

**S-12015/10/2019- NHA**  
**Govt of India**  
**Ministry of Health & Family Welfare**  
**National Health Authority**

9<sup>th</sup> Floor, Jeevan Bharti Building  
Connaught Place, New Delhi 110021  
Date: 13<sup>th</sup> July 2022

**Office Memorandum**

**Subject: Revised Empanelment and De-empanelment Guidelines for hospitals under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)**

Ayushman Bharat PM-JAY is aimed at ensuring access to the quality healthcare services to all eligible beneficiaries. Towards this end over last three years a large network of more than 25,000 hospitals have been created. The hospital empanelment guideline has been suitably modified to facilitate geographical equity to access

2. It is expected that the guidelines issued by NHA shall enable states/UTs to make informed decisions on different aspects of Empanelment and De-empanelment of the HCPs and as required, develop their comprehensive guidelines and issue necessary instruction for the same. In so doing, it can help ensure that states/UTs have adequate number of HCPs for the beneficiaries and an expedited process of empanelment.

3. However, it is disappointing to observe that a large number of these hospitals have not yet participated in the scheme i.e. not even a single per-authorization request has been raised by such hospitals since their empanelment. SHAs were requested to reach-out to such empaneled hospitals and provide them necessary hand-holding support in participating under AB PM-JAY. However, there has not been significant improvement in this direction. Therefore, SHAs are requested to effectively engage with each empaneled hospital centrally and through the DIUs. An action taken report may kindly be shared with NHA by 15th August 2022

4. Further, in order to maintain a functional network of hospitals, NHA has revised the Guidelines for Empanelment and De-empanelment of HCPs under AB PM-JAY (Copy enclosed). This will replace the existing guideline within stipulated time interval. Further, the above referred guideline has been amended to incorporate Para 3.1.3, same is reproduced below for kind perusal:

"Any healthcare facility which fails to raise even 1 pre-authorization within 6 months from the date of its empanelment will be de-empaneled from AB-PMJAY scheme. The review will take place bi-annually each year on 1<sup>st</sup> January and 1<sup>st</sup> July. All hospitals with a minimum period of 6 months empanelment will be placed for review twice during the year."



5. In view of the above, *all the inactive HCPs which fail to comply with OM dated 7<sup>th</sup> June 2022 Revised Empanelment and De-empanelment Guidelines for hospitals under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) shall be removed from backend if their inactivity status is not changed by 31st July 2022.*

This issues with approval of the competent authority



**(Sraddha Paul)**

Deputy Director (Administration)  
National Health Authority

**Enclosed: As Above**

1. Chief Executive Officer, State Health Agency/ State Nodal Agency of all states/UT's implementing PM-JAY
2. State Policy & Coordination Division, National Health Authority

**Copy for information**

1. Addl. Chief Secretary (Health)/Principal Secretary (Health) of all states/UT's implementing PM-JAY
2. PPS to Chief Executive officer, National Health Authority
3. PS to Additional Chief Executive officer, National Health Authority
4. PS to Deputy Chief Executive officer, National Health Authority
5. PS to Financial Advisor
6. SPE Division Guard File

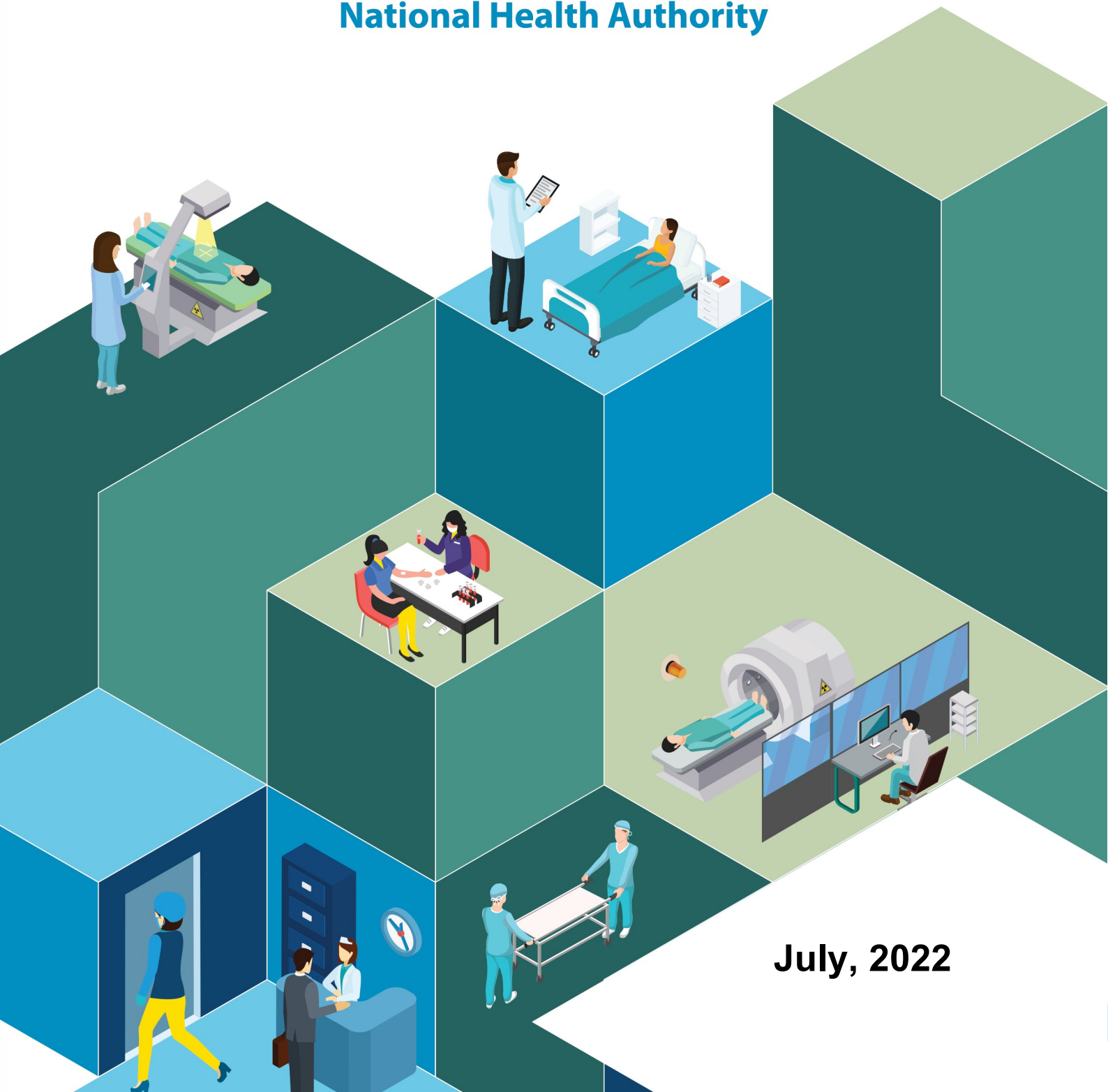


**Sraddha Paul**

Deputy Director (Administration)  
National Health Authority

# Guidelines on Hospital Empanelment and De-Empanelment

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana  
National Health Authority



