



HOW to Apply for CLAIMS REIMBURSEMENT

Ref: Notification No.HFW-45/B/6/CMHIS/2022/165 dated 28th March 2024



updated on 10-05-2024



MEDICAL REIMBURSEMENT ELIGIBILITY CRITERIA

- ✓ Government Employees:
Applicable for treatments till December 31, 2023.
- ✓ Government Pensioners:
Applicable for treatment undertaken after deduction of MA has commenced and till December 31, 2023.
- ✓ Applicable for hospitals empanelled under old MR scheme and / or CMHIS scheme.
- ✓ Applicable for emergency treatment and procedures conducted in non empanelled hospitals.
- 📌 All reimbursement requests will undergo a verification and approval process as per the Government's Guidelines. Claims that meet the eligibility criteria will be approved for reimbursement.
- 📌 Treatment costs will only be reimbursed based on approved CMHIS rates or State Medical Board recommendations, subject to specific terms and conditions.

@CMHIS.Nagaland



CMHIS (EP) REIMBURSEMENT CLAIM PROCESS

Medical Reimbursement Documents/ Information required

PERSONAL DOCUMENTS

- ✓ Bank Account details of beneficiary Head of Household (HOH) (Employee/Pensioner).
- ✓ Ayushman Card of the Employee/Pensioner and/or dependent beneficiary patient.
- ✓ Declaration of deduction of Monthly Medical Allowance duly signed by an authorized signatory. The Monthly Medical Allowance deduction form can be downloaded after logging into the portal (<https://cmhis.nagaland.gov.in>)

HOSPITAL DOCUMENTS & BILLS

For claims involving Medical Conservative Management & Surgical Treatment

- ✓ Detailed indoor case paper/case sheet with treatment details and prescriptions.
- ✓ All investigation reports with the treating doctor's signature and stamp.
- ✓ Detailed discharge summary.
- ✓ Signed death summary (if applicable).
- ✓ Copy of FIR from Police/Medico-Legal certificate (if applicable).
- ✓ Hospital bills with original cash memos.
- ✓ Additional documents for surgical treatment claims:
 - a) Clinical photograph of a post-operative scar.
 - b) Post-procedure X-ray films and reports for orthopaedic surgery/implant procedures.
 - c) Implant invoice bill with a sticker (if applicable).

ATTENTION!

All CMHIS Employees & Pensioner Beneficiaries!

@CMHIS.Nagaland





PREREQUISITES

PREREQUISITES

Have your Declaration of Monthly Medical Allowance Deduction Certificate (MMADC) duly signed and ready.

Option 1: Login to CMHIS Portal and download prefilled (MMADC) as per the process outlined in the subsequent pages, sign/seal from competent authority.

Option 2 : Download Blank MMADC from the link below, fill correct details and sign/seal from competent authority.

<https://cmhis.nagaland.gov.in/pages/claim-reimbursement>



STEP 1

LOGIN TO THE CMHIS PORTAL

<https://cmhis.nagaland.gov.in>

For any issue logging in to the portal , please call the helpline numbers below:

8880515012 / 8880515013 /
8880515014 / 8880515015

updated on 10-05-2024

The screenshot displays the official website of the Chief Minister Health Insurance Scheme (CMHIS) in Nagaland. The header includes the scheme's logo and a navigation menu with links to 'About', 'Get Ayushman CMHIS Card', 'Hospitals', 'Resources', 'Health Benefit Packages', 'Notifications/Downloads', and 'Grievances'. A 'Login | Register' button is located in the top right corner. The main content area is titled 'User Login' and features three registration categories: 'Registration with PIMS Code' (teal), 'Pensioners Registration' (purple), and 'General Category Registration' (yellow). To the right, the 'Registered user Login' section contains fields for 'Registered Email or Mobile' and 'Password', with options to 'Login with password' or 'Login with OTP'. A 'Forgot Password? click here' link is provided below the password field. A captcha verification step follows, with a 'Login' button at the bottom. The footer contains three columns: 'CMHIS' (describing the scheme as a public health insurance by the Government of Nagaland), 'USEFUL LINKS' (listing 'National Health Authority' and 'PMJAY BIS Portal'), and 'CONTACT US' (providing the 'Dept. of Health & Family Welfare' in 'Kohima, Nagaland'). A circular logo with a bull and the word 'UNITY' is also present in the footer.



STEP 2

CLICK ON
CLAIMS
BUTTON

Navigation Dashboard

Claims

GE Doe

Profile Status for Er. [REDACTED]

Sync Data with PIMS

Family ID: [REDACTED]

Entitlement grade: [REDACTED]

Here you can view your dependency and status of your submission.

