

Guidelines on Hospital Empanelment and De- Empanelment (Version – 2.0)

AYUSHMAN BHARAT – PRADHAN MANTRI JAN AROGYA YOJANA
(AB PM-JAY), NATIONAL HEALTH AUTHORITY (JUNE 2020)

Disclaimer

The purpose of these guidelines is to provide the State Health Agency (SHA) with information to assist in the Process for Disciplinary Proceedings and De-Empanelment.

These guidelines do not aim to hold all the information each SHA may require. These guidelines may also not be appropriate for all SHA's, and it is not possible for National Health Authority to understand the applicability and particular needs of each State and/or User which utilizes these Guidelines. Thus, SHA's are advised to use these guidelines prudently.

Each SHA should conduct its own investigations and analysis and should check the applicability of these guidelines and where necessary obtain independent advice from Competent Authorities and/or professionals.

National Health Authority make no representation or warranty and shall incur no liability as to the applicability of the guidelines for each case and the SHA may use its own expertise and prudence in regard to the applicability of the same after evaluating the issue, statutory/ State laws applicable if any as amended from time to time and /or guidelines or order specific to such SHA. National Health Authority though will provide assistance in regard to any queries for understanding the guidelines as may be required. National Health Authority accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from reliance of any SHA upon the statements contained in these guidelines.

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Abbreviations: -

1. AB PM-JAY or PM-JAY- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
2. CSC – Common Service Center
3. DEC - District Empanelment Committee
4. EHCP- Empanelled Health Care Provider
5. ESIC - Employee State Insurance Corporation
6. FIR - First Information
7. HEM- Hospital Empanelment Management
8. HUD- Hospital Unit Dose
9. IC - Insurance Company
10. ICU - Intensive Care Unit
11. IEC - Information, Education and Communication
12. IFSC – Indian Financial System Code
13. IIB - Insurance Information Bureau
14. IT – Information Technology
15. MoHFW – Ministry of Health and Family Welfare
16. NABH – National Accreditation Board for Hospitals & Healthcare Providers
17. NAFU – National Anti-Fraud Unit
18. NHA – National Health Authority
19. NHCPs - National Health Care Providers
20. OPD - Out Patient Department
21. PMAM – Pradhan Mantri Arogya Mitra
22. RSBY - Rashtriya Swasthya Bima Yojana
23. SHA – State Health Agency
24. SAFU - State Anti-Fraud Unit
25. SEC - State Empanelment Committee
26. TDS – Tax Deduction at Source
27. VLE – Village Level Entrepreneur

Background

At the heart of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) it is envisaged that the health services delivered to its beneficiaries are safe and of appropriate quality for realizing patient centric care. All activities working towards this should strengthen and reinforce the primacy of an effective provider network, and its accountability towards the beneficiaries of the scheme. Empanelment is one such key aspect which while balancing adequate access would also ensure appropriate patient safety and quality.

Managing performance and strengthening accountability in the delivery of quality health care in Rashtriya Swasthya Bima Yojana (RSBY) through empanelled hospitals was one of the key themes that emerged for attention during RSBY's implementation. Currently under RSBY, hospitals can be empanelled if they fulfil a minimum set of criteria related to infrastructure¹, and in districts with lesser availability of hospitals; some further relaxation in the criteria is also practiced. Existing structural criteria are inadequate to ensure patient safety, and since there is no applicable quality improvement process, these are areas where AB PM-JAY needs to build beyond what could be achieved in RSBY and other state programs.

With AB PM-JAY expanding to cover tertiary care benefits, strengthening the empanelment criteria will be of paramount importance to address issues related to quality. Patient safety and appropriateness of care should be the core principles around which the AB PM-JAY empanelment process is created in order to drive genuine improvements in care delivery and eventually for improved health outcomes for AB PM-JAY beneficiaries.

Approach

1. As part of the wider committee to decide the health entitlements for AB PM-JAY, it was also decided to finalize the qualification criteria and the allied process involved viz. process for empanelment & de-empanelment, quality improvement efforts etc. towards establishing a comprehensive service delivery network for the scheme.
2. As a first step existing practices of government run health insurance programmes across Central ministries and States were studied including the empanelment process involved (a comparative analysis is annexed on the same).

3. The criteria established under the Clinical establishment Act², was used as a guiding example to establish structural & human resource requirements for specialties based on the intensity of care required.
4. State consultations were held with practitioners of similar programs, inviting views based on experience and sharing evidence.
5. Specialty-wise sub-groups assigned to design packages reviewed the corresponding minimum qualification criteria for such specialties.

i. ¹ Structural and HR requirements

ii. ² The Clinical Establishments Act was passed by the Gol, to provide for registration and regulation of all clinical establishments in the country with a view to prescribing the minimum standards of facilities and services which may be provided by them so that mandate of article 47 of the constitution for improvement in public health may be achieved.

Empanelment of Health Care Providers

The health care services under AB PM-JAY would be provided to its beneficiaries through a network of public and private healthcare providers. In view of the above, the following broad guidelines have been suggested towards empanelment of hospitals under the program, with a view to improving quality processes and health care services in AB PM-JAY network hospitals.

- i. All States/UTs will be permitted to empanel hospitals only in their own State/UT.
- ii. In case State/ UT wants to empanel hospitals in another State/UT, they can only do so till the time that State/ UT is not implementing AB-PMJAY.
- iii. All public facilities with capability of providing inpatient services (Community Health Centre level and above) are deemed empanelled under AB-PMJAY. The State Health Department shall ensure that the enabling infrastructure and guidelines are put in place to enable all public health facilities to provide services under AB-PMJAY.
- iv. Public Hospitals under other Ministries including Employee State Insurance Corporation (ESIC) hospitals will also be eligible for empanelment in AB-PMJAY, based on the approvals.

- v. For private providers and not for profit hospitals, a tiered approach to empanelment will be followed. Empanelment criteria are prepared for various types of hospitals / specialties catered by the hospitals and attached in Annex 1.
- vi. Private hospitals will be encouraged to provide ROHINI provided by Insurance Information Bureau (IIB). Similarly, public hospitals will be encouraged to have NIN provided by MoHFW.
- vii. Hospitals will be encouraged to attain quality milestones by attaining AB PM-JAY Certification i.e Bronze, Silver and Gold.

Criteria for empanelment has been divided into two broad categories as given below.

Category 1: General Criteria	Category 2: Specialty Criteria
All the hospitals empaneled under AB-PMJAY for providing general care must meet the minimum criteria established under the Mission detailed in Annex 1. No exceptions will be made for any hospital at any cost.	Hospitals would need to be empaneled separately for certain tertiary care packages authorized for one or more specialties (like Cardiology, Oncology, Neurosurgery etc.). This would only be applicable for those hospitals who meet the general criteria for the AB-PMJAY.

Detailed empanelment criteria have been provided as [Annex 1](#).

State Governments will have the flexibility to **revise/relax** the empanelment criteria based, barring minimum requirements of Quality as highlighted in Annex 1, on their local context, availability of providers, and the need to balance quality and access; with prior

approval from National Health Authority. The same will have to be incorporated in the web-portal for online empanelment of hospitals.

Hospitals will undergo a renewal process for empanelment once every **3 years or till the expiry of validity of AB PM-JAY Bronze/NABH certification (when empaneled based on AB PM-JAY Bronze/NABH criteria)** to determine compliance to minimum standards.

National Health Authority may revise the empanelment criteria at any point during the programme, if required and the states/Uts will have to undertake any required re-assessments for the same.

Institutional Set-Up for Empanelment

For providing the benefits envisaged under the Scheme, the State Health Agency (SHA) through State Empanelment Committee (SEC) will empanel or cause to empanel private and public health care service providers and facilities in their respective State/UTs as per these guidelines.

The states/UTs are free to decide the mode of verification of empanelment application, conducting the physical verification either through District Empanelment Committee (DEC) or using the selected insurance company (Insurance Model), under the broad mandate of the instructions provided in these guidelines.

a) State Empanelment Committee (SEC) will constitute of following members:

- i. CEO, SHA - Chairperson
- ii. Medical officer not less than the level Director, preferably Director In-Charge for Implementation of Clinical Establishment Regulation Act- Member
- iii. Two State Government officials nominated by the Department-Members

- iv. In case of Insurance model, Insurance company to nominate a representative not below Additional General Manager or equivalent.

The state government may invite other members to SEC as it may deem fit to assist the Committee in its activities. The State Government may also require the Insurance Company to mandatorily provide a medical representative to assist the SEC in its activities.

Alternatively, the State/SHA may continue with any existing institution under the respective state schemes that may be vested with the powers and responsibilities of SEC as per these guidelines.

The SHAs through State Empanelment Committee (SEC) shall ensure:

- i. Ensuring empanelment within the stipulated timeline for quick implementation of the programme
- ii. The empanelled provider meets the minimum criteria as defined by the guidelines for general or specialty care facilities
- iii. Empanelment & de-empanelment process transparency
- iv. Time-bound processing of all application

It is prescribed that at the district level, a similar committee, District Empanelment Committee (DEC) will be formed which will be responsible for hospital empanelment related activities at the district level and to assist the SEC in empanelment and disciplinary proceedings with regards to network providers in their districts.

b) District Empanelment Committee (DEC) will constitute of the following members:

- i. Chief medical officer of the district
- ii. District Program Manager-SHA

iii. In case of Insurance model, Insurance company representative

S. No.	Institutional Option	SEC Recommended Composition	DEC Recommended Composition
1	Approval of the Empanelment application by the State	Chair: CEO/Officer In charge of SHA At least 5 membered committee	Chair: CMO or equivalent At least 3 membered committee At least one other doctor other than CMO
2	Verification of the Empanelment application by the Insurance company & state	Chair: CEO/Officer In charge of SHA SEC may have 1 representative from the insurance company	DEC may have 1 representative from the insurance company

The State Government may require the Insurance Company to mandatorily provide a medical representative to assist the DEC in its activities.

The structure of SEC and DEC for the two options are recommended as below:

The DEC will be responsible for:

- i. Getting the field verification done along with the submission of the verification reports to the SEC through the online empanelment portal

- ii. The DEC will also be responsible for recommending, if applicable, any relaxation in empanelment criteria that may be required to ensure that enough empanelled facilities are available in the district.
- iii. Final approval of relaxation will lie with SEC
- iv. The SEC will consider, among other things, the reports submitted by the DEC and recommendation approve or deny or return to the hospital the empanelment request.

Awareness Generation and Facilitation

The state government shall ensure that maximum number of eligible hospitals participate in the AB-PMJAY, and this need to be achieved through IEC campaigns, collaboration with and district, sub-district and block level workshops.

The state and district administration should strive to encourage all eligible hospitals in their respective jurisdictions to apply for empanelment under AB-PMJAY. The SHA shall organize a district workshop to discuss the details of the scheme (including empanelment criteria, packages and processes) with the hospitals and address any query that they may have about the scheme.