July, 2022

# Guidelines on Hospital Empanelment and De-Empanelment

**Ayushman Bharat Pradhan Mantri Jan Arogya Yojana  
National Health Authority**

**July, 2022**

# Table of Contents

<b>1. Introduction</b>	<b>1</b>
<b>2. Purpose and Scope</b>	<b>2</b>
<b>3. Empanelment of Healthcare Providers - Approach &amp; Criteria</b>	<b>3</b>
3.1. Approach for Empanelment	3
3.2. Criteria for Empanelment	4
3.3. Incentive Structure for Empanelment	4
<b>4. Institutional Set up for Empanelment</b>	<b>5</b>
4.1. Role of NHA	5
4.2. Role of SHA	5
4.3. Institutional Structures at State	6
4.3.1. <i>State Empanelment Committee (SEC) - Structure and Role</i>	6
4.3.2. <i>District Empanelment Committee (DEC) - Structure and Role</i>	6
4.3.3. <i>Third Party Empanelment Agency (TPEA) - Structure and Role</i>	7
<b>5. Process of Empanelment</b>	<b>9</b>
5.1. Application and Registration on the Portal	9
5.2. Approval Process of the Application	9
5.2.1. <i>Approval Flow and Process</i>	9
5.3. On-boarding Processes after Approval	13
<b>6. Disciplinary Proceedings and De-empanelment of Healthcare Providers</b>	<b>14</b>
6.1. Rationale for Disciplinary Proceedings and De-empanelment	14
6.2. Institutional Structures for Disciplinary Proceedings and De-empanelment	14
6.3. Process for Disciplinary Proceedings and De-empanelment	14
<b>7. Annexure 1: Criteria for Empanelment</b>	<b>21</b>
<b>8. Annexure 2: List of Cities classified as X &amp; Y (total 8 and 88) as per Ministry of Finance, O.M. No.2/5/2017 E.II (B) dated 7.7.2017</b>	<b>31</b>
<b>9. Annexure 3: Process for Desktop-based Verification</b>	<b>33</b>
<b>10. Annexure 4: List of Aspirational Districts as of September 2021</b>	<b>34</b>
<b>11. Annexure 5: Self Declaration for Standalone Dialysis Centre</b>	<b>37</b>
<b>12. Annexure 6: Self Declaration for Outsourced/PPP Model Dialysis Centre associated with Non-empaneled Hospitals under AB PM-JAY</b>	<b>38</b>

# Abbreviations

AB PM-JAY or PM-JAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
CSC	Common Service Centre
DEC	District Empanelment Committee
EHCP	Empanelled Healthcare Provider
ESIC	Employee State Insurance Corporation
FIR	First Information Report
HEM	Hospital Empanelment Module
HUD	Hospital Unit Dose
IC	Insurance Company
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IFSC	Indian Financial System Code
IIB	Insurance Information Bureau
IT	Information Technology
MoHFW	Ministry of Health and Family Welfare
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NAFU	National Anti-Fraud Unit
NHA	National Health Authority
NHCPs	National Healthcare Providers
NIN	National Identification Number
SHA	State Health Agency
SAFU	State Anti-Fraud Unit
SEC	State Empanelment Committee
TPEA	Third Party Empanelment Agency
UTs	Union Territories

# 1. Introduction

- 1.1.** The Government of India launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in September 2018. The core aim of this scheme is to reduce the financial burden on the poorest and most vulnerable population and ensure their access to quality health services, to accelerate India's progress towards the achievement of Universal Health Coverage (UHC). PM-JAY covers the bottom 40 percent of the Indian population or about 10.74 crore households. The inclusion of households is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas. PM-JAY covers secondary and tertiary care costs of up to Rs. 5,00,000 annually for each entitled family, provided through a network of public and empaneled private hospitals.
- 1.2.** The service provider network under PM-JAY includes government healthcare facilities having 5 or more beds capable of providing inpatient services and large numbers of empaneled private hospitals across states where PM-JAY is implemented. This deemed empanelment of public providers under the PM-JAY provides them with an unprecedented opportunity to mobilize and independently manage revenues earned through claims for treatment provided to PM-JAY beneficiaries. Private hospitals empaneled under PM-JAY are expected to benefit from economies of scale for PM-JAY beneficiaries and assured timely payment within the stipulated timeline through a web-based system.

## 2. Purpose and Scope

- 2.1. These guidelines aim to provide a framework to the State Health Agencies (SHA) under which the empanelment of healthcare service providers may be undertaken. It establishes the processes that may be undertaken by the SHA to empanel a healthcare service provider and to undertake any disciplinary proceedings/de-empanelment of healthcare service providers wherever needed. The states have the flexibility to adapt these guidelines based on local contextual variations and state laws, as applicable.
- 2.2. With the objective of providing quality services to its beneficiaries and increase empanelment of healthcare providers across the country, the guidelines on empanelment have been strengthened based on three years of experience of implementing the scheme and basis the feedback provided by various stakeholders.



# 3. Empanelment of Healthcare Providers-Approach & Criteria

## 3.1. Approach for Empanelment

- 3.1.1.** All States/Union Territories can empanel healthcare providers only in their own State/UT.
- 3.1.2.** To improve access and increase utilization of services, if SHA determines the need to empanel healthcare service providers outside one's own state, SHA can approach NHA with the specific request with rationale for the same. NHA will review the request with the hospital state<sup>1</sup>, and after ascertaining need may request the hospital state to empanel the hospital. If the hospital state is a non-PM-JAY implementing state, NHA may directly empanel the healthcare provider or may designate specific SHAs for empanelment of healthcare service providers.
- 3.1.3.** Any healthcare facility which fails to raise even 1 pre-authorization within 6 months from the date of its empanelment will be de-empanelled from PMJAY scheme. The review will take place bi-annually each year on 1st January and 1st July. All hospitals with a minimum period of 6 months empanelment will be placed for review twice during the year
- 3.1.4.** Public Hospitals under other schemes/government bodies including Employee State Insurance Corporation (ESIC) and CGHS hospitals are eligible for empanelment under the scheme, if they meet the minimum eligible requirement under PM-JAY. These hospitals will have to fill in the application on the web portal.
- 3.1.5.** All healthcare service providers empaneled under the scheme including the public hospitals which are deemed empaneled must mandatorily adhere to the registration process on the web portal.
- 3.1.6.** Private hospitals are encouraged to provide ROHINI ID provided by Insurance Information Bureau (IIB) and public hospitals are encouraged to have National Identification Number (NIN) provided by MoHFW.
- 3.1.7.** Healthcare service providers are encouraged to attain quality milestones by attaining PM-JAY Certification i.e., Bronze, Silver and Gold. These quality certifications would also provide incentive in terms of higher price for health benefit packages to the healthcare service providers under the scheme.