Further dependency can only be added once your current application is approved.

Download Self Certification Submit Claims

Apply for Emergency Approval Change Password

Update DOB for HOH

Family/Dependency Status

APPROVED

Current Status ?

Sl.No	Name	Relation	DOB	Gender
1	Head of household Er. [REDACTED]			
2	[REDACTED]			
3	[REDACTED]			
4	[REDACTED]			
5	[REDACTED]			

updated on 10-05-2024



<https://cmhis.nagaland.gov.in>

STEP 3

CLICK ON
“Download
Certificate for
MA
Deduction”

Navigation

- Dashboard
- Claims

Dashboard

CMHIS CLAIM PROCESS INFORMATION

With the launch of Chief Minister Health Insurance Scheme (CMHIS), fresh approval for treatment under Medical Reimbursement (MR) Scheme was discontinued w.e.f 1 November 2022. However, due to initial issues in implementation including refusal of service by empanelled hospitals, some patients could not avail the benefits of the Scheme and had to make self-payment for the cost of treatment. In order to ensure that CMHIS (EP) beneficiaries are not deprived of their benefits, the Government of Nagaland has allowed submission of CLAIMS for CMHIS (EP) Category for Treatments undertaken between **1st November 2022 till 31st December 2023**

For the purpose of submitting claims, the following instructions are to be followed:-

1. Click the **"Download Certificate Format for MA Deduction"** button to download the System Generated Format
2. **Government Employees** are required to get the certificate signed from their concerned **Drawing Disbursement Officer (DDO)**
3. **Pensioner's** Drawing Pension from the **TREASURY** are required to get the certificate signed from their concerned Treasury Officer.
4. **Pensioner's** Drawing Pension from the **BANK** are required to get the certificate signed from their concerned **BANK MANAGER**.
5. The duly signed certificate for MA Deduction is required to be uploaded while submitting claims.
6. Please keep all relevant TREATMENT BILLS & HOSPITAL DOCUMENTS handy for upload while submitting claims.

Bills (that may be uploaded consolidated in a single PDF)

- Hospital Final Bill - **mandatory**
- Medicine Bills - **mandatory**
- Investigation Bill - **mandatory**
- Implant Invoice
- All other relevant Bills

Documents (that may be uploaded consolidated in a single PDF)

- Indoor case paper/ case sheet - **mandatory**
- Prescription sheet/ Doctors note - **mandatory**
- Discharge summary - **mandatory**
- X-Ray
- PET/CT-Scan
- ECHO Scan
- MRI Scan
- USG Report
- Biopsy Report
- Laboratory Test Report
- Photo Post operative scar
- FIR/Medico Legal Certificate
- Death Summary
- Implant sticker
- All other relevant Documents

Download Certificate Format for MA Deduction **Submit Claim for the Household**



<https://cmhis.nagaland.gov.in>

STEP 4

SIGN THE MA DEDUCTION CERTIFICATE FROM COMPETENT AUTHORITY

updated on 10-05-2024



CERTIFICATE OF MONTHLY MEDICAL ALLOWANCE DEDUCTION FOR CMHIS (EP) BENEFICIARIES

1. Beneficiary Information (Employee):

Full Name of Head of Household:	
PIMS CODE:	
Registered Mobile Number:	
Household/Family ID:	
CMHIS Entitlement Grade:	
Entitled Monthly Medical Allowance Amount: (to be filled by DDO)	

Will be
auto
filled by
the
system

2. Details of Declared Dependents of the Family

Sl.	Name	Mobile	Year of Birth	Relationship
1	Will be Auto Filled by the system			
2				
3				
4				
5				

3. Declaration by the Drawing Disbursement Officer of the Establishment

I, [] hereby certify that the deduction of Monthly Medical Allowance Deduction for above-mentioned beneficiary @ Rs. [] [Rupees] only per month was started w.e.f. []

Signature & Seal []
Date of Issue []

4. Details of Issuing Officer of the Establishment

Officer's Name:	
Establishment / Department:	
Establishment:	
Contact Number	

All **FORM FIELDS** marked in **RED** are required to be filled in by the **COMPETENT AUTHORITY** as the case may be :-

FOR GOVERNMENT EMPLOYEES

- ✓ To be filled up by the concerned **Drawing & Disbursement Officer (DDO)**.