Representatives of both public and private hospitals (both managerial and operational persons) including officials from Insurance Company will be invited to participate in this workshop.

Online Empanelment

A web-based platform Hospital Empanelment Management (HEM) have been developed for registration of a healthcare provider willing to get empanelled under the PM-JAY. The hospital must apply through this portal as the first step of empanelment as, it is the interface

for application. Every hospital needs to visit the web portal and create an account for themselves.

The hospital/healthcare provider must show willingness to empanel the hospital under PM-JAY by visiting the web portal using URL <https://hospitals.pmjay.gov.in> . After agreeing on this section, the system will provide an opportunity to create an account for the hospital. This section includes of the following information to be provided by the hospital:

- State of the hospital
- District of the hospital
- Name of the hospital
- Hospital parent type:
 - Single hospital
 - Group of hospitals
- Hospital type:
 - Public Hospital
 - Private (for profit) hospital
 - Private (not for profit) hospital
 - Government of India
 - Temporary Empanelment – HEM Lite
- Contact person mobile number
- Contact person email id



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Note : Hospital's Empanelled under RSBY need not register again. Please 'Login' using Hospital Reference Number as RSBY Hospital Code as printed on your

Create an Account

Hospital State*
PSU

District*
---Select---

Hospital Name*

Hospital Parent Type*
Single

Contact Person Mobile*

Contact Person Email*

Hospital Type*
---Select---

---Select---

Public

Private(Not For Profit)

Private(For Profit)

(Please enter visible characters in the text box.)

CREATE ACCOUNT

After successful submission of all the relevant information, the system will allow to create an account for the hospital. An exclusive hospital reference number and password will be sent to registered mobile number and email id. Using these credentials, the hospital has to login in to the system to start filling the application form. This will direct the user to the “Home Page” which consists of following components:

- 1) **User Section:** This section displays the “Hospital Reference Number” which is unique for every hospital. “Home Page Icon” which directs the user to the home page. “Eligibility Criteria Icon” which directs the user to the list of mandatory fields need to be filled by the user to complete the form. A link for “User manual” of Hospital Empanelment Management System.

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

1

HOSP99998888
5/12/2019, 2:51:28 PM

Hospital Basic Information

SAVE SAVE & NEXT

Hospital Name : trial hospital	Hospital Parent Type : Single	Hospital Type : Private(Not For Profit)	Status : Draft
Hospital Rollid Id : NA	Hospital PAN : BNZZPA7340Y		

2

Hospital Address

Hospital Address*

State*
NHCP

District*
NHCP

Block/CLB
Block

Block
-----Select-----

Village
-----Select-----

City/Town

Hospital Pincode*

Geographic Code Longitude*

Geographic Code Latitude*

3

Hospital Profile

Hospital Specialty Type*
Single

Establishment Year*

PAN Card Holder Name*

Legal Entity Name

Hospital Ownership Type*
-----Select-----

Legal Entity Registration Number

Legal Entity Registration Date

Authority registered with*

2) **Hospital Basic Information:** This section allows the user to enter all the basic information of the hospital which includes hospital address, hospital profile, contact information and other empanelment and accreditation details. The address of the hospital consists of state, district, block, city/town, pin code and geographical code longitude of the hospital. Hospital profile section consists of specialty of the hospital differentiated as single specialty or a multispecialty. Year of the establishment of the hospital. Legal or Registered name, registration number and date of the hospital and the ownership details of the hospital. The detail of the PAN card associated with the hospital.

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

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5/12/2019, 2:51:28 PM

Hospital Basic Information

SAVE SAVE & NEXT

Hospital Name : trial hospital	Hospital Parent Type : Single	Hospital Type : Private(Not For Profit)	Status : Draft
Hospital Rollid Id : NA	Hospital PAN : BNZZPA7340Y		

Hospital Address

Hospital Address*

State*
NHCP

District*
NHCP

Block/CLB
Block

Block
-----Select-----

Village
-----Select-----

City/Town

Hospital Pincode*

Geographic Code Longitude*

Geographic Code Latitude*

Hospital Profile

Hospital Specialty Type*
Single

Establishment Year*

PAN Card Holder Name*

Legal Entity Name

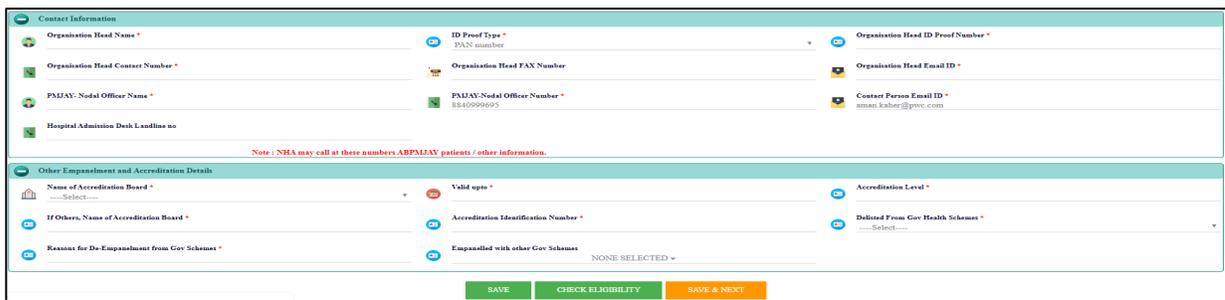
Hospital Ownership Type*
-----Select-----

Legal Entity Registration Number

Legal Entity Registration Date

Authority registered with*

The contact information section comprises of name of the organization head, his/her contact number with ID proof number and email id. PMJAY nodal officer name and contact number and email id. Also, the hospital admission desk landline number. The hospital must choose the ID proof type which is shared with the authority. Other empanelment and accreditation details are needs to be added by the hospitals are name of the accreditation board, level of accreditation and its validity.



Contact Information

Organization Head Name * ID Proof Type * PAN number Organization Head ID Proof Number *

Organization Head Contact Number * Organization Head FAX Number Organization Head Email ID *

PMJAY Nodal Officer Name * PMJAY Nodal Officer Number * 8840999695 Contact Person Email ID * amman.kabir@govc.com

Hospital Admission Desk Landline no

Note : NHA may call at these numbers ABPMJAY patients / other information.

Other Empanelment and Accreditation Details

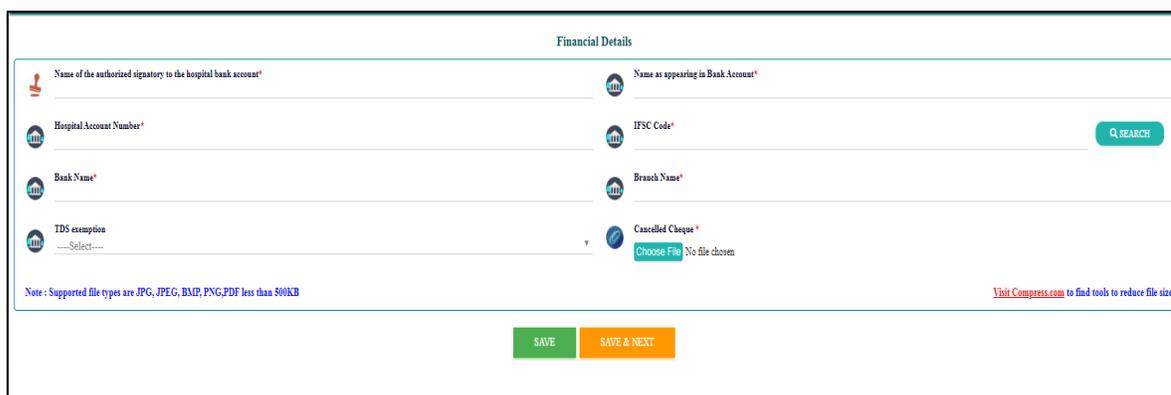
Name of Accreditation Board * Valid upto * Accreditation Level *

If Others, Name of Accreditation Board * Accreditation Identification Number * Deleted From Gov Health Schemes *

Reasons for De-Empanelment from Gov Schemes * Empanelled with other Gov Schemes NONE SELECTED *

SAVE CHECK ELIGIBILITY SAVE & NEXT

3) **Financial Details:** The hospital is requested to fill the financial details of the hospital in this section. The financial details of the hospitals are as follows: Name of the authorized signatory to the hospital bank account, name as appearing in the bank account, hospital account number, Bank name, IFS Code, cancelled cheque and also have to declaration if hospital; comes under TDS exemption.



Financial Details

Name of the authorized signatory to the hospital bank account * Name as appearing in Bank Account *

Hospital Account Number * IFS Code * RESEARCH

Bank Name * Branch Name *

TDS exemption * Canceled Cheque * Choose File No file chosen

Note : Supported file types are JPG, JPEG, BMP, PNG, PDF less than 500KB [Visit Compress.com to find tools to reduce file size](#)

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- 4) **Specialty offered by hospital:** Hospital is mandated to apply for all specialties for which requisite infrastructure and facilities are available with it. Hospitals will not be permitted to choose specific specialties it wants to apply for unless it is a single specialty hospital.

Specialties Offered						SAVE	SAVE & NEXT
S.No	Specialty Code	Specialty Name	Check	Admissions Done Previous Financial Year	Admissions Done Before Last Year		
1	S1	General Surgery	<input type="checkbox"/>				
2	S2	ENT	<input type="checkbox"/>				
3	S3	Ophthalmology	<input type="checkbox"/>				
4	S4	Obstetrics & Gynaecology	<input type="checkbox"/>				
5	S5	Orthopaedics	<input type="checkbox"/>				
6	S7	Cardio Thoracic Surgery	<input type="checkbox"/>				
7	S8	Paediatric Surgery	<input type="checkbox"/>				
8	S9	Genitourinary Surgery	<input type="checkbox"/>				
9	S10	Neuro Surgery	<input type="checkbox"/>				
10	S11	Surgical Oncology	<input type="checkbox"/>				
11	S12	Medical Oncology	<input type="checkbox"/>				
12	S13	Radiation Oncology	<input type="checkbox"/>				
13	S14	Burns,Plastic & Reconstructive Surgery	<input type="checkbox"/>				
14	S15	Polytrauma	<input type="checkbox"/>				
15	S18	Dental Surgery	<input type="checkbox"/>				
16	S14	Paediatric Cancer	<input type="checkbox"/>				
17	M1	Critical Care	<input type="checkbox"/>				
18	M2	General Medicine	<input type="checkbox"/>				
19	M4	Paediatrics	<input type="checkbox"/>				
20	M4.3	Neonatology	<input type="checkbox"/>				
21	M5	Cardiology	<input type="checkbox"/>				
22	M6	Nephrology	<input type="checkbox"/>				
23	M7	Neurology	<input type="checkbox"/>				
24	M8	Chest Diseases And Respiratory Medicine(Pulmonology)	<input type="checkbox"/>				

SAVE CHECK ELIGIBILITY SAVE & NEXT

- 5) **Licenses and Certifications:** These licences and certificates are divided into three major categories which are:

- Building and Infrastructure
- Registrations and certifications
- Services

The hospital has to upload all the relevant certificates and licences on the portal in this section.