<sup>1</sup> State where the hospital is situated.

- 3.1.8. For the healthcare service providers which were empanelled based on Quality Certification/ accreditation, healthcare service providers will undergo a renewal process, once every 3 years or till the expiry of validity of PM-JAY Bronze/NABH certification whichever is earlier; to determine compliance to minimum standards.
- 3.1.9. National Health Authority may revise the empanelment criteria from time to time during the scheme if required. States/UTs will have to undertake any required re-assessments for the same within a stipulated timeline.

## 3.2. Criteria for Empanelment

- 3.2.1. For empanelment under the scheme, healthcare providers should meet the basic minimum eligibility requirements as detailed in Annexure 1. As these are minimum standards, no exceptions can be provided on these.
- 3.2.2. Additionally, specialty specific eligibility criteria have been defined for healthcare providers offering specific specialties, e.g., Oncology, Neurology etc. This is applicable over and above the basic minimum criteria and is also detailed in Annexure 1.
- 3.2.3. State Governments will have the flexibility to revise/relax the empanelment criteria (barring the minimum requirements as highlighted in Annexure 1), based 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 healthcare providers.

## 3.3. Incentive Structure for Empanelment

- 3.3.1. For all healthcare providers empaneled under the scheme, the additional incentives will be provided on the base health benefits packages as per HBP user guidelines as published on AB PM-JAY website.

# 4. Institutional Set up for Empanelment

## 4.1. Role of NHA

- 4.1.1. As a national level body, NHA will continue to support the SHAs in the empanelment process by developing guidelines for establishing systems and processes, ensuring the quality of services and maximum empanelment of healthcare service providers.
- 4.1.2. NHA also understands the need to focus on the local context at the state level and provides the necessary flexibility to the state to adapt and adopt the guidelines.
- 4.1.3. NHA will be responsible for direct empanelment of healthcare providers in the following conditions:
  - L Non-PM-JAY implementation State: NHA may choose to empanel the healthcare providers itself.
  - L National Healthcare Providers (NHCPs<sup>2</sup>)
  - L Public hospitals under other ministries
- 4.1.4. NHA will also ensure efficiency in the empanelment process by introducing technological interventions for ease of business from time to time.

## 4.2. Role of SHA

- 4.2.1. **Awareness generation among the healthcare service providers:** SHA will be responsible for creating awareness among the healthcare service providers about the scheme and ensuring maximum eligible healthcare providers participate in the scheme. SHA may conduct IEC campaigns or sensitisation workshops at district, sub-district, taluka and block level to discuss the details of the scheme including the contours of the scheme, the empanelment criteria, benefit packages, process of empanelment and claims settlement etc. with the healthcare providers and address any query that they may have about the scheme. Representatives of both public and private healthcare providers (both managerial and operational persons) including officials from Insurance Company may be invited to participate in the workshop.
- 4.2.2. **Verification and approval of the applications:** SHA will play a key role in the approval flow for the submitted applications. The final decision to approve/reject the application of the healthcare service provider will rest with SHA. The decision on relaxation to be given to any healthcare service provider based on the recommendation of the District Empanelment Committee (DEC) will also rest with SHA. Additionally, SHA will be responsible for providing supportive supervision to DEC and ensuring timebound empanelment process throughout its lifecycle.

2 National Healthcare Providers are those hospitals/medical colleges which are under the ambit of MoHFW, Gol and are directly empaneled by NHA under the PM-JAY scheme.

**4.2.3. Analysis of the Healthcare Service Provider Landscape:** To ensure equity and access to the beneficiaries, SHA will be responsible for conducting state and district level analysis of the empaneled healthcare service providers to understand the current landscape and plan for the empanelment for the future. Some of the indicators that may be considered are as follows:

- L Hospital to population ratio
- L Beds to population ratio
- L Doctors to population ratio
- L Percentage of active empaneled hospitals
- L Specialties in various districts
- L Geographic distribution of empaneled hospitals
- L Percentage of available eligible hospitals in the district empaneled

## **4.3. Institutional Structures at State**

### **4.3.1. State Empanelment Committee (SEC) - Structure and Role**

4.3.1.1. The State Empanelment Committee or the SEC will be established at the state level to monitor the overall empanelment process and undertake disciplinary proceedings against errant health service providers in the state. The role of the SEC would be to supervise the work of DEC and to ensure timely empanelment of healthcare service providers, as well as handle matters pertaining to rejection or pendency of hospital applications at the SHA level.

4.3.1.2. The recommended composition of SEC is as follows:

- L CEO, SHA.
- L Medical Officer - not less than Director level officer, preferably Director In-Charge for implementation of Clinical Establishment Regulation Act-Member.
- L Two State government officials nominated by the Health Department-Members.
- L In case of Insurance model, nominated Insurance company representative at least Additional General Manager or equivalent.
- L State government may invite other members to SEC as appropriate.
- L The Insurance Company should mandatorily provide a medical representative to assist the SEC in its activities.

4.3.1.3. 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.

### **4.3.2. District Empanelment Committee (DEC) - Structure and Role**

4.3.2.1. It is prescribed that a District Empanelment Committee (DEC) be formed at the district level which will assist SEC/SHA in the empanelment process and disciplinary proceedings for healthcare providers at the district level. It will be responsible for conducting the following:

- L Validation and scrutiny of the uploaded documents by the hospital for completeness and accuracy.
- L Conducting field and desktop-based verification of hospitals both during empanelment and in case of any complaints related to infrastructure.

- L 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.
- L Recommending any relaxation in empanelment criteria, if needed (with justification for relaxation).

4.3.2.2. Recommended structure of DEC is as follows:

- L Chief Medical Officer of the district.
- L District Program Manager/District Program Coordinator - SHA.
- L In case of Insurance model, Insurance company representative.
- L SHA may require the Insurance Company to provide a medical representative to assist the DEC in its activities.