FOR PENSIONERS

To be filled up by the concerned

- ✓ **TREASURY OFFICER**

OR

- ✓ **BANK MANAGER**



<https://cmhis.nagaland.gov.in>

STEP 5

LOGIN TO “CMHIS CLAIMS MANAGEMENT PORTAL”

updated on 10-05-2024

Navigation

- Dashboard
- Claims

Dashboard

CMHIS CLAIM PROCESS INFORMATION

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- All other relevant Bills


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- X-Ray
- PET/CT-Scan
- ECHO Scan
- MRI Scan
- USG Report
- Biopsy Report
- Laboratory Test Report
- Photo Post operative scar
- FIR/Medico Legal Certificate
- Death Summary
- Implant sticker
- All other relevant Documents

Download Certificate Format for MA Deduction **Submit Claim for the Household**

Click the button to Submit Claims for the Household Members.

CMHIS CLAIMS MANAGEMENT PORTAL DASHBOARD



Dashboard

Dashboard

C. Muasangba Sangtam

PERSONAL INFORMATION

FAMILY ID :
24910211172

M6TKWJ42S

9612136608

Image to PDF Utility

Members of the household

Select the individual against whom the claim is to be raised.

Note:

- Only Registered Dependants can raise claims.
- If FAMILY MEMBER'S name is not listed, kindly **GENERATE OR SYNC FAMILY DETAILS** from the **CMHIS STATE BENEFICIARY PORTAL OR BIS PORTAL** respectively.

Member Name	Mobile #	Relationship with HoH	PMJAY ID	Actions
C. Muasangba				Add Claim

Add Multiple Images to generate a single PDF

Click "Add Claim" against the Beneficiary who has undergone Treatment

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UPLOAD SIGNED MA DEDUCTION CERTIFICATE

The screenshot displays the 'Check Eligibility' modal form on the Chief Minister Health Insurance Scheme portal. The form is titled 'Check Eligibility' and contains the following fields:

- Category under which CLAIM is being filed ? ***: A dropdown menu with 'Select Category' as the placeholder.
- Date of Admission at Hospital ***: A date input field with the format 'dd-mm-yyyy' and a calendar icon.
- Date of First MA Deduction ***: A date input field with the format 'dd-mm-yyyy' and a calendar icon.
- Upload Signed MA Deduction Certificate ***: A file upload section with a 'Choose File' button and the text 'No file chosen'.

Blue arrows point from the text 'Date of Admission' and 'Date of First MA Deduction' in the callout box to the respective date input fields. Another blue arrow points from the text 'Signed MA Deduction Certificate' to the file upload section.

The background shows the 'Dashboard' with a sidebar containing 'Dashboard', 'PERSONAL INFORMATION', and 'Claims Raised'. The 'PERSONAL INFORMATION' section includes fields for 'FAMILY ID', 'PMJAY ID', and 'MOBILE NO.'. The 'Claims Raised' section shows a table with columns: Claim ID, Applicants Name, PMJAY ID, Claim Type, Hospital, and Total Amount Claimed.

Check Eligibility and provide the following details

- Date of Admission
- Date of First MA Deduction
- Signed MA Deduction Certificate

GENERAL INSTRUCTIONS

updated on 10-05-2024



- Only PDF Format is accepted for uploads.
- You can use the IMAGE to PDF Converter UTILITY to merge multiple images as a single PDF



Chief Minister Health Insurance Scheme

CMHIS (EP) REIMBURSEMENT CLAIM PROCESS

Medical Reimbursement Documents/ Information required

PERSONAL DOCUMENTS

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- ✓ Copy of FIR from Police/Medico-Legal certificate (if applicable).
- ✓ Hospital bills with original cash memos.
- ✓ Additional documents for surgical treatment claims:
 - a) Clinical photograph of a post-operative scar.
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ATTENTION!

All CMHIS Employees & Pensioner Beneficiaries!

@CMHIS.Nagaland



STEP 1: FILL UP HOSPITAL & BANKING DETAILS



Claim Details

Dashboard > Claim Details

Detail of Claim

CLAIM TYPE :

Claim for EP under CMHIS Reimbursement Scheme

PATIENT'S NAME:

C [REDACTED]

PMJAY ID :

M [REDACTED]

DATE OF ADMISSION (DD-MM-YYYY) :

14- [REDACTED]

Please provide the details of the Treating Hospital and Banking information to proceed with the claim process.

Kindly note that the claim will be processed only after the submission of all the required details.