Licences and Certifications				
Approval Name	Certificate No	Issue Date	Expiry Date	Action
Building & Infrastructure				
Building Plan Approval	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Fire Department Clearance Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Pollution Control Board Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Lift Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Registrations & Certification				
Occupancy Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Opium Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Hospital Registration Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
State Medical Council/Association Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Morphine Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
PCPNDI Act Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Surgical Spirit Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Bio-Medical Waste Management	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
AERB	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
TLD Badge	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Services				
Pharmacy Licence/Tie up/ self - declaration*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Bloodbank licence/ tieup letter/ self declaration*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	
Ambulance Registration Certificate/Tie-up Letter/ self - declaration*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	

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6) **Civil Infrastructure:** It is advised to the hospital to update all the necessary infrastructure of the hospital. The section is divided into following major sub sections:

- General infrastructure
- Wards
- Facilities

The general Infrastructure includes of information on the basic architectural design of the hospital, number of floors, license of firefighting system, provision of electricity backup, Bio medical waste management, total area and availability of ramp for patient transport. The hospital also must provide the information of the total in-patient bed, OPD details, existence of ICU, HDU and Casualty.

SAVE
SAVE & NEXT

Civil Infrastructure

General

Standardised Architectural Design ...Select...	Fire Fighting System * ...Select...	Bio-Medical Waste Management * ...Select...
Duty Staff Room ...Select...	Cattle Trap at Entrance and Exit ...Select...	Area Bed (Sq. Ft) * ...Select...
Back-Up Electricity Supply * ...Select...	Number of Floors * ...Select...	Lift Provision ...Select...
Ramp Provision ...Select...		

Wards

Total Bed Strength * ...Select...	Number of In-Patient Beds * ...Select...	Fully Equipped Operation Theatre ...Select...
OPD * ...Select...	HDU ...Select...	General Ward * ...Select...
Existence of ICU with AC ...Select...	Casualty ...Select...	Labour Room * ...Select...

Facilities

Blood Bank ...Select...	CSSD ...Select...	Diet and Kitchen Facility ...Select...
Linen and Laundry ...Select...	Stores ...Select...	Medical Records Department ...Select...
Ambulance service ...Select...	Patient Attendant Facility ...Select...	

Diagnostic Services

Diagnostic Centre- Radiology (Basic) * ...Select...	Diagnostic Centre- Radiology (Advanced) ...Select...	Diagnostic Centre- Clinical Lab and Diagnostics ...Select...
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SAVE
CHECK ELIGIBILITY
SAVE & NEXT

Also, the hospital has to update the various availability of all allied facilities in or outsourced by the hospital.

- 7) **Medical Infrastructure:** The updated medical infrastructure of the hospital is required to be updated in this section. The fields are divided into following major sections:
- a. General Medical Infrastructure
 - b. IT infrastructure
 - c. Wards
 - d. Operation Theater
 - e. Emergency Operation Theater
 - f. OPD
 - g. Causality

Medical Infrastructure		SAVE	SAVE & NEXT
General			
<input type="checkbox"/> Refrigerator *	<input type="checkbox"/> Water Cooler		
<input type="checkbox"/> Air Conditioners	<input type="checkbox"/> Generator or Power Back-up *		
IT Infrastructure			
<input type="checkbox"/> Computer Laptop *	<input type="checkbox"/> Biometric Device		
<input type="checkbox"/> Scanner	<input type="checkbox"/> Barcode Reader		
<input type="checkbox"/> Webcam	<input type="checkbox"/> Printer		
<input type="checkbox"/> Internet Connectivity	<input type="checkbox"/> Fax Machine		
<input type="checkbox"/> Intercom			
Wards			
<input type="checkbox"/> Blood Pressure Apparatus *	<input type="checkbox"/> Weighing Scale (For Adults) *		
<input type="checkbox"/> Weighing Scale, Infant	<input type="checkbox"/> Oxygen Cylinders *		
<input type="checkbox"/> Nitrous Oxide Cylinders	<input type="checkbox"/> Regulator & Flowmeters		
<input type="checkbox"/> Ambu-Bag with Mask *	<input type="checkbox"/> Emergency Lamp *		
<input type="checkbox"/> Fire Extinguishers (Various Types) Each	<input type="checkbox"/> Laryngoscope		
<input type="checkbox"/> Otoscope	<input type="checkbox"/> Saline Stands *		
<input type="checkbox"/> Wheel Chairs *	<input type="checkbox"/> Emergency/Recovery Trolley/Emergency Drug Tray *		
<input type="checkbox"/> Stretcher on Trolley	<input type="checkbox"/> Oxygen Cylinder Stands *		
<input type="checkbox"/> Beds with Mattresses & Pillows *	<input type="checkbox"/> Side Rails		
<input type="checkbox"/> Bed Pan & Urinals *	<input type="checkbox"/> Attendant Stool *		
<input type="checkbox"/> Nursing Station	<input type="checkbox"/> Fracture Table(Pop)		
<input type="checkbox"/> Height Measuring Stand *	<input type="checkbox"/> Oxygen Masks with Regulator *		
<input type="checkbox"/> Suction Apparatus *	<input type="checkbox"/> Venesection Tray *		
<input type="checkbox"/> Sterilizer *	<input type="checkbox"/> Fan Cooler/Heater *		
<input type="checkbox"/> Bedside Screens	<input type="checkbox"/> Tubelights/Bulb for Adequate Lighting *		
Operation Theatre			
<input type="checkbox"/> Operating Table *	<input type="checkbox"/> Autoclave *		
<input type="checkbox"/> Operating Theatre Lights, Shadowless *	<input type="checkbox"/> Suction Apparatus *		
<input type="checkbox"/> Automist (Operation Theatre Fumigator) *	<input type="checkbox"/> Ventilator, Adult		
<input type="checkbox"/> Anaesthetic M/C (Boyles With/Without Flotec) *	<input type="checkbox"/> Pulse Oximeter *		
<input type="checkbox"/> Cardiac Monitor *	<input type="checkbox"/> Defibrillator		
<input type="checkbox"/> Phototherapy Unit	<input type="checkbox"/> Neonatal Resuscitation Unit		
Emergency Operating Theatre			
<input type="checkbox"/> Emergency Light/Generator Facilities	<input type="checkbox"/> Boyles Apparatus Hydraulic Operation Theatre Table		
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Portable Mobile X-Ray Machines in Operation Theatre along with Dark Room		
OPD			
<input type="checkbox"/> Doctor Chair & Table *	<input type="checkbox"/> Examination Table with Steps & Curtain *		
<input type="checkbox"/> Washbasin with running water facility *	<input type="checkbox"/> Patient Stool *		
<input type="checkbox"/> Attendant Chair	<input type="checkbox"/> X-Ray View Box		
<input type="checkbox"/> Bio-Medical Waste Bin *			
Casualty			
<input type="checkbox"/> Glow sign board indicating Emergency Services Department	<input type="checkbox"/> Ward well equipped with Fowler's Beds		
<input type="checkbox"/> Oxygen Cylinder with Accessories *	<input type="checkbox"/> Suction Apparatus Electric Foot Operated *		
<input type="checkbox"/> Emergency Tray, Ryles' tube/stomach tube *	<input type="checkbox"/> Tracheostomy Set *		
<input type="checkbox"/> Ambu-Bag *	<input type="checkbox"/> Laryngoscope *		
<input type="checkbox"/> Splints-Thomas Splint	<input type="checkbox"/> Bolker's Splint		
<input type="checkbox"/> Cooler, Fan & Drinking Water *	<input type="checkbox"/> Treatment room cum minor operation theatre with all necessary instruments, equipments, trolleys, tables and trays		
<input type="checkbox"/> Monitors *	<input type="checkbox"/> Defibrillator, Nebulizer with Accessories, Crash Cart, Resuscitation Equipment, Oxygen Cylinders with Flow Meter/Toting Catheter/Face Mask/Nasal Prongs, Suction Apparatus *		
<input type="checkbox"/> Wheel Chairs & Stretcher Trolleys *			

8) **General Services:** This includes basic services provided by the hospital such as reception and billing, Laboratory services, diagnostic services, pharmacy, blood bank and others. The hospital has to provide the details of the abovementioned services.

General Services					SAVE	SAVE & NEXT
S.No	Check	Facility Details	In-House/Tie-Up	Distance (Km)*	Details	
1	<input type="checkbox"/>	Reception And Billing *				
2	<input type="checkbox"/>	Laboratory Services *				
3	<input type="checkbox"/>	Stores				
4	<input type="checkbox"/>	Wards *				
5	<input type="checkbox"/>	Diagnostic Centres - Radiology (Basic) *				
6	<input type="checkbox"/>	Environment, Sanitation And Water Supply				
7	<input type="checkbox"/>	Sterilisation *				
8	<input type="checkbox"/>	Emergency First Aid *				
9	<input type="checkbox"/>	Dental Clinic				
10	<input type="checkbox"/>	Linen And Laundry *				
11	<input type="checkbox"/>	Physiotherapy				
12	<input type="checkbox"/>	Blood Bank *				
13	<input type="checkbox"/>	Blood Storage Unit				
14	<input type="checkbox"/>	Patient Attendant Facility *				
15	<input type="checkbox"/>	Diet And Kitchen Facility *				
16	<input type="checkbox"/>	Pharmacy *				
17	<input type="checkbox"/>	Ambulance Services *				
18	<input type="checkbox"/>	Medical Gases And Manifold Room				
19	<input type="checkbox"/>	Power Back-Up *				
20	<input type="checkbox"/>	Air-Condition System				
21	<input type="checkbox"/>	Basic Signages *				
22	<input type="checkbox"/>	Waiting Area With Public Utilities *				
23	<input type="checkbox"/>	H.MIS Solution Deployed				

9) **Man-Power Details:** The human resources currently placed at the hospitals should be filled in this section. The checklist of the possible man-power is clubbed under following sub-sections:

- a. General Human resource
- b. Human resource associated with Wards, Operation Theatre, diagnostic center (basic and advance), OPD, ICU, Casualty, Blood Bank, CSSD, Labour Room.
- c. Staff placed at Laundry, stores, training department, telecom and nursing staff.