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

4.3.3.1. If additional support is required for the empanelment process, SHA may hire a third-party empanelment agency. 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. The composition and qualifications of TPEA will be similar as DEC. However, the following must be ensured while hiring TPEA:

- L The third-party agency hired should not be the current Implementation Support Agency (ISA) of the State.
- L A pre-defined cooling off period should be applicable for any agency that was historically engaged by the state as ISA before it can apply for TPEA.
- L Third party to ensure physical verification of healthcare service provider is conducted along with DEC/district nodal officer within 1 month of empanelment first approved.
- L SHA (directly or through DEC) will conduct a sample physical audit of 10% of the facilities that were verified by the TPEA within a period of 3 months and 10% audit of rejected facilities. If discrepancies are observed during physical audit by SHA, stipulated penalties shall be levied.
- L The state wise recommendation for hiring of TPEA or additional resource as deputed by SHA is as follows:

States	Recommended for Third party Empanelment Agency/Additional resource as deputed by SHA level
Gujarat	Third Party Empanelment Agency
Uttar Pradesh	Third Party Empanelment Agency
Haryana	Third Party Empanelment Agency
Bihar	Third Party Empanelment Agency
Punjab	Third Party Empanelment Agency
Madhya Pradesh	Third Party Empanelment Agency
Kerala	Additional Resource as deputed by SHA
Uttarakhand	Additional Resource as deputed by SHA

States	Recommended for Third party Empanelment Agency/Additional resource as deputed by SHA level
Himachal Pradesh	Additional Resource as deputed by SHA
Chhattisgarh	Additional Resource as deputed by SHA
Jammu And Kashmir	Additional Resource as deputed by SHA
Jharkhand	Additional Resource as deputed by SHA
Goa	Additional Resource as deputed by SHA
Assam	Additional Resource as deputed by SHA

# 5. Process of Empanelment

## 5.1. Application and Registration on the Portal

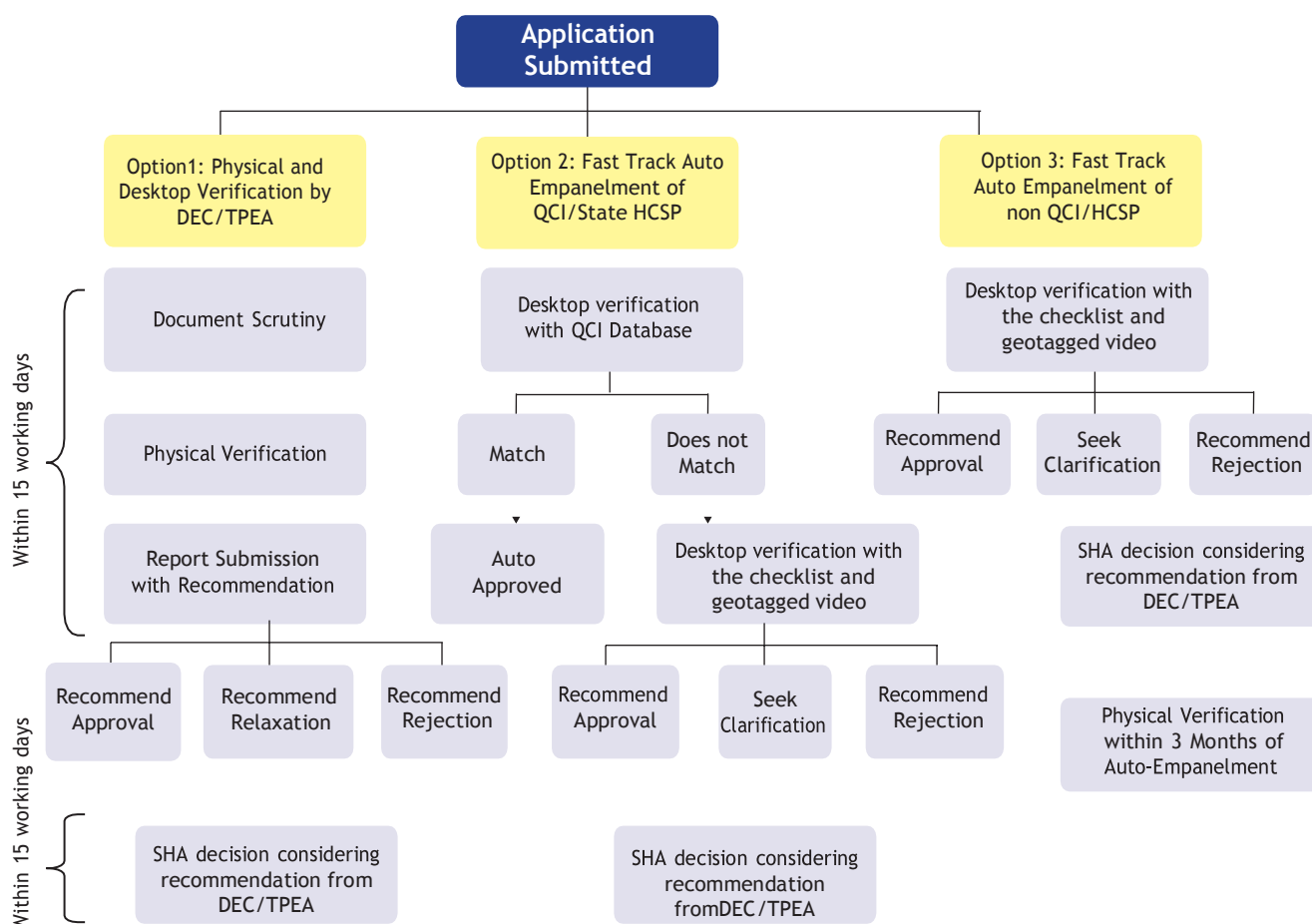
- 5.1.1. Healthcare service providers will have to register themselves on a web-based platform called 'Hospital Empanelment Module' (HEM) portal to get empaneled under the PM-JAY. The hospital must apply through this portal using URL <https://hospitals.pmjay.gov.in> as a first step for empanelment.
- 5.1.2. Each provider will have to fill in some basic information in the HEM portal and create an account which will provide an exclusive hospital reference number and password to the hospital on their registered mobile number. Using the credentials, a detailed application form will have to be filled for empanelment of the healthcare service provider.

## 5.2. Approval Process of the Application

### 5.2.1. Approval Flow and Process

- 5.2.1.1. Once the healthcare provider has filled the application, the verification and approval process will be undertaken by the SHA. Only those healthcare providers will be allowed to get empaneled under the scheme who have been registered as an establishment under the relevant central or state acts (if applicable). The verification process may be undertaken through one or a combination of the following suggested options (Figure 1).
  - 5.2.1.2. **Option 1: Desktop and Physical Verification within 15 working days**
    - 5.2.1.2.1. The application should be scrutinized by the DEC and processed completely within 15 working days of receipt of the application. A login account for a nodal officer from DEC will be created by SHA as a one-time process. This login ID will be used to download the application of healthcare providers and upload the inspection report.
    - 5.2.1.2.2. As a first step, the documents uploaded by the hospital will be verified by DEC for completeness. In case any documents are found wanting, the DEC may return the application to the hospital for rectifying any errors in the documents.
    - 5.2.1.2.3. After desktop verification, DEC/district nodal officer will physically inspect the premises of the hospital and verify the accuracy of the details entered in the empanelment application, including but not limited to equipment, human resources, service, and quality standards. Post the physical verification, it will submit its report as per the format given in the HEM portal along with supporting pictures/videos/document scans. The team will also verify that the healthcare providers have applied for empanelment for all specialties as available in the hospital. In case it

**Figure 1: Options for Approval Process for Empanelment**



is found that hospital has not applied for one or more specialties, the hospital will be instructed to apply for the missing specialties within a stipulated a timeline (i.e., 15 working days from the inspection date). In this case, the hospital will modify the application form again on the web portal and submit for DEC verification. If the hospital does not apply for the other specialties in the stipulated time, it may be liable for disqualification from the empanelment process.