STEP 1 / 3 - Treating Hospital Information & Banking Details

Social Messaging Platform of any family member: *

Select

Alternate Contact # : *

[REDACTED]

Is the Hospital Empanelled: *

Select

Hospital's Name : *

[REDACTED]

Hospital City : *

[REDACTED]

Hospital's State : *

Select

Banking Details * (Please provided the bank details where reimbursement is to be credited)

Account Holder's Name *

[REDACTED]

Account Number *

[REDACTED]

IFSC CODE *

[REDACTED]

Bank Branch *


[REDACTED]

Bank *

Select

Save & Proceed >>

STEP 2: UPLOAD ALL RELEVANT BILLS & DOCUMENTS



Dashboard

Dashboard > Upload Bills & Documents

Bills & Documents

Details of Claim

CLAIM TYPE :
Claim for EP under CMHIS Reimbursement Scheme

PATIENT'S NAME:
C. [REDACTED]

PMJAY ID :
M [REDACTED]

DATE OF ADMISSION (DD-MM-YYYY) :
14-1 [REDACTED]

TREATING HOSPITAL'S NAME :
NHAK

HOSPITAL'S ADDRESS:
KOHIMA, Nagaland

Please provide the details of the Treating Hospital and Banking Information to proceed with the claim process.

Kindly note that the claim will be processed only after the submission of all the required details.

STEP 2 / 3 - Upload all relevant Bill's & Documents

Bills Uploaded

[Add Supporting Bills](#)

0
Total Bills Uploaded

Name	Actions
No Bills Uploaded	

Document Uploaded

[Add Supporting Document](#)

0
Total Documents Uploaded

Name	Actions
No Documents Uploaded	


Reminder:

- Check and Ensure that all Bills are uploaded
- Check and Ensure that all the Documents are uploaded
- Click on the "Preview & Submit" button to submit the claim for processing

[<< Previous Step](#) [Preview & Submit >>](#)

updated on 10-05-2024

STEP 2 (a) : UPLOAD ALL RELEVANT BILLS



Dashboard

Dashboard > Upload Bills & Documents

Bills & Documents

Details of Claim

CLAIM TYPE:
Claim for EP under CMHIS Reimbursement Scheme

PATIENT'S NAME:
C. Muasangba Sangtam

PN
M6TKWJ42S

DATE OF ADMISSION (DD-MM-YYYY):
14-11-2023

TRE
NHAK

HOSPITAL'S ADDRESS:
KOHIMA, Nagaland

Please provide the details of the Treating Hospital and Banking Information to proceed with the claim process.

Kindly note that the claim will be processed only after the submission of all the required details.

STEP 2 / 3 - Upload all relevant Bill's & Documents

Bills Uploaded

[Add Supporting Bills](#)

Total Bills Uploaded

Name	Actions
No Bills Uploaded	

Document Uploaded

[Add Supporting Document](#)

Total Documents Uploaded

Name	Actions
No Documents Uploaded	

Reminder:

- Check and Ensure that all Bills are uploaded
- Check and Ensure that all the Documents are uploaded
- Click on the "Preview & Submit" button to submit the claim for processing

[<< Previous Step](#) [Preview & Submit >>](#)

Add BILLS

updated on 10-05-2024


STEP 2 (a) : UPLOAD ALL RELEVANT BILLS

- Add All Applicable Bills one by one
- Only PDF Formats accepted
- In case there are multiple Bill(s) / Page(s), please ensure all Bills are included in a single PDF.

Applicants can use the “IMAGE to PDF UTILITY” available in their Dashboards for merging images to a single pdf.

*Eg:
Multipage “Hospital Final Bill” should be uploaded as a single PDF only.*

STEP 2 (b) : UPLOAD ALL RELEVANT DOCUMENTS



Dashboard

Dashboard > Upload Bills & Documents

Bills & Documents

Details of Claim

CLAIM TYPE :
Claim for EP under CMHIS Reimbursement Scheme

PATIENT'S NAME:
C. Muasangba Sangtam

PN [REDACTED]
M6TKWJ42S

DA [REDACTED] MM-YYYY) :
14-11-2023

TRE [REDACTED] E :
NHAK

HOSPITAL'S ADDRESS:
KOHIMA, Nagaland


Please provide the details of the Treating Hospital and Banking Information to proceed with the claim process.

Kindly note that the claim will be processed only after the submission of all the required details.

STEP 2 / 3 - Upload all relevant Bill's & Documents

Bills Uploaded


[Add Supporting Bills](#)

 0
Total Bills Uploaded

Name	Actions
No Bills Uploaded	

Document Uploaded

[Add Supporting Document](#)

 0
Total Documents Uploaded

Name	Actions
No Documents Uploaded	

Reminder:

- Check and Ensure that all Bills are uploaded
- Check and Ensure that all the Documents are uploaded
- Click on the "Preview & Submit" button to submit the claim for processing

[<< Previous Step](#) [Preview & Submit >>](#)

Add Documents

STEP 2 (b) : UPLOAD ALL RELEVANT DOCUMENTS

Chief Minister Health Insurance Scheme

Dashboard

Bills & Documents

Details of Claim

CLAIM TYPE :
Claim for EP under CMHIS Reimbursement Scheme

PATIENT'S NAME :
C [REDACTED]

PMJAY ID :
M [REDACTED]

DATE OF ADMISSION (DD-MM-YYYY) :
14-11-2023

TREATING HOSPITAL'S NAME :
NHAK

HOSPITAL'S ADDRESS :
KOHIMA, Nagaland

Please provide the details of the Treating Hospital and Banking Information to proceed with the claim process.