Man Power CheckList		SAVE	SAVE & NEXT
General			
<input type="checkbox"/>	Managers	<input type="checkbox"/>	Accountant
<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Supervisor
<input type="checkbox"/>	Security Personnel	<input type="checkbox"/>	Maintenance Staff
Wards			
<input type="checkbox"/>	Duty Medical Officer Round the Clock *	<input type="checkbox"/>	Nursing Staff in General Wards *
<input type="checkbox"/>	Nursing Staff ICU *	<input type="checkbox"/>	Helpers *
<input type="checkbox"/>	One Female Nursing Orderly or one Male Nursing Orderly *	<input type="checkbox"/>	Sweepers *
Operation Theatre			
<input type="checkbox"/>	Duty Medical Officers as OT Assistants during routine 8 hours *	<input type="checkbox"/>	OT Staff nurses available round the clock *
<input type="checkbox"/>	Female Nursing Orderly for operation theatre *	<input type="checkbox"/>	Male Nursing Orderly for operation theatre *
Diagnostic Centre - Radiology (Basic)			
<input type="checkbox"/>	Radiologist Gynaecologist	<input type="checkbox"/>	Round the clock X-Ray Technicians
Diagnostic Centre - Radiology (Advanced)			
<input type="checkbox"/>	Radiologist Gynaecologist	<input type="checkbox"/>	Round the clock X-Ray Technicians
Diagnostic Centre - Clinical Laboratory and Diagnostics - Small			
<input type="checkbox"/>	Technical Persons to perform the Tests		
Diagnostic Centre - Clinical Laboratory and Diagnostics - Medium			
<input type="checkbox"/>	Radiologist, Allopathic doctor		
Diagnostic Centre - Clinical Laboratory and Diagnostics - Large			
<input type="checkbox"/>	Radiologist, MD Pathology/Biochemistry/ Micro Biology		

OPD			
<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	Male Nursing Orderly for Medical OPD
<input type="checkbox"/>	Male Nursing Orderly for Surgical OPD	<input type="checkbox"/>	Female Nursing Orderly for Obstetrics and Gynaecology OPD
<input type="checkbox"/>	Male Nursing Orderly	<input type="checkbox"/>	Female Nursing Orderly
<input type="checkbox"/>	Staff Nurse *	<input type="checkbox"/>	Resident Medical Officer
<input type="checkbox"/>	Paramedicals		
Casualty			
<input type="checkbox"/>	Separate Medical Officer (CMO) available round the clock *	<input type="checkbox"/>	Continuous availability of D.M.O (Indoor MO) during night hours *
<input type="checkbox"/>	Trained Staff posted in Emergency Department. *	<input type="checkbox"/>	Nursing Staff availability round the clock *
ICU			
<input type="checkbox"/>	Med Officer	<input type="checkbox"/>	Nursing Staff
Blood Bank			
<input type="checkbox"/>	Round the clock availability of Trained Staff		
CSDD			
<input type="checkbox"/>	Trained Staff Nurse		
Labour Room			
<input type="checkbox"/>	Duty Medical Officers one in each Shift	<input type="checkbox"/>	Qualified Nurses one in 8hr Shift
<input type="checkbox"/>	Female Nursing Orderly for Labour Room	<input type="checkbox"/>	Sweeper for Labour Room

Lines and Laundry			
<input type="checkbox"/>	Linen Keeper *		
Stores			
<input type="checkbox"/>	Store Keeper *		
Training			
<input type="checkbox"/>	Qualified Staff *		
Telecom			
<input type="checkbox"/>	PBX and Telephone Operator *		
Nursing Staff			
<input type="checkbox"/>	Nursing Staff in General Wards *	<input type="checkbox"/>	Nursing Staff in Female Wards *
<input type="checkbox"/>	Nursing Staff POW *		
Other Staff			
<input type="checkbox"/>	Helpers *	<input type="checkbox"/>	Sweepers *

SAVE

CHECK ELIGIBILITY

SAVE & NEXT

Role of District Empanelment Committee (DEC)

- a. After the empanelment request by a hospital is filed, the application should be scrutinized by the DEC and processed completely within 15 days of receipt of application.
- b. A login account for a nodal officer from DEC will be created by SEC. This login ID will be used to download the application of hospitals and upload the inspection report.
- c. As a first step, the documents uploaded have to be correlated with physical - verification of original documents produced by the hospital. In case any documents are found wanting, the DEC may return the application to the hospital for rectifying any errors in the documents.
- d. After the verification of documents, the DEC will physically inspect the premises of the hospital and verify the physical presence of the details entered in the empanelment application, including but not limited to equipment, human resources, service standards and quality and submit a report in a said format through the portal along with supporting pictures/videos/document scans.
- e. DEC will ensure the visits are conducted for the physical verification of the hospital. The verification team will have at least one qualified medical doctor (minimum MBBS)
- f. The team will verify the information provided by the hospitals on the web-portal and will also verify that hospitals have applied for empanelment for all specialties as available in the hospital.
- g. In case during inspection, it is found that hospital has not applied for one or more specialties, but the same facilities are available, then the hospital will be instructed to apply for the missing specialties within a stipulated a timeline (i.e. 7 days from the inspection date)

- i. In this case, the hospital will need to fill the application form again on the web portal. However, all the previously filled information by the hospital will be pre-populated and hospital will be expected to enter the new information.
- ii. If the hospital does not apply for the other specialties in the stipulated time, it will be disqualified from the empanelment process
- h. In case during inspection, it is found that hospital has applied for multiple specialties, but all do not conform to minimum requirements under AB-PMJAY then the hospital will only be empanelled for specialties that conform to AB-PMJAY norms.
 - i. The team will recommend whether hospital should be empanelled or not based on their field-based inspection/verification report.
 - j. DEC team will submit its final inspection report to the state. The district nodal officer has to upload the reports through the portal login assigned to him/her.
 - k. The DEC will then forward the application along with its recommendation to the SEC.

Role of State Empanelment Committee (SEC)

- a. The SEC will consider, among other things, the reports submitted by the DEC and recommendation approve or deny or return to the hospital the empanelment request.
- b. In case of refusal, the SEC will record in writing the reasons for refusal and either direct the hospital to remedy the deficiencies, or in case of egregious emissions from the empanelment request, either based on documentary or physical verification, direct the hospital to submit a fresh request for empanelment on the online portal.
- c. The SEC will also consider recommendations for relaxation of criteria of empanelment received from DEC or from the SHA and approve them to ensure that sufficient number and specialties of empanelled facilities are available in the states.

- d. Hospital will be intimated as soon as a decision is taken regarding its empanelment and the same will be updated on the AB-PMJAY web portal. The hospital will also be notified through SMS/email of the final decision. If the application is approved, the hospital will be assigned a unique national hospital registration number under AB-PMJAY.
- e. If the application is rejected, the hospital will be intimated of the reasons based on which the application was not accepted and comments supporting the decision will be provided on the AB-PMJAY web portal. Such hospitals shall have the right to file a review against the rejection with the State Health Agency within 15 days of rejection through the portal. In case the request for empanelment is rejected by the SHA in review, the hospitals can approach the Grievance Redressal Mechanism for remedy.
- f. In case the hospital chooses to withdraw from AB-PMJAY, it will only be permitted to re-enter/ get re-empanelled under AB-PMJAY after a period of 6 months.
- g. If a hospital is blacklisted for a defined period due to fraud/abuse, after following due process by the State Empanelment Committee, it can be permitted to re-apply after cessation of the blacklisting period or revocation of the blacklisting order, whichever is earlier.
- h. There shall be no restriction on the number of hospitals that can be empanelled under AB-PMJAY in a district.
- i. Final decision on request of a Hospital for empanelment under AB-PMJAY, shall be completed within 30 days of receiving such an application.

Fast Track Approvals

- a. In order to fast track the empanelment process, hospitals which are AB PM-JAY Bronze Certified/NABH accredited shall be auto-empanelled provided they have submitted the application on web portal and meet the minimum criteria.

- b. In order to fast track the empanelment process, the states may choose to auto-approve the already empanelled hospitals under an active RSBY scheme or any other state scheme; provided that they meet the minimum eligibility, criteria prescribed under AB-PMJAY
- c. If already empanelled, under this route, should the state allow the auto-approval mode, the hospital should submit their RSBY government empanelment ID or State empanelment ID during the application process on the web portal to facilitate on-boarding of such service providers.
- d. The SEC shall ensure that all hospitals provided empanelment under Fast Track Approval shall undergo the physical verification process within 3 months of approval. If a hospital is found to have wrongfully empanelled under AB-PMJAY under any category, such an empanelment shall be revoked to the extent necessary and disciplinary action shall be taken against such an errant medical facility.

Role of National Health Authority (NHA)

NHA shall be directly approving the empanelment of hospitals in following situations:

- Those states which are not implementing AB PM-JAY at present viz. Telangana, West Bengal, Delhi and Odisha.
- Public Hospitals under other Ministries
- National Health Care Providers (NHCPs)

After the empanelment request by a hospital is filed, the application shall be scrutinized by NHA. NHA reserves the right to check any other detail as it deems fit.

- a. Hospital will be intimated as soon as a decision is taken regarding its empanelment and the same will be updated on the AB-PMJAY web portal. The Hospital will also be notified

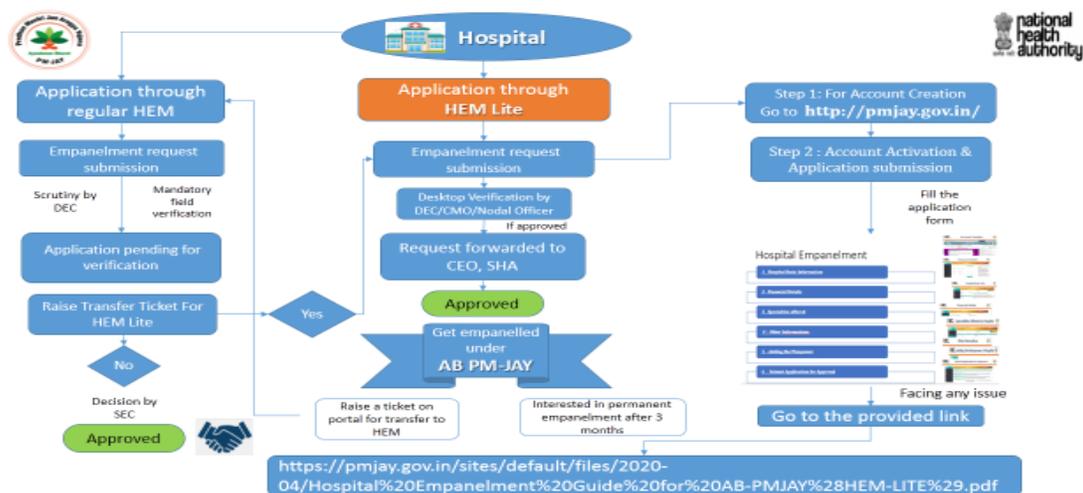
through SMS/email of the final decision. If the application is approved, the laboratory will be assigned a unique national laboratory registration number under AB-PMJAY.

- b. If the application is rejected, the hospital will be intimated of the reasons based on which the application was not accepted and comments supporting the decision will be provided on the AB-PMJAY web portal. The hospitals can approach the Grievance Redressal Mechanism for remedy.
- c. In case the hospital chooses to withdraw from AB-PMJAY, it will only be permitted to re-enter/ get re-empanelled under AB-PMJAY after a period of 6 months.