- 5.2.1.2.4. While partial specialty empanelment is not allowed, exception may be provided to the hospitals who are willing to get empaneled for certain specific tertiary care specialties i.e, Pediatric cancer, Pediatric surgery, Radiation oncology, Medical oncology, Surgical oncology, Neuro surgery, Neonatology, Burn management, Plastic reconstructive surgery, Cardiology, Interventional neuro radiology specialties. This should be allowed as an exception on case to case basis by the SHA to ensure availability of specialty services to beneficiaries not routinely available in public or currently empaneled private hospitals. Partial specialty empanelment will be allowed only in cities classified as X & Y (total 8 and 88) as per Ministry of Finance, O.M. No.2/5/2017 E.II (B) dated 7.7.2017 (Annexure 2).
- 5.2.1.2.5. In case during inspection, it is found that hospital has applied in the category of “Dialysis Single Specialty Hospital” but is found to be multiple specialty hospital, the hospital’s application will be rejected and a show cause notice shall be issued to them for willful submission of fraudulent detail. In case during inspection, Except in case of the dialysis centre associated (outsourced/ PPP model) with a hospital which is not empaneled under AB PM-JAY and the dialysis centre is run by an organization who has a separate legal entity or separate parent company.
- 5.2.1.2.6. In case during inspection, it is found that hospital has applied for multiple specialties, but all do not conform to minimum requirements under PM-JAY, the hospital will only be empaneled for specialties that conform to PM-JAY norms.



- 5.2.1.2.7. The DEC will submit its final inspection report to the SHA within a period of 15 working days from receipt of the application request. The district nodal officer will upload the reports through the portal login assigned to him/her. The DEC can exercise the following options while forwarding the case to the state:
- i. Recommend approval: DEC will review the documents and conduct a physical verification of the hospital within the stipulated time. If the findings are satisfactory, a recommendation may be sent to SHA along with the report findings for approval of the application, if found suitable.
  - ii. Recommend relaxation and approve: The DEC will also be responsible for recommending, if applicable, any relaxation in empanelment criteria (above the minimum empanelment criteria) that may be required to ensure that an adequate number of empaneled facilities are available in the district. All such relaxations need to be approved by the SHA with due rationale clearly documented.
  - iii. For healthcare providers where some minor lacunae are observed, DEC may intimate the hospital to rectify the lacunae within a 30-day period. During this time, the DEC can put the application in clarification required status; giving time to the healthcare provider to rectify and upload the additional documents within a period of 30 working days from the time the lacunae were communicated to the healthcare provider. During this period of 30 days, weekly auto generated reminders will be shared with the healthcare provider to upload the additional information required for the empanelment process. If the hospital does not provide proof of rectification within the stipulated time, the application is automatically rejected. If satisfactory proof of rectification is obtained, the DEC can recommend approval of the application.
  - iv. Recommend rejection: For applications which do not meet the minimum standards, or the healthcare providers have been found to be misreporting information, DEC will recommend rejection. All rejections must be reviewed by SHA. All healthcare providers whose applications are rejected will be intimated within 3 working days of the decision being taken along with the reasons for rejection. The information will also be available on the Hospital Empanelment Module.
- 5.2.1.2.8. Healthcare providers where the application has been rejected will have the right to file a review against the rejection within 15 working days of rejection through the portal. In case the request for empanelment is rejected by the SHA, the healthcare providers can approach the SEC for remedy, i.e., redressal of their grievances.
- 5.2.1.2.9. SHA will review the reports submitted by the DEC and will consider their recommendation to approve or deny or return the request to the hospital. Based on the review, SHA shall make the final decision on empanelment within 15 working days.
- i. In case the empanelment is approved, the same will be updated on the PM-JAY web-based portal and the healthcare provider will be notified through SMS/email of the final decision withing 3 working days.
  - ii. In case of rejection of empanelment request, the SHA will state the reasons for rejection of the request and share it with the healthcare provider. The decision (and reasons) will also be updated on the PM-JAY web portal within 3 working days of the decision being taken. The SHA may direct the hospital to remedy the deficiencies observed and submit a fresh request for empanelment, if needed. Healthcare providers will have the right to file a review against the rejection with the State Empanelment Committee (SEC) within 15 working days of rejection. In case the request for empanelment is rejected by the SEC, the healthcare providers can approach the competent authority as defined in the Grievance Redressal Mechanism for remedy.
  - iii. SHA will also consider the DEC's recommendations for 'relaxation criteria of empanelment' and decide to approve or reject it. A decision may be taken based on the local need while balancing quality of care and access to healthcare services in the state.

5.2.1.2.10. The final decision on empanelment under PM-JAY should be completed within 30 working days of receiving the application.

**5.2.1.3. Option 2: Fast Track Empanelment of QCI recommended/State empaneled hospital without physical verification**

5.2.1.3.1. To fast-track empanelment process, states may choose to auto-approve already empaneled hospitals under a state scheme, if they meet the minimum eligibility criteria prescribed under PM-JAY. The healthcare provider will have to submit their RSBY ID or state empanelment ID during the application process to facilitate auto empanelment. Any previous disciplinary action/de-empanelment under any other scheme must be reviewed before auto-empanelment.

5.2.1.3.2. Additionally, healthcare providers which are PM-JAY Bronze Certified/NABH accredited/NABH certified/CGHS empaneled/ECHS empaneled will be auto-approved; provided they have submitted the application on web portal and meet the minimum criteria.

5.2.1.3.3. A system-based auto verification process will be conducted to match the credentials provided against the QCI/NABH database within 5 working days. If the credentials match, the HCP will be auto approved at DEC level and the case will be moved to SHA with a notification to DEC approval authority.

5.2.1.3.4. If the credentials do not match with the database, the DEC will conduct a desktop-based verification based on PM-JAY Bronze Certificate/NABH certificate/QCI recommended document for CGHS/ECHS empanelment (as applicable) uploaded by the healthcare providers. Post the desk verification, it may take a decision to recommend approval of the application or seek further clarification/additional documents from the provider or rejection of application within 5 working days. The case will then be forwarded to SHA for final decision.

**5.2.1.4. Option 3: Fast track-empanelment for non QCI healthcare providers with physical verification within 3 months**

5.2.1.4.1. This option may be undertaken during exceptional circumstance wherein relaxation for online-empanelment may be provided for those districts that have limited number of empanelled hospitals or for those specialties in the state that are not covered under the scheme like tertiary care; or any other exceptional situation as the SHA may deem fit. The reason for availing this option should be documented by the SHA.

