount - Infrastructure																			
						Amt	Amt	Manpower	Drug	Implants	Proposals - TNMSC	Others	Total of (45/40)% (b)	Manpower	Beds	Proposals - PWD	Proposals - TNMSC	Others	Total of (20/17)% (c)	Others (d)	Bank Charges (e)	Fund Transferred (f)	Func Receiv (g)									
1	Chennai	group 1	demo govt hosp2	NEUROLOGY	DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Note:
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Claims Report:



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Report

Report Type
Directorate
From Date
To Date

District
Hospital/Institution
Department

Sr.#	District	Hospital/Institution	Entity Name	Department	Directorate	Count	Amt	Count	Amt	Total Approved Claims Amount	Corpus Fund - 28% of approved amount	Actual Fund to Hospital (X)	Fund Transferred (Y)	Total Expenditure done by the dept./inst(y)	Balance ((x+y)-y)	Overall Balance From 11/01/2012 to Till Date
1	Chennai	group 1	demo govt hosp2	NEUROLOGY	DME	0	0	0	0	0	0	0	0.00	10000.00	-10000.00	-148171990.00

Note:
Consumables : 45% of approved amount up to 5H and 40% after 6H.
Infrastructure : 20% of approved amount up to 5H and 17% after 6H.