

Ready Reckoner - Empanelment and De-empanelment Guidelines

1. SHA can empanel healthcare providers in states not implementing PM-JAY. *(Please refer Page No 7, Section 3.1, Point 3.1.2)*
2. Any public healthcare facility with the capacity to provide services covered under PM-JAY can be empaneled. *(Please refer Page No 7, Section 3.1, Point 3.1.3)*
3. Public Hospitals under other schemes/ government bodies including Employee State Insurance Corporation (ESIC) and CGHS hospitals are eligible for empanelment under the scheme. *(Please refer Page No 8, Section 3.1, Point 3.1.5)*
4. State Governments will have the flexibility to revise/relax the empanelment criteria (barring the minimum requirements as highlighted in Annex 1). *(Please refer Page No 9, Section 3.2, Point 3.2.3)*
5. Role of SHA
 - a. Awareness generation among the healthcare service providers.
 - b. Verification and approval of the applications.
 - c. Analysis of the Healthcare Service Provider Landscape.
 - d. The recommended composition of SEC is CEO-SHA, Medical Officer, Two State Government officials, nominated Insurance company representative *(Please refer Page No 10, Section 4.2, Point 4.3.1)*
6. District Empanelment Committee (DEC) -Structure and Role
 - a. District Empanelment Committee (DEC) be formed at the district level which will assist SEC/SHA. It will be responsible for conducting the following:
 - i. Validation and scrutiny of the uploaded documents by the hospital for completeness and accuracy
 - ii. Conducting field and desktop-based verification of hospitals both during empanelment and in case of any complaints related to infrastructure
 - iii. Submission of the verification reports to the SHA through the online empanelment portal with a recommended decision to approve or reject with clear reasons for rejection
 - iv. Recommending any relaxation in empanelment criteria, if needed (with justification for relaxation).
 - b. Recommended structure of DEC is Chief Medical Officer of the district, District Program Manager/ District Program Coordinator -SHA, Insurance company representative *(Please refer Page No 10, Section 4.3, Point 4.3.2)*

7. Third Party Empanelment Agency (TPEA) -Structure and Role

- a. If additional support is required for the empanelment process, SHA may hire a third-party empanelment agency.
- b. The TPEA will be responsible to facilitate verification of healthcare providers (both physical as well desk-top verification). It is recommended that those states with large network of service providers may avail this option.
- c. The composition and qualifications of TPEA will be similar as DEC.
- d. Third party to ensure physical verification of healthcare service provider is conducted along with DEC within 1 months of empanelment first approved.

(Please refer Page No 13, Section 4.3, Point 4.3.3)

8. Revised Approval Flow and process, the verification process may be undertaken through one or a combination of the following suggested options:

- a. Physical and desktop-based verification by DEC/TPEA
- b. Fastrack empanelment of QCI recommended HCPs
- c. Fastrack empanelment on Non-QCI recommended HCPs

(Please refer Page No 15, Section 5.2, Point 5.2.1)

9. Specialty Specific Empanelment: Pediatric cancer, Pediatric surgery, Radiation oncology, Medical oncology, Surgical oncology, Neuro surgery, Neonatology, Burn management, Plastic reconstructive surgery, Cardiology, Interventional neuro radiology specialties *(Please refer Page No 17, Section 5.2, Point 5.2.1.2.4 and also refer Annexure 2)*

10. DEC to submit final inspection report to SHA through HEM within 15 working days. SHA shall make final decision within 15 working days after receiving report from DEC. *(Please refer Page No 18 & 19, Section 5.2, Point 5.2.1.2.7 & Point 5.2.1.2.9)*

11. DEC can suggest action type for empanelment application as Recommend relaxation and approve. *(Please refer Page No 18, Section 5.2, Point 5.2.1.2.7., Sub-point II)*

12. Fast track empanelment process for QCI Recommended hospitals *(Please refer Page No 20, Section 5.2, Point 5.2.1.3)*

13. Fast track empanelment process for Non-QCI Recommended healthcare providers, DEC/TPEA has to submit decision with 5 working days. *(Please refer Page No 21, Section 5.2, Point 5.2.1.4)*

14. SHA and the healthcare service provider will sign an MoU within 7 working days of empanelment and also ensure that training on systems and processes like BIS, TMS, HBP, STG and claim settlement process is provided within 15 working days of MoU signing. SHA will ensure automatic creation of BIS/TMS login through the system within 5 working days of MoU signing. A link for access to training videos will also be shared simultaneously. *(Please refer Page No 23, Section 5.3, Point 5.3.2, 5.3.4, 5.3.5)*

15. Process for Disciplinary Proceedings and De-empanelment. *(Please refer Page No 24, Section 6.3)*

16. Criteria for empanelment - Minimum Criteria:

- a. Should have at least 10 inpatient beds with adequate spacing and supporting staff as per norms. Exemption may be given for dental and day-care procedure hospitals like Eye, ENT, and Standalone Dialysis Centres.
- b. General ward - @80sq ft per bed, or more in a Room with Basic amenities
- c. Fully equipped and engaged in providing Medical and Surgical services, commensurate to the scope of service/ available specialties and number of beds.
- d. 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.)
- e. Hospital should have adequate arrangements for round-the-clock support systems required 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.
- f. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered or a minimum first aid/emergency medicine/oxygen availability
- g. Round the clock Ambulance Services (own or tie-up)
- h. Legal requirements as applicable by the local/state health authority.
- i. Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by NHA from time to time.
- j. Registration with the Income Tax Department.
- k. NEFT enabled bank account
- l. Safe drinking water facilities.
- m. Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
- n. Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
- o. Appropriate fire-safety measures.
- p. Provide space for a separate kiosk for AB-PMJAY beneficiary management (AB-PMJAY non-medical coordinator) at the hospital reception.
- q. Ensure a designated medical officer to work as a medical coordinator towards AB-PMJAY beneficiary management (including records for follow-up care as prescribed)

(Please refer Page No 37, Section 7.1)

17. Empanelment in aspirational districts with the relaxed criterion. *(Please refer Page No 42, Section 7.2 and also refer Annexure 4)*

18. Dialysis Centre associated (outsourced/PPP) with: Non-empanelled private HCPs -The outsourced dialysis centre can get empanelled under AB PMJAY *(Please refer Page No 47,48, Section 7.3,Point 7.3.9)*