Transfer of Empanelment from HEM Lite to HEM

Hospitals empaneled through HEM Lite, if otherwise eligible for permanent empanelment, may be permanently empaneled (even before the 3-month duration of temporary empanelment) by making online request after which regular process for empanelment should be followed. Otherwise, the hospitals may be de-empaneled after 3 months.

Following process will be followed for empanelment of HEM Lite Hospitals to HEM :



Signing of Contract

- a. Within 7 days of approval of empanelment request by SEC, the State Government will sign a contract with the empanelled hospitals as per the template defined in the tender document.
- b. If insurance company is involved in implementing the scheme in the State, they will also be part of this agreement, i.e. tripartite agreement will be made between the IC, SHA and the hospital.
- c. Each empanelled hospital will need to provide a name of a nodal officers who will be the focal point for the AB-PMJAY for administrative and medical purposes
- d. Once the hospital is empanelled, a separate admin user for the hospital will be created to carry out transactions for providing treatment to the beneficiaries.

De –Empanelment Guidelines

De-Empanelment Procedure:

A.Introduction:

EHCP empaneled under the AB PMJAY scheme by SHA can be de-empaneled if they fail to meet and uphold the necessary criteria agreed upon. The following steps are to be followed for de-empanelment of hospitals.

B.Definitions:

1. IC means Insurance Company
2. Show Cause Notice refers to a notice to EHCP, seeking justification or explanation for the conduct in question
3. Suspension refers to temporary termination of operations under PMJAYEHCP as granted to it under the terms of contract. However, treatment of existing patients will continue as usual till they are treated and discharged from the EHCP.
4. De-empanelment refers to termination of contract of EHCP under PM-JAY and EHCP would not be allowed to provide services under PM-JAY any longer.
5. Term Evidence refers to it under Section 3 of the Evidence Act read with other provisions of the Act along with other applicable laws of India.

1.10. Process for Disciplinary Proceedings and De-Empanelment

Step 1 Investigation of suspect claims/ hospitals

The State Health Agency (SHA) /Insurance Company (IC)/ NHA or any of their authorized representatives shall be conducting ongoing forensics and analytics to identify aberrant cases/ suspect EHCPs, followed by desk audits of suspect cases. Based on the data analysis of

suspect cases or EHCPs visits or any authorized inspection or any complaint received about the EHCP from the patient or any third party or any complaint received /reported in the grievance cell the SHA or its representative can put that EHCP on watch list and serve a show cause notice for the observed deviations. The data of such EHCP shall be analyzed very closely for patterns, trends and anomalies. For certain high-risk suspect cases identified, field medical audit may be conducted to collect and analyze evidences. Investigation of the case including submission of report shall be done within 10 working days of flagging the case. All attempts shall be made to close the case within the above-mentioned period and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same.

Step 2 – Show-Cause Notice to the EHCP

- i. Based on the investigation report received, if the SHA/ Insurance Company/NHA observes that there is sufficient evidence/suspicion of EHCP indulging in malpractices, a show cause-notice shall be issued to the EHCP. All attempts shall be made to issue show cause notice within 7 working days from receipt of investigation report and in case of any delay, report must be submitted to CEO SHA, citing the reasons for the same
- ii. The Show-cause Notice shall be sent both to the EHCP's registered email ID provided at the time of empanelment or the most current one available/updated with SHA and a hard copy will be sent via registered speed post or delivered by hand through district coordinator to the EHCP's notified address.
- iii. The Show-Cause Notice shall clearly mention the email ID of the SHA where the response to the show-cause needs to be sent by the EHCP. The receipt of the registered speed post or acknowledgement of receipt by EHCP (in case delivered by hand) should be kept securely as proof by the SHA/IC.
- iv. The process of serving notice and acknowledgement of the same may also be achieved by way of an Alert in the system used by EHCP to login to PMJAY portal for day to day operations.
- v. EHCP shall respond to the Show-cause notice within 5 working days from the date of receipt of the show-cause notice. The response shall be sent to the SHA/IC at the email id provided in the show-cause letter or address specified for registered post along with supporting evidences collected as per the applicable laws of India. In case, the response to the Show-Cause notice is not received within 5 working

- days, the EHCP may be suspended/ its operations will be ceased under PM-JAY, for a specified time frame not exceeding 6 months, so that no new pre-authorizations can be raised by it. Treatment of existing patients will continue as usual till they are discharged. The notification of suspension should be sent through email and registered speed post. All attempts shall be made to send the notification within 2 working days of the decision and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same
- vi. In case, the response received from EHCP to the show cause notice is not found to be satisfactory then further information or evidences may be requested through email. The EHCP shall provide the requested documents/information within 3 working days through email. If the requested documents/information is not received within 3 working days then the EHCP may be suspended for a specified time frame not exceeding 6 months, so that it shall not be allowed to conduct any new pre-authorizations. All admitted patients under the scheme will be provided continued treatment as usual till they are discharged. No fresh admission will be allowed to EHCP under the Scheme. The notification of suspension should be sent through email and registered speed post, all attempts shall be made to send this notification within 2 working days of the decision taken by SHA for suspension and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same
 - vii. The EHCP shall not contact the beneficiaries in question after the show cause Notice is served nor shall it try to tamper and/or do any such act and/or omission which may lead to tampering of evidences, as per the applicable laws. In case any such tampering is found legal action may be taken accordingly

If the above-mentioned timelines are not met, then either of the parties can approach Competent authority as per the Grievance Redressal Guidelines

Step 3 - Detailed Investigation of EHCP

There shall be a detailed investigation into the activities of EHCP in the following conditions:

- a) For the EHCP which have been suspended.

- b) Receipt of complaint of a serious nature against EHCP
- c) The detailed investigation may include field visits to the EHCP, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
- d) If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, suspension will be immediately revoked (in case it is suspended) the same will be informed to the concerned Hospital, district hospital and the process to receive claim from the hospital will be restarted.

Procedure to be followed for detailed Investigation:

- i. Depending the nature and extent of suspicion/evidence of mischievous activities the SHA/IC may conduct a parallel detailed investigation, which would include investigation of the response submitted by EHCP to the Show Cause notice.
- ii. All attempts shall be made to complete the investigation and submit the report within 10 working days of show-cause being issued. In case of any delay report must be submitted to CEO SHA, citing the reasons for the same. The detailed investigation may include but not be limited to contacting or meeting beneficiaries to gather further evidence of malpractices and may include field visits to the EHCP to examine the in-door case papers, talking with admitted beneficiaries/treating doctor/other staff, examination of EHCPs records etc.
- iii. All statements of beneficiaries shall be recorded in writing in the language known to the Beneficiary and ensured that the said statement is read over to the beneficiary for confirmation and such statement is self-attested by the Beneficiary via signature or thumb impression for use as evidence later on. Wherever possible, video recording may be taken and if possible, a copy of photo identity proof of such beneficiary be maintained.
- iv. If the investigation reveals that the original suspicion/alleged mischievous activities against the provider are not valid and no malpractices are detected, then –
 - a) All attempts shall be made by SHA/ Insurance Company to revoke the show cause notice, within 5 working days of the investigation report being submitted. In case of any delay report must be submitted to CEO SHA, citing the reasons for the same
 - b) All attempts shall be made by SHA/ Insurance Company to send an email/letter to this effect to the EHCP within 5 working days of the decision to revoke show-

cause notice and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same

- v. If the investigation reveals that –
- a) The suspicion/alleged malpractice on the part of EHCP are valid and further new cases are detected, the Insurance Company/SHA may recommend suspension for a specified time period, not exceeding 6 months
 - b) The original cause of suspicion/alleged mischievous activities on the part of EHCP are not valid but additional malpractices are identified, a new Show Cause Notice will be issued to the EHCP. All attempts shall be made to issue above mentioned show cause notice within 7 working days of noticing such malpractices and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same. The EHCP shall be allowed 5 working days to respond and entire procedure for investigation will be followed as stated under these guidelines.

If the above-mentioned timelines are not met, then either of the parties can approach Competent authority as per the Grievance Redressal Guidelines.

Step 4 - Suspension of the EHCP

- I. An EHCP can be suspended in the following cases:
- A. **Suspension after show cause notice**
For EHCPs where adequate evidence of malpractices is present and the EHCP is not able to provide satisfactory justification, the SHA may suspend the hospital for a specified time period, not exceeding a period 6 months, as per process outlined in Step 3.
 - B. **No response to Show Cause Notice:**
 - I. In case, the EHCP does not provide any response to the Show-Cause notice within the stipulated time period as outlined in Step 3, the EHCP may be suspended for a specified time period, not exceeding 6 months.

- II. If the response is received during suspension period, the SHA may review the response, if found satisfactory then the suspension may be revoked, provided at least a period of 15 days suspension is served by the EHCP.

C. Direct suspension along with Show Cause

- i) If the SHA/IC obtains irrefutable evidences that the actions of the EHCP have or may cause grievous harm to the patients' health or life the SHA may immediately suspend the EHCP for a specified time period, not exceeding 6 months. The suspension must be accompanied with the Show-cause notice, allowing the EHCP time of 5 working days to respond to it. In such case SHA should share the notice along with detailed justification/reason for suspension with NHA and Secretary – Department of Health.
- ii) The SHA may also conduct a parallel investigation in such cases as outlined in Step 2
- iii) All attempts shall be made by the Investigation team to submit its report to SHA, within 10 working days of the suspension, including its findings on the response submitted by the EHCP to the Show Cause notice. In case of any delay report must be submitted to CEO SHA, citing the reasons for the same

D. If the EHCP fails to submit the penalty amount levied by the SHA

If the penalty is levied on the EHCP for an offence and the EHCP fails to submit the penalty amount within the stipulated time the SHA may decide to suspend the EHCP till the amount is recovered.

In all cases outlined above, the notification of suspension should be sent through email and registered speed post. All attempts shall be made to send the notification within 3 working days of decision and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same

II. Following suspension:

- i. The EHCP may file an appeal against suspension, with the SHA to review the order along with submission of necessary evidences and an undertaking of not repeating similar instances of malpractices within 30 days of suspension.
- ii. The SHA may revoke the suspension after examining the evidence and undertaking submitted by EHCP.

- iii. In case the alleged malpractices on the part of the EHCP are serious in nature and EHCP is unable to refute the same with evidence, the SHA shall present the case to SEC to initiate the de-empanelment proceedings against the EHCP.

If the above-mentioned timelines are not met, then either of the parties can approach Competent authority as per the Grievance Redressal Guidelines

Step 5 – Presentation of case to the SEC and De-empanelment

Presentation of case for de-empanelment may be initiated by SHA after conducting proper disciplinary proceedings (like Show Cause notice, suspension etc.) as outlined above.