5.2.1.4.2. For non-QCI hospitals, a similar process as defined above will be followed where the DEC will conduct a desktop-based verification based on pre-defined system-checklist by NHA/SHA and video/geotagged photos uploaded by the healthcare providers. The process for desktop-based verification of the HCPs is detailed in Annexure 3. Post the desk verification, it may take a decision to recommend approval of the application or seek further clarification/additional documents from the provider or rejection of application within 5 working days. The case will then be forwarded to SHA for final decision. It is the key responsibility of the SHA/SEC to ensure that all hospitals (except NABH/PM-JAY certified/CGHS/ECHS) provided empanelment under fast-track/auto empanelment undergo physical verification - by the DEC/district nodal officer within 3 months of approval of application or if the state has selected a TPEA along with DEC/district nodal officer, the physical verification should be completed within a period of 1 month from the date of application approval. In case of physical verification is done only by district nodal officer then timestamped video/geotagged photos of the HCP should be recorded and uploaded in HEM..

5.2.1.5. If no action is taken by DEC within the stipulated time, then a notification is sent to the SEC.

5.2.1.6. In case the SHA has appointed a TPEA for assistance in empanelment, it will be their key responsibility to ensure desktop-based verification of hospitals under the fast-track/auto

empanelment process within 5 working days and physical verification within 1 months of empanelment.

- 5.2.1.7. In case of non-PM-JAY states, the role of SHA/DEC/TPEA will be played by the NHA designated team.
- 5.2.1.8. The final decision for approval/rejection remains with the SHA. Any hospital whose application is rejected can approach the SEC for remedy within 15 working days from the date of rejection.
- 5.2.1.9. If a hospital is found to be wrongfully empaneled under PM-JAY where it fails to meet the minimum criteria defined by the scheme or any other issue of misconduct or fraudulent activity is observed, empanelment will be revoked and disciplinary action may be taken, if necessary.
- 5.2.1.10. In case the hospital chooses to withdraw from the network of PM-JAY, a minimum advance notice of 30 days should be provided by the hospital to the SHA, and it will only be permitted to re-enter/get re-empaneled after 6 months. After serving the notice period, the hospital should be allowed to withdraw provided the decisions to withdraw is not triggered by an action against the hospital initiated by any government instrumentality, including the PM-JAY.
- 5.2.1.11. If a hospital is blacklisted or de-empaneled for a defined period, it can be permitted to re-apply at the end of the blacklisting/de-empanelment period or revocation of the blacklisting/de-empanelment order, whichever is earlier; provided all other changes directed by SEC were completed.
- 5.2.1.12. There will be no restriction on the number of healthcare providers that can be empaneled under the scheme in a district/state.

### **5.3. On-boarding Processes after Approval**

- 5.3.1. Once the application is approved, the healthcare service provider will be assigned a unique national hospital registration number under the scheme. Additionally, SHA will ensure that the status of the application is updated on the PM-JAY portal and the respective healthcare service provider is informed about the decision through email/SMS on the registered phone number within 3 working days.
- 5.3.2. SHA and the healthcare service provider will sign an MoU within 7 working days of updating the decision on the portal. A prefilled contract copies as defined in the MoU will be sent by the system to the healthcare provider. The contract will be printed on a non-judicial stamp paper of INR 100 value by the hospital and physically signed with two original copies (one for each party). If the insurance company is involved, a tripartite agreement will be made including IC as one of the members. A copy of the signed contract will be uploaded on the HEM portal within 3 working days of signing.
- 5.3.3. Healthcare service provider will have to designate a nodal officer as a focal point for the scheme. Once the hospital is empaneled, a user admin login will be created for the healthcare service provider.
- 5.3.4. 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.
- 5.3.5. SHA will also ensure that training on systems and processes like beneficiary identification system, transaction management system, health benefit package, standard treatment guidelines, claim settlement process is provided within 15 working days of MoU signing.
- 5.3.6. It will be the responsibility of hospital to update changes in Hospital Basic information, infrastructure or manpower on HEM as soon as possible and update 'Nil' change in HEM system at the end of every month in case of no change.

# 6. Disciplinary Proceedings and De-empanelment of Healthcare Providers

## 6.1. Rationale for Disciplinary Proceedings and De-empanelment

6.1.1. Disciplinary proceedings/de-empanelment may be conducted for an Empaneled Healthcare Provider (EHCP) under the scheme if they fail to meet and uphold the necessary criteria agreed upon during empanelment or indulge in wrongful acts during treatment (detailed in section below). The key objectives of NHA and SHA are to increase empanelment, ensuring that quality care is provided to the beneficiaries and curtailing unnecessary leakages in the form of fraud and abuse which may bring disrepute to the scheme. Disciplinary proceedings/de-empanelment processes have been introduced primarily as a deterrence and control mechanism in the scheme to ensure that medically appropriate quality treatment is provided to beneficiaries at all times and all wasteful and unnecessary expenditure is curtailed.

## 6.2. Institutional Structures for Disciplinary Proceedings and De-empanelment

6.2.1. The institution structures established for empanelment will also be responsible for processes leading up to disciplinary proceedings/de-empanelment. The SHA, SEC and DEC at the state and district level will form the key institutions in enforcing this mechanism.

## 6.3. Process for Disciplinary Proceedings and De-empanelment

### 6.3.1. Investigation of suspect claims/hospitals

6.3.1.1. As a part of their role, SHA/IC/NHA or any of their authorized representatives will conduct ongoing analytics to identify aberrant cases/suspect EHCPs. This will be followed by desk audits of suspect cases and EHCPs visits. Additionally, any complaint received about the EHCP from the patient or any third party or reported in the grievance cell may be put under the watch list by the SHA.

6.3.1.2. The data of such EHCPs will be analysed for patterns, trends, and anomalies. For certain high-risk suspect cases, field medical audit may be conducted to collect and analyze evidence.

6.3.1.3. Investigation of the case including submission of report will be done within 10 working days of flagging the case. All attempts will be made to close the case within the above-mentioned period by DEC. In case of any delay, report must be submitted to CEO SHA, citing the reasons for the same.

## 6.3.2. Show-Cause Notice to the EHCP

- 6.3.2.1. 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 will 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.
- 6.3.2.2. In the show cause notice sent to the EHCP, it should be explicitly communicated to not contact the beneficiaries in question as this would lead to tampering of evidence, as per the applicable laws. In case any such tampering is found, legal action may be taken accordingly.
- 6.3.2.3. The show-cause notice will 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 speed post or delivered by hand through district coordinator to the EHCP's notified address.
- 6.3.2.4. The show-cause notice will 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. The show-cause notice will also be updated in the online portal used by EHCP.
- 6.3.2.5. EHCP shall within 5 working days from the date of receipt to respond to the show-cause notice. The response will 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 evidence collected as per the applicable laws of India.
- 6.3.2.6. In case, the response is not received within 5 working days, the EHCP will be suspended. All its operations will be blocked under PM-JAY through its web portal, for a specified time frame not exceeding 6 months or till a decision has been taken on the proceedings, so that no new pre-authorizations can be raised by the EHCP. However, the treatment of existing patients will continue as usual till they are discharged. The notification of suspension will 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.
- 6.3.2.7. In case, the EHCPs response received from EHCP to the show-cause notice is found satisfactory, it will continue to function as usual. However, if the response is not found satisfactory, further information or evidence may be requested through email. The EHCP shall provide the requested documents/information within 3 working days through email, failing which the EHCP may be suspended for a specified time frame not exceeding 6 months or till a decision has been taken on the proceedings. During suspension, EHCP will 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. The notification of suspension will be sent through email and registered speed post. All attempts will be made to send this notification within 2 working days of the decision taken by SHA. In case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.
- 6.3.2.8. If the above-mentioned timelines are not met, then either party can approach competent authority as per the grievance redressal guidelines.
- 6.3.2.9. If there is no documentary evidence to suggest that the show cause notice was received or the EHCP denies having received the show cause notice, the SHA may share the notice again either through physical delivery or registered email ID and receive an acknowledgement of the receipt. EHCP will have to respond within 3 working days from the date of receipt of the show-cause notice.