Kindly note that the claim will be processed

STEP 2 / 3 - Upload all relevant Bill's & Documents

Upload Document

Document Name

Select Upload Type

Select Upload Type

- X-Ray
- Indoor Case paper or Case Sheet
- Prescription Sheet or Doctors note
- PET / Ct-Scan
- USG report
- Echo
- MRI
- Biopsy report
- Consolidated Laboratory Tests Reports
- Photo Post operative scar
- Discharge summary
- FIR/Medico Legal certificate
- Death summary
- Implant Sticker
- Consolidated Other Documents

Check and Ensure that all Bills are uploaded

Check and Ensure that all the Documents are uploaded

- Add All Applicable Documents one by one
- Only PDF Formats accepted
- In case there are multiple Page(s), please ensure all Documents are included in a single PDF.

*Eg:
Multipage “Discharge Summary” should be uploaded as a single PDF only.*

Applicants can use the “IMAGE to PDF UTILITY” available in their Dashboards for merging images to a single pdf.

updated on 10-05-2024

STEP 3 : CHECK & SUBMIT CLAIM

The screenshot shows the 'Claim Summary' page of the Chief Minister Health Insurance Scheme (CMHIS) portal. The page is divided into several sections:

- Claim Summary:** A table showing claim details.

Claim Type	Claimant's Name	PMJAY ID
Claim for EP under CMHIS Reimbursement Scheme	C. Muasangba Sangtam	M6TKWJ42S
- DETAILS OF CLAIM:** A table showing claim details.

Date of Admission	Treating Hospital's Name	Treating Hospital's Address
14-11-2023	[Redacted]	[Redacted]
- Account Holder's Name:** TESTER
- Bank & Branch:** STATE BANK OF INDIA, DIMAPUR BAZAAR
- IFSC CODE:** SBIN0003598
- Account Number:** 10433096172
- Total Amount Claimed:** ₹. 50500
- Status:** [Redacted]

Bills Uploaded:

Name	Actions
Consolidated Medicine Bills	View
Hospital Final Bill	View

Document Uploaded:

Name	Actions
Discharge summary	View

UNDERTAKING:

☒ 1. I hereby declare that the information provided by me in this form is true and correct to the best of my knowledge and belief.


2. I understand that the information provided by me in this form is subject to verification by the Government of Nagaland or any agency authorized by it and if found incorrect or false, it will render me liable for any penal action or other consequences as may be prescribed in law or otherwise warranted.

[<< Previous Step](#) [Submit Claim](#)

- Ensure that the Number of PHYSICAL BILLS are as displayed.
- Ensure that the Number of PHYSICAL DOCUMENTS are as displayed.
- Ensure that Total Amount Claimed is as per the SUM TOTAL of BILLS uploaded.

Applicants check their claim details and on satisfaction submit the CLAIM REQUEST

CLAIM SUBMITTED “APPLICANT DASHBOARD”



Dashboard

Dashboard

C. [REDACTED]

Head of Household

PERSONAL INFORMATION

FAMILY ID :
2 [REDACTED]

PMJAY ID :
M [REDACTED]

MOBILE NO. :
98 [REDACTED]

Image to PDF Utility

View MA Deduction Certificate

Members of the household

Select the individual against whom the claim is to be raised.
Note:

- Only Registered Dependents can raise claims.
- If FAMILY MEMBER'S name is not listed, kindly GENERATE OR SYNC FAMILY DETAILS from the [CMHIS STATE BENEFICIARY PORTAL](#) OR [BIS PORTAL](#) respectively.

Member Name	Mobile #	Relationship with HoH	PMJAY ID	Actions
[REDACTED]	98 [REDACTED]			Add Claim

Claims Raised

Claim ID	Applicants Name	PMJAY ID	Claim Type	Hospital	Total Amount Claimed	Status	Actions
10000001	C. Muasangba Sangtam	M6TKWJ42S	Claim for EP under CMHIS Reimbursement Scheme	NHAK	₹ 50500	SUBMITTED	



THANK YOU”