If the Show Cause was not received by EHCP or adequate time was not allotted for response, then a fresh Show Cause Notice shall be served to the EHCP and it shall respond to within 3 working days from the date of receipt of the show-cause notice

In case the matter is referred to SEC, the following steps would be taken -

- i) The SEC would meet within 30 working days of the case being referred
- ii) All relevant documents including the detailed investigation report should be submitted to the SEC either at the time of case filing or at least 10 days prior to the meeting.
- iii) The SEC must ensure that the EHCP has been issued a show-cause notice seeking an explanation for the alleged malpractice with adequate time to respond.
- iv) Both parties (SHA and EHCP) would be provided a fair opportunity to present their case with necessary evidence at the meeting conducted by SEC
- v) The SEC shall consider submissions made by the beneficiaries (through call center/written submissions/emails etc.), field audit reports/survey reports/feedback reports/ complaints filed with them or information from other sources to investigate a claim of fraud/abuse under PMJAY by an EHCP.
- vi) If the SEC finds that the complaint/allegation against the EHCP are valid, shall order de-empanelment of the EHCP along with additional disciplinary actions like penalties, FIR etc. as it may deem fit.

- vii) In case the SEC does not find adequate supporting evidence against the EHCP, it may revoke the suspension of the EHCP or reverse/modify any other disciplinary action taken by SHA against the EHCP, while making clear observations and reasons underlying the final decision.
- viii) All attempts shall be made to take the final decision within 30 days of 1st SEC meeting and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same
- ix) All attempts shall be made to implement any disciplinary proceeding as decided by SEC within 30 days of the decision taken by SEC and in case of any delay report must be submitted to Secretary-Health and Family Welfare Department of the State, citing the reasons for the same.
- x) If either party is not satisfied by the decision of SEC, they can approach Competent authority as per the Grievance Redressal guidelines.

If the above - mentioned timelines are not met, then either of the parties can approach Competent authority as per the Grievance Redressal Guidelines.

Step 6 - Actions to be taken after De- empanelment

Once the hospital has been de-empaneled, following steps shall be taken:

- i) A letter/email shall be sent to the EHCP regarding the decision at registered address /registered email ID/ of the EHCP within 3 working of the decision.
- ii) A decision may be taken by the SEC to ask the SHA/Insurance Company to either lodge an FIR in case there is suspicion of criminal activity or take such other permissible legal action under applicable laws of India.
- iii) This information shall be sent with other Insurance Companies, other regulatory bodies and to NHA.
- iv) A list of de-empaneled hospitals shall be displayed on NHA and SHA website. The list should be prominently displayed and easily accessible on the website to ensure beneficiary awareness.

- v) The SHA may notify in the local media about the entities where malpractice is confirmed and also about the action taken against the EHCP engaging in malpractices.
- vi) The period of de-empanelment would be for a period of 2 years., unless stated otherwise,
- vii) Once de-empaneled, the EHCP cannot seek for re-empanelment until completion of 1 year from the date of such de-empanelment.
- viii) In case SHA/SEC decides to re-empanel an EHCP within a period of 1 year, it shall notify NHA and Secretary-Health and Family Welfare Department of the concerned State, along with a detailed explanation/recorded reason for the same.
- ix) Based on the severity of the offence, SEC may de-empanel the EHCP for more than 2 years or may blacklist an EHCP. In such cases, the SHA/SEC should inform NHA and Secretary-Health and Family Welfare Department of the concerned State of its decision along with a detailed explanation/recorded reason for the same.
- x) In case of confirmed act of professional misconduct and violation of medical ethics, the appropriate Medical Council should be informed of the details of the case, the doctor and the hospital involved. The Medical Council and State Medical Council should take it up and take appropriate action as per the Code of Medical Ethics Regulation, 2002 and/or such necessary action as may be required as per the applicable laws.

Gradation of Offences

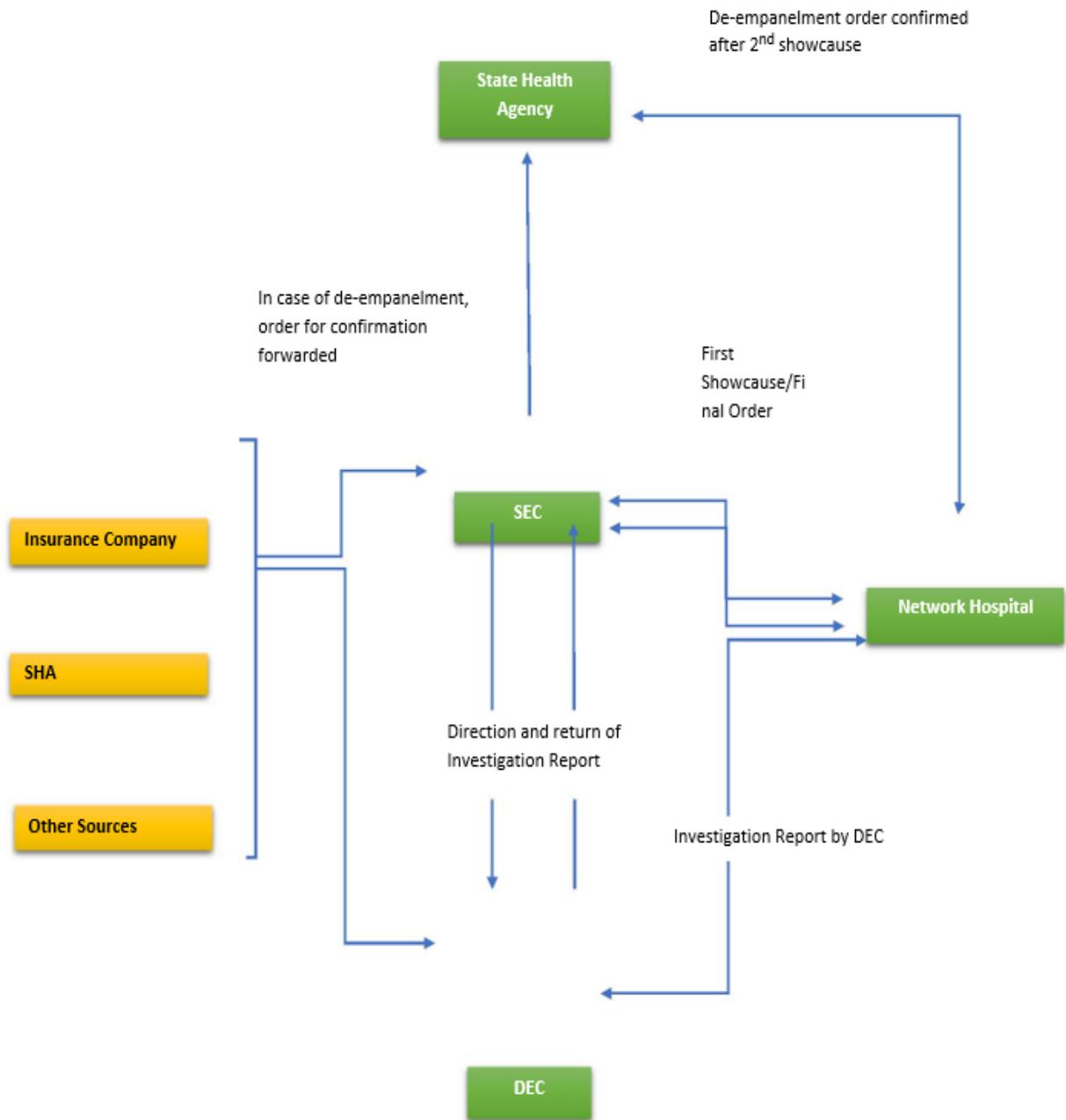
On the basis of the investigation report/field audits, the following charges may be found to be reasonably proved and a gradation of penalties may be levied by the SEC. However, this tabulation is intended to be as guidelines rather than mandatory rules and the SEC may take a final call on the severity and quantum of punishment on a case to case basis.

Penalties:

Penalties for Offences by the Hospital			
Case Issue	First Offence	Second Offence	Third Offence
Illegal cash payments by beneficiary	Full Refund and penalty up to 5 times of illegal payment to be paid to the SHA by the hospital within 7 days of the Receipt of Notice. SHA shall thereafter transfer money to the beneficiary, charged in actual, within 7 days.	In addition to actions as mentioned for first offence, Rejection of claim for the case	De- empanelment/ black-listing
Billing for services not provided	Rejection of claim and penalty of up to 5 times the amount claimed for services not provided, to Insurance Company /State Health Agency	Rejection of claim and penalty of up to 10 times the amount claimed for services not provided, to Insurance Company /State Health Agency	De- empanelment
Up coding/ Unbundling/ Unnecessary Procedures	Rejection of claim and penalty of up to 10 times the excess amount claimed due to up coding /unbundling/Unnecessary Procedures, to	Rejection of claim and penalty of up to 20 times the excess amount claimed due to up coding/unbundling/Unnecessary Procedures, to	De- empanelment

	Insurance Company /State Health Agency	Insurance Company /State Health Agency	
Wrongful beneficiary Identification	Rejection of claim and penalty of up to 5 times the amount claimed for wrongful beneficiary identification to Insurance Company /State Health Agency	Rejection of claim and penalty of up to 10 times the amount claimed for wrongful beneficiary identification to Insurance Company /State Health Agency	De-empementment
Non-adherence to minimum criteria for empanelment, quality and service standards as laid under PM JAY.	<p>A) In case of minor gaps -</p> <p>i) Show Cause notice with compliance period of 2 weeks for rectification</p> <p>ii) And rejection of claims related to gaps</p> <p>B) In case major gaps and willful suppression/ misrepresentation of facts –</p> <p>i) Show Cause notice with compliance period of 2 weeks for rectification</p> <p>ii) And rejection of claims related to gaps and penalty of up to 3 times of all cases related to gaps observ</p>	<p>i) Penalty of up to 5 times of all the approved claims related to the gaps observed</p> <p>ii) And suspension until rectification of gaps and validation by SEC/ DEC</p>	<p>i) De-empementment</p> <p>ii) And Penalty of up to 5 times of all the approved claims related to the gaps observed</p>

Sample Letters in Annex 3



Annex 1: Detailed Empanelment Criteria

Minimum Criteria

A Hospital would be empaneled as a network private hospital with the approval of the respective State Health Authority⁵ if it adheres with the following minimum criteria:

- a) Should have at least 10 inpatient beds with adequate spacing and supporting staff as per norms.
 - i. Exemption may be given for single-speciality hospitals like Eye ,ENT and Standalone Dialysis Centres.
 - ii. General ward - @80sq ft per bed, or more in a Room with Basic amenities- bed, mattress, linen, water, electricity, cleanliness, patient friendly common washroom etc. Non AC but with fan/Cooler and heater in winter
- b) It should have adequate and qualified medical and nursing staff (doctors⁶ & nurses⁷), physically in charge round the clock; (necessary certificates to be produced during empanelment).
- c) Fully equipped and engaged in providing Medical and Surgical services, commensurate to the scope of service/ available specialties and number of beds.
 - i. Round-the-clock availability (or on-call) of a Surgeon and Anesthetist where surgical services/ day care treatments are offered.
 - ii. Round-the-clock availability (or on-call) of an Obstetrician, Paediatrician and Anaesthetist where maternity services are offered.