6.3.2.10. Beneficiaries needing continued care beyond current pre-authorization may be referred to another hospital to ensure there is no disruption of services

### **6.3.3. Detailed Investigation of EHCP**

- 6.3.3.1. A detailed investigation will be carried in case the EHCP is suspended due to the reasons mentioned above or if a serious complaint has been filed by the beneficiary. A detailed investigation may include field visits to the EHCP, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
- 6.3.3.2. All attempts will be made to complete the investigation and submit the report within 10 working days of show-cause issued. In case of any delay, report must be submitted to CEO SHA, citing the reasons for the same.
- 6.3.3.3. All statements of the beneficiaries will 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. The statement will be self-attested by the beneficiary via signature or thumb impression for use as evidence. Wherever possible, video recording will be taken and if possible, a copy of photo identity proof of such beneficiary will be maintained.
- 6.3.3.4. If the detailed investigation reveals that the report/complaint/allegation against the hospital is not valid and no malpractices are detected, suspension will be revoked and operations as usual will be initiated. All attempts will be made by SHA/IC to revoke the suspension within 5 working days of the investigation report submitted. In case of any delay, report must be submitted to CEO SHA, citing the reasons for the same.
- 6.3.3.5. If the detailed investigation reveals that the suspicion/alleged malpractice on the part of EHCP are valid and further new cases are detected, the IC/SHA may recommend suspension for a specified time, not exceeding 6 months.
- 6.3.3.6. However, if 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 will be made to issue the show cause notice within 7 working days of noticing such malpractices. The EHCP will not be allowed more than 10 working days to respond, and a similar process of investigation will be followed. The time duration may be decided by the SHA on a case-to-case basis.

### **6.3.4. Suspension of the EHCP**

- 6.3.4.1. 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, not exceeding a period 6 months.
- 6.3.4.2. No response to Show Cause Notice: In case, the EHCP does not provide any response to the show-cause notice within the stipulated time as outlined above, the EHCP may be suspended for a specified time, not exceeding 6 months.
- 6.3.4.3. If the response is received during suspension period, the SHA may review the response, if found satisfactory then the suspension may be revoked.
- 6.3.4.4. Direct suspension along with show-cause: If the SHA/IC obtains irrefutable evidence that the actions of the EHCP have or may cause grievous harm to the patients' health or life, SHA may immediately suspend the EHCP for a specified time, not exceeding 6 months. The suspension

must be accompanied with a show-cause notice, allowing the EHCP time of 5 working days to respond to it. In such case, SHA will share the notice along with detailed justification/reason for suspension with NHA and Secretary - Department of Health. The SHA will also conduct a detailed investigation in such cases as outlined above.

- 6.3.4.5. Suspension due to non-payment of fine: If the penalty is levied on the EHCP for an offence and it fails to submit the penalty amount within the stipulated time, SHA may adjust the fine with the pending payment to the EHCP. If the pending amount after the adjustment of dues is not paid by the SHA, a reminder may be sent to the EHCP. Upon no response, the SHA may decide to suspend the EHCP till the amount is recovered.
- 6.3.4.6. In all cases outlined above, the notification of suspension will be sent through email and registered speed post. All attempts will be made to send the notification within 3 working days of decision. In case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.
- 6.3.4.7. Once the EHCP is suspended (or de-empaneled), different scenarios shall be managed as mentioned below:
  - I. Suspicious cases: All the paid and unpaid cases where trigger/suspicion flag has been raised shall be promptly investigated within 15 working days of suspension/de-empanelment, confirmed as fraud or not fraud and recovery shall be finalized for confirmed fraudulent cases which are already paid and the unpaid fraudulent cases shall be rejected.
  - II. Unpaid cases (non-triggered) with a high-risk score as determined by NHA algorithm (i.e., more than 60): All unpaid cases that have high risk score shall be mandatorily audited within 15 days of suspension/de-empanelment. The audit shall be completed before payment and payment shall be based on clearance by audit and adjudication on merit.
  - III. Unpaid cases that are not triggered and do not have high risk score: At least 20% of such cases shall be audited (with a minimum of 10 cases and maximum of 100 cases) before payment and payment shall be based on audit findings. In case any fraudulent case is found during audit of these cases, then 100% of remaining unpaid cases shall be also audited. All such audits shall be completed within 30 days of suspension/de-empanelment.
- 6.3.4.8. Claims adjudication of all cases shall be done on merit as per package booked and case papers submitted by EHCP as in normal process of adjudication.
- 6.3.4.9. SHA will ensure that the payment of all unpaid claims is released only after making the recoveries as mentioned in point 1 and recovery of penalties as required to be levied.
- 6.3.4.10. A Final Settlement Letter clearly mentioning the recovery and/or penalty and its adjustment from pending claims shall be sent to the suspended/de-empanelled EHCP.
- 6.3.4.11. If the matter of suspension or de-empanelment has been taken to court by the EHCP or is sub-judice, in such event, the claims under the sub-judice case jurisdiction shall not be considered for above guidelines till the matter is finally concluded in court of law. The rest of claims (not forming part of court case), shall be handled as per above guidelines Sl.No. 7.3.4.7 - 7.3.4.11.
- 6.3.4.12. The EHCP may file an appeal against suspension to review the order along with the submission of necessary evidence and an undertaking of not repeating similar instances of malpractices within 30 working days of suspension. The SHA may decide to revoke the suspension after examining the evidence and undertaking submitted by EHCP. In case the EHCP is unable to refute the same with evidence, the SHA will present the case to SEC to initiate the de-empanelment proceedings against the EHCP.

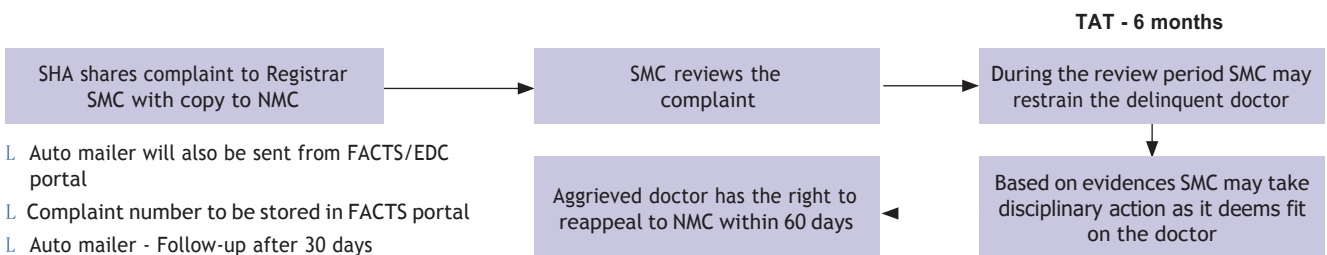
### 6.3.5. Presentation of case to the SEC and De-empanelment

- 6.3.5.1. Presentation of case for de-empanelment may be initiated by SHA after conducting proper disciplinary proceedings as outlined above. The SEC will meet within 30 working days/emergency meeting could be scheduled in exceptional circumstances of the case being referred. All relevant documents including the detailed investigation report will be submitted to the SEC either at the time of case filing or at least 10 working days prior to the meeting. The SEC must ensure that the EHCP has been issued a show-cause notice seeking an explanation for the alleged malpractice. Both parties (SHA and EHCP) will be provided a fair opportunity to present their case with necessary evidence at the meeting conducted by SEC.
- 6.3.5.2. If the SEC finds that the complaint/allegation against the EHCP is valid, it will order de-empanelment of the EHCP based on appropriate legal advice along with additional disciplinary actions like penalties, FIR etc. as it may deem fit.
- 6.3.5.3. 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.
- 6.3.5.4. All attempts shall be made to take the final decision within 30 working days of 1st SEC meeting and in case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.
- 6.3.5.5. All attempts shall be made to implement any disciplinary proceeding as decided by SEC within 30 working days of the decision taken by SEC and in case of any delay, a report must be submitted to PS/AS-Health and Family Welfare Department of the State, citing the reasons for the same.
- 6.3.5.6. If either party is not satisfied by the decision of SEC, they can approach competent authority as per the grievance redressal guidelines.

### 6.3.6. Actions to be taken after De-empanelment

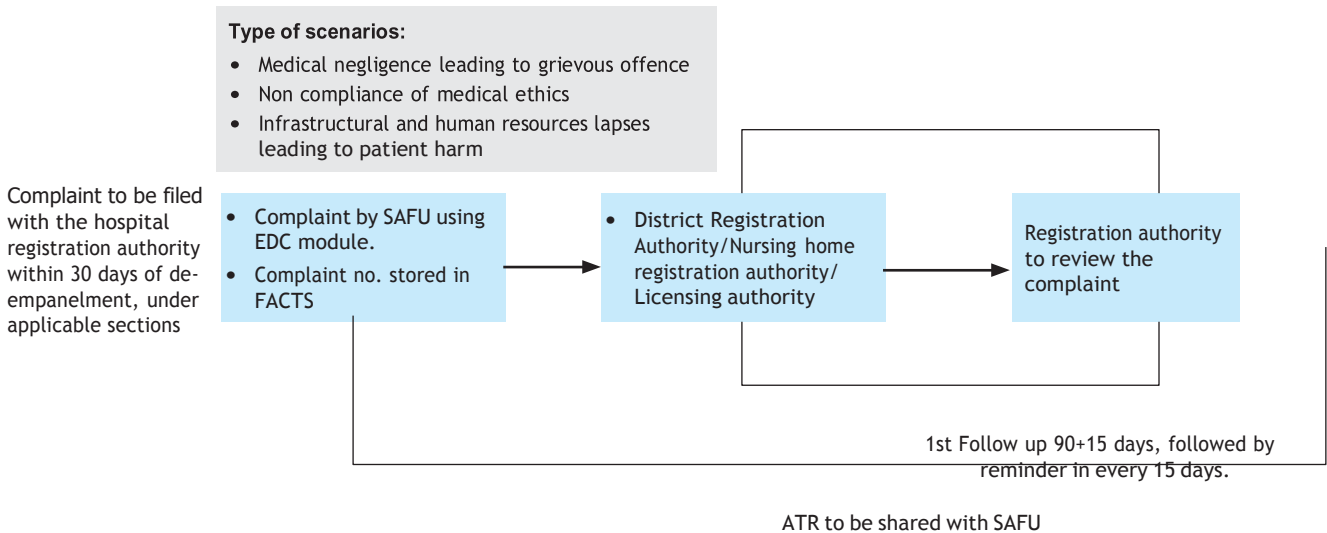
- 6.3.6.1. Once the hospital has been de-empaneled, a letter/email will be sent to the EHCP regarding the decision at registered address/registered email ID/of the EHCP within 3 working of the decision. Once de-empaneled, new preauthorisations will be disabled and the existing pre-authorizations/ treatment will have to be completed.
- 6.3.6.2. A decision may be taken by the SEC to ask the SHA/IC 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.
- 6.3.6.3. In case of confirmed act of professional misconduct and violation of medical ethics, the appropriate professional medical bodies/council at the national/state level should be informed of the details of the case, the treating doctor and the hospital involved. The Medical Council and Sate 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. This information will be sent with other Insurance Companies, ESIC, CGHS, IRDAI and other relevant regulatory bodies and to NHA.

### Process flow for complaint escalation against treating doctor to Medical Council





## Process flow for escalation of complaints for cancellation of hospital registration



6.3.6.4. A list of de-empaneled hospitals will be enlisted on NHA and SHA website. The list should be prominently displayed and easily accessible on the website to ensure beneficiary awareness. SHA may notify in the local media about the entities where malpractice is confirmed, and the action taken against the EHCP engaging in malpractices.

6.3.6.5. The period of de-empanelment would be for 1 year, unless stated otherwise. Once de-empaneled, the EHCP cannot seek for re-empanelment until completion of 1 year from the date of such de-empanelment. Healthcare service providers will not be allowed to change their names and re-apply. The concerned local teams will keep a check on such practices. In case SHA/SEC decides to re-empanel an EHCP within a period of 1 year, the same may be flagged in the system through HEM portal. The reason for re-empanelment of EHCP will also be documented in the HEM web portal.

6.3.6.6. If it is a hospital chain, only the branch will get de-empaneled while the other hospitals will continue to function.

6.3.6.7. 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 will inform NHA and PS/AS-Health and Family Welfare Department of the concerned state of its decision along with a detailed explanation/recorded reason for the same.

Timeline for Disciplinary Proceedings and De-empanelment	
Investigation of suspect claims	10 working days of flagging the cause
Show-cause Notice Issuance	7 working days of submission of investigation report
Response to Show-cause Notice by EHCP	Within 5 working days
Clarification of the Response from EHCP	Within 3 working days
Issuance of Show-cause Notice post Decision	Within 2 working days
Detailed Investigation