⁵ In order to facilitate the effective implementation of AB PM-JAY, State Governments shall set up the State Health Authority (SHA) or designate this function under any existing agency/ trust designated for this purpose, such as the state nodal agency or a trust set up for the state insurance program.

⁶ Qualified doctor is a MBBS approved as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time.

⁷ Qualified nurse per unit per shift shall be available as per requirement laid down by the Nursing Council/Clinical Establishment Act/ State government rules & regulations as applicable from time to time. Norms vis a vis bed ratio may be spelt out.

- iii. Round-the-clock availability of specialists (or on-call) in the concerned specialties having enough experience where such services are offered (e.g. Orthopaedics, ENT, Ophthalmology, Dental, general surgery (including endoscopy) etc.)
- d) Hospital should have adequate arrangements for round-the-clock support systems required for the above services like Pharmacy, Blood Bank, Laboratory, Dialysis unit, Endoscopy investigation support, Post op ICU care with ventilator support (mandatory for providing surgical packages), X-ray facility etc., either 'In-House' or with 'Outsourcing arrangements' with appropriate agreements and in nearby vicinity.
- e) Round-the-clock Ambulance facilities (own or tie-up).
- f) 24 hours emergency services managed by technically qualified staff wherever emergency services are offered
 - i. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, Suction apparatus etc. and with attached toilet facility.
- g) Mandatory for hospitals wherever surgical procedures are offered:
 - i. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
 - ii. Post-op ward with ventilator and other required facilities.
- h) Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (For medical/surgical ICU/HDU) with requisite staff.
 - i. The unit is to be situated in close proximity of operation theatre, acute care medical and surgical ward units.

- ii. Suction, oxygen supply and compressed air should be provided for each bed.
- iii. Further High Dependency Unit (HDU) - where such packages are mandated should have the following equipment:
 - 1. Piped gases
 - 2. Multi-sign Monitoring equipment
 - 3. Infusion of ionotropic support
 - 4. Equipment for maintenance of body temperature
 - 5. Weighing scale
 - 6. Manpower for 24x7 monitoring
 - 7. Emergency cash cart
 - 8. Defibrillator.
 - 9. Equipment for ventilation.
 - 10. In case there is common Paediatric ICU then Paediatric equipments, e.g.: paediatric ventilator, Paediatric probes, medicines and equipment for resuscitation to be available.
- iv. HDU (high dependency unit) should also be equipped with all the equipment and manpower as per HDU norms.
- i) Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
 - i. Wherever automated systems are used it should comply with MoHFW/ NHA EHR guidelines (as and when they are enforced)
 - ii. All AB PM-JAY cases must have complete records maintained
 - iii. Share data with designated authorities for information as mandated.
- j) Legal requirements as applicable by the local/state health authority.
- k) Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by NHA from time to time.
- l) Registration with the Income Tax Department.
- m) NEFT enabled bank account
- n) Telephone/Fax
- o) Safe drinking water facilities.
- p) Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.

- q) Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
- r) Appropriate fire-safety measures.
- s) Provide space for a separate kiosk for AB-PMJAY beneficiary management (AB-PMJAY non-medical⁸ coordinator) at the hospital reception.
- t) Ensure a dedicated medical officer to work as a medical⁹coordinator towards AB-PMJAY beneficiary management (including records for follow-up care as prescribed)
- u) Ensure appropriate promotion of AB-PMJAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/ district level AB-PMJAY team.
- v) IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.) as mandated by the NHA

⁸ The non-medical coordinator will do a concierge and helpdesk role for the patients visiting the hospital, acting as a facilitator for beneficiaries and are the face of interaction for the beneficiaries. Their role will include helping in preauthorization, claim settlement, follow-up and Kiosk-management (including proper communication of the scheme).

⁹ The medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital.

Advanced Criteria

Over and above the essential criteria required to provide basic services under AB-PMJAY (as mentioned in Category 1) those facilities undertaking defined specialty packages (as indicated in the benefit package for specialties mandated to qualify for advanced criteria) should have the following:

- a) These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Neonatal/ Paediatric Surgery, Urology etc.
- b) A hospital could be empanelled for one or more specialties subject to it qualifying to the concerned specialty criteria.
- c) Such hospitals should be fully equipped with ICCU/SICU/ NICU/ relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.
- d) Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies.
 - i. The Hospital should have sufficient experienced specialists with an advanced qualification in the specific identified fields for which the Hospital is empanelled as per the requirements of professional and regulatory bodies/ as specified in the clinical establishment act/ State regulations.
 - ii. The Hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the Hospital is empanelled as per the requirements specified in the clinical establishment act/ State regulations as the case may be.
- e) Indicative specialty specific criteria are as under:

Specific Criteria for Cardiology/ CVTS

- a) CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
- b) Post-op with ventilator support
- c) ICU Facility with cardiac monitoring and ventilator support
- d) Hospital should facilitate round the clock cardiologist services.

- e) Availability of support specialty of General Physician & Pediatrician
- f) Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.

Specific Criteria for Cancer Care

- a) The facility should have a tumor board which decides a comprehensive plan towards multi-modal treatment of the patient or if not, then appropriate linkage mechanisms need to be established to the nearest regional cancer centre (RCC). Tumor board should consist of a qualified team of Surgical, Radiation and Medical Oncologist to ensure the most appropriate treatment for the patient.
- b) Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric Oncologist/ tumor board with prior approval and pre-authorization of treatment.
- c) For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house or through “outsourced facility”. In case of outsourced facility, the empanelled hospital for radiotherapy treatment and even for chemotherapy, shall not perform the approved surgical procedure alone, but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.
- d) Further hospitals should have infrastructure capable for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.
 - i. Treatment machines which can deliver SRS/SRT
 - ii. Associated Treatment planning system
 - iii. Associated Dosimetry systems

Specific Criteria for Neurosurgery

- a) Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horseshoe, may field/sagittal or equivalent frame).
- b) Neuro ICU facility
- c) Post-op with ventilator support
- d) Facilitation for round the clock MRI, CT and other support bio-chemical investigations.

Specific Criteria for Burns, Plastic & Reconstructive surgery

- a) The Hospital should have full time/on-call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.
- b) Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.
- c) Well Equipped Theatre
- d) Surgical Intensive Care Unit.
- e) Post-op with ventilator support
- f) Trained Paramedics
- g) Post-op rehab/ Physiotherapy support/ Phycology support.

Specific Criteria for Pediatric Surgery

- a) The Hospital should have full time/on call services of paediatric surgeons / plastic surgeons / urologist surgeons related to congenital malformation in the paediatric age group.

- b) Well-equipped theatre
- c) Paediatric and Neonatal ICU support
- d) Support services of paediatrician
- e) Availability of mother rooms and feeding area.
- f) Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank.

Specific Criteria for specialized new born care.

- a) The hospital should have well developed and equipped neonatal nurse/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms
- b) Availability of radiant warmer/ incubator/ pulse oximeter/ photo therapy/ weighing scale/ infusion pump/ ventilators/ CPAP/ monitoring systems/ oxygen supply / suction / infusion pumps/ resuscitation equipment/ breast pumps/ bilimeter/ KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to hematological, biochemistry tests, imaging and blood gases, using minimal sampling, as required for the service packages
- c) For Advanced Care and Critical Care Packages, in addition to 2. above: parenteral nutrition, laminar flow bench, invasive monitoring, in-house USG. Ophthalmologist on call.
- d) Trained nurses 24x7 as per norms
- e) Trained Paediatrician(s) round the clock
- f) Arrangement for 24x7 stay of the Mother – to enable her to provide supervised care, breastfeeding and KMC to the baby in the nursery/NICU and upon transfer therefrom; provision of bedside KMC chairs.

- g) Provision for post-discharge follow up visits for counselling for feeding, growth / development assessment and early stimulation, ROP checks, hearing tests etc.

Specific Criteria for Polytrauma

- a) Shall have Emergency Room Setup with round the clock dedicated duty doctors.
- b) Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
- c) The Hospital shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon and other support specialists as and when required based on the need.
- d) Shall have dedicated round the clock Emergency theatre with C-Arm facility, Surgical ICU, Post-Op Setup with qualified staff.
- e) Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

Specific criteria for Nephrology and Urology Surgery

- a) Dialysis unit
- b) Well-equipped operation theatre with C-ARM
- c) Endoscopy investigation support
- d) Post op ICU care with ventilator support
- e) Sew lithotripsy equipment either “in-house” or through outsourced facility

Specific Criteria for Standalone Dialysis Centers

- a) Shall be registered under Nursing Home Act/ Medical Establishment Act and having necessary licences like:
- i. NOC from Fire Department
 - ii. Ambulance - Commercial Vehicle Permit, Commercial Driver License, Pollution Control Licenses
 - iii. DG Set Approval for Commissioning
 - iv. Diesel Storage Licenses
 - v. Medical Gases Licenses/ Explosives Act
 - vi. Clinical Establishments Act Registration (if applicable)
 - vii. MoU / agreement with outsourced services (eg. human resource agencies as per labor laws, security services, housekeeping services, canteen facilities, pharmacy etc)
 - viii. MoU with Multispecialty Hospitals for Emergencies
 - ix. Blood banks License/ MoU with registered blood banks
- b) Shall have build-up area of 175 Sq.Mtr for Haemodialysis units with Registration Area(Reception, Waiting and Public Utilities) of 30 Sq.Mtr, Treatment Room (Procedure room, Staff Change room, Dirty Utility Room, Clean Utility , Dialyzer cleaning area, Toilet, Store room, CAPD training area, Store and Pharmacy) of 80 Sq.Mtr, Administrative Department (Accounts office, medical office) of 20 Sq.Mtr, Water Treatment Area (RO Plant, Water Pump) of 20 Sq.Mtr and Generator Area of 5 Sq.Mtr
- c) Should be have qualified Nephrologist (having DM or DNB in nephrology or its equivalent degree shall be the head of the center. In areas where there is no Qualified Nephrologist, a certified trained dialysis physician (as per local law and

regulation) shall be the head of the centre), Qualified Duty doctor, dialysis technician, dialysis nurses, dietician , social worker , dialysis attendants and housekeeping service

d) Should have following equipment's:

i. Emergency Equipment's:

- 1 Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag- Adult & Pediatric (neonatal if indicated)
- 2 Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs
- 3 Suction Apparatus
- 4 Defibrillator with accessories
- 5 Equipment for dressing/bandaging/suturing
- 6 Basic diagnostic equipment- Blood Pressure Apparatus, Stethoscope, weighing machine, thermometer
- 7 ECG Machine
- 8 Pulse Oximeter
- 9 Nebulizer with accessories

ii. Other Equipment's for Regular use:

1. Stethoscope
2. Sphygmomanometer
3. Examining light
4. Oxygen unit with gauge
5. Minor surgical instrument set
6. Instrument table
7. Goose neck lamp
8. Standby rechargeable light
9. ECG machine
10. Suction machine
11. Defibrillator with cardiac monitor
12. Stretcher
13. Wheelchair
14. Hemodialysis Equipment
15. Hemodialysis Set
16. Monitor
17. Pulse Oxymeter

iii. Machine and Dialyzer:

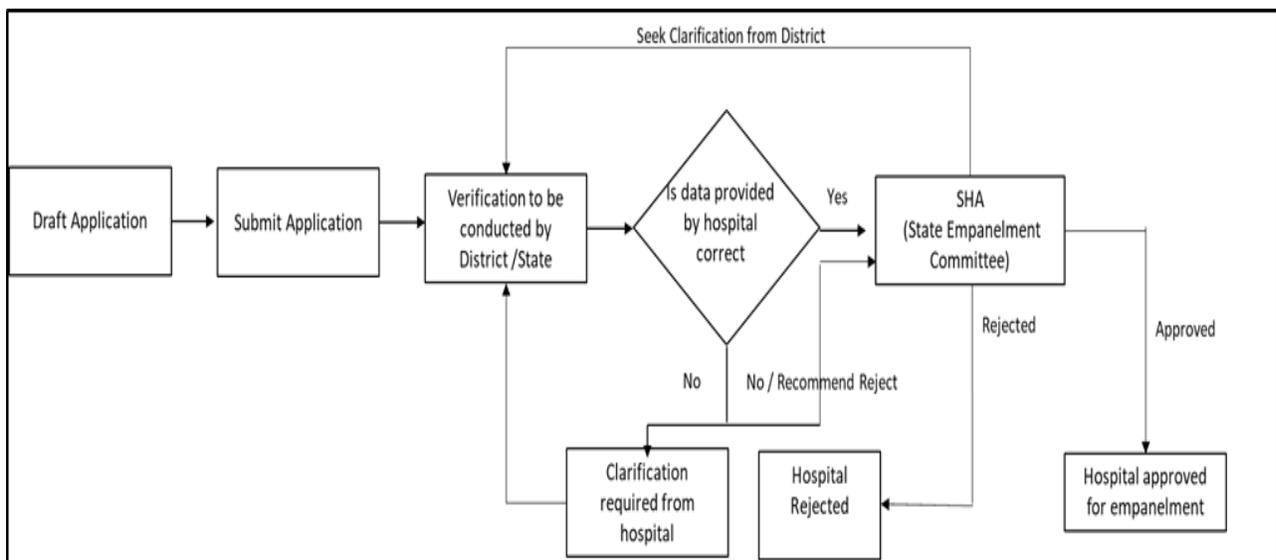
1. HD machines
2. Peritoneal Dialysis machine
3. CRRT machine (optional)
4. Dialyzers

iv. RO PLANT water plant/reverse osmosis (RO) system

Components:

1. Feed water temperature control
2. Backflow preventer
3. Multimedia depth filter
4. Water softener
5. Brine tank
6. Ultraviolet irradiator (optional)
7. Carbon filters tanks

Annex 2: Process Flow for Empanelment



Annex 3: Sample Templates of Letters

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: Show Cause Notice to <name of the hospital> with reference to the agreement signed with SHA/ Insurance Company dated <_>

The State Health Agency, <State Name>, has conducted medical audit of claims submitted by your hospital and /or field investigation, during which following irregularities/breaches were observed:

- Observations related to Infrastructure/ Human resource/ Quality of care/ Patient Grievances/others
- Observations specific to cases
 - Name
 - PMJAY id:
 - Package booked:

- Admission date:
- Discharge date:
- Observations:

You are thus hereby been called upon, to immediately reply to this notice within 5 days from receipt of this notice and provide all the details available with yourself pertaining to the breach/irregularities as stated above. The response should be shared to above email address and via registered post at above mentioned address, failing which we will be bound to take further necessary action as per the existing guidelines and under the provisions of applicable laws of India which may be civil and/or criminal in nature against you in the competent court of law at your risk and cost without any further correspondence.

Kindly ensure that your explanation is complete, accurate and supported by sufficient documentary proofs as may be required.

No response, inadequate response or response unsubstantiated by accurate evidences/documents within the stipulated time period will not be considered and would lead to suspension of your hospital from the provider network of AB PM-JAY as well as initiation of legal and disciplinary proceedings as per AB PM-JAY guidelines and applicable laws.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: W.r.t. Show Cause Notice to <name of the hospital> with reference to the agreement signed with SHA/ Insurance Company dated <_> and suspension for <_> months

The State Health Agency, <State Name>, has conducted random audit of claims submitted by your hospital and /or field investigation, during which following irregularities were observed:

- • Observations related to Infrastructure/ Human resource/ Quality of care/ Patient Grievances/others
- Observations specific to cases
 - Name
 - PMJAY id:
 - Package booked:
 - Admission date:
 - Discharge date:
 - Observations:

In lieu of above observations and as per AB PM-JAY guidelines, your hospital is suspended from providing services under PMJAY for <__> months till further investigation and due diligence is completed and final decision by competent authority is arrived at. However, treatment of existing patients will continue as usual till they are discharged.

You are thus hereby been called upon, to immediately reply to this notice within 5 days and provide all the details available with yourself pertaining to the breach/irregularities as stated above. The response should be shared to above email address and via registered post at above mentioned address, failing which we will be bound to take further necessary action as per the existing guidelines and under the provisions of applicable laws of India which may be civil and/or criminal in nature against you in the competent court of law at your risk and cost without any further correspondence.

Kindly ensure that your explanation is complete, accurate and supported by sufficient documentary proofs as may be required.

No response, inadequate response or response unsubstantiated by accurate evidences within the stipulated time period will not be considered and will lead to initiation of legal and disciplinary proceedings as per PM-JAY guidelines and applicable laws.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

Copy to:

CEO, National Health Authority

Principal Secretary Health, <state name>

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: suspension for <_> months, w.r.t. Show Cause Notice to <name of the hospital>, dated <____>

This is with reference to show cause notice issued to your hospital dated <__> and response received thereof dated <__>. The explanation provided by your hospital and evidences submitted were not found satisfactory on below mentioned grounds-

Therefore, as per PMJAY guidelines, your hospital is suspended from providing services under PMJAY for <__> months. However, treatment of existing patients will continue as usual till they are discharged.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: suspension for <_> months and Penalty of INR _____ levied, w.r.t. Show Cause Notice to <name of the hospital>, dated <____>

This is with reference to show cause notice issued to your hospital dated <__> and response received thereof dated <__>. The explanation provided by your hospital and evidences submitted were not found satisfactory on below grounds -

Therefore, as per PMJAY guidelines, your hospital is suspended from providing services under PMJAY for <__> months. However, treatment of existing patients will continue as usual till they are discharged. And a penalty amount of INR____ is also levied on your hospital. The details are mentioned as below -

Please note penalty to the amount of INR_____ is being recovered against the pending claims of your hospital. You are further directed to deposit INR _____, within 7 working days of receipt of this notice via demand draft in favor of '_____' or NEFT/RTGS to <Bank name>, <account number> <IFSC code>. In case NEFT/RTGS is being used for depositing the amount, the hospital shall provide the Unique Transaction ID to SHA office. Failure to deposit

the aforesaid amount in stipulated time period further suitable disciplinary actions would be taken as per PMJAY guidelines.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: Penalty of INR _____ levied W.r.t. Show Cause Notice to <name of the hospital>, dated <____>

This is with reference to show cause notice issued to your hospital dated <__> and response received thereof dated <__>. The explanation provided by your hospital and evidences submitted were not found satisfactory on below grounds

Therefore, as per PMJAY guidelines, a penalty amount of INR____ is levied on your hospital. The details are mentioned as below –

Please note penalty to the amount of INR_____ is being recovered against the pending claims of your hospital. You are further directed to deposit INR _____, within 7 working days of receipt of this notice via demand draft in favor of '_____' or NEFT/RTGS to <Bank name>, <account number> <IFSC code>. In case NEFT/RTGS is being used for depositing the amount, the hospital shall provide the Unique Transaction ID to SHA office.

Failure to deposit the aforesaid amount in stipulated time period will lead to suspension of the hospital from providing services to AB PMJAY beneficiaries till the time entire penalty amount is deposited.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: De-empanelment of <hospital name>, W.r.t. Show Cause Notice to <name of the hospital>, dated <___>

This is with reference to the suspension order dated <___>, the case was heard by SEC on <___>.

The synopsis of the case is mentioned as below -

The Right of being heard was accorded to yourself and after considering the evidence produced in front of the committee and arguments by both parties, the competent authority is of the view that your hospital could not defend the irregularities highlighted and it is established that the hospital has violated PM-JAY guidelines and/or applicable laws.

Therefore, the competent authority has decided to De-empanel your hospital from the provider network of PM-JAY with immediate effect. However, treatment of existing patients will continue as usual till they are discharged.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

Letter head of SHA / Insurance company

Letter number:
Date

Place,

To

<Name of Hospital>

<Address>

<District, State>

Dear Sir/Ma'am,

Subject: De-empanelment of <hospital name> and Penalty of INR<___> , W.r.t. Show Cause Notice to <name of the hospital>, dated <___>

This is with reference to the suspension order dated <___>, the case was heard by SEC on <___>.

The synopsis of the case is mentioned as below - _____

The Right of being heard was accorded to yourself and after considering the evidence produced in front of the committee and arguments by both parties, the competent authority is of the view that your hospital could not defend the irregularities highlighted and it is established that the hospital has violated PM-JAY guidelines and/or applicable laws

Therefore, the competent authority has decided to De-empanel your hospital from the provider network of PM-JAY with immediate effect. However, treatment of existing patients will continue as usual till they are discharged.

Also, a penalty amount of INR____ is also levied on your hospital. The details are mentioned as below -

Please note penalty to the amount of INR_____ is being recovered against the pending claims of your hospital. You are further directed to deposit INR _____, within 7 working days of receipt of this notice via demand draft in favor of ' _____ ' or NEFT/RTGS to <Bank name>, <account number> <IFSC code>. In case NEFT/RTGS is being used for depositing the amount, the hospital shall provide the Unique Transaction ID to SHA office. Failure to deposit the aforesaid amount in stipulated time period further suitable disciplinary and legal actions would be taken as per PMJAY guidelines and/or as per applicable laws.

This is without prejudice to all other legal rights and remedies available to SHA for the above-stated purpose.

This Notice is issued with approval of Competent Authority.

Your Sincerely

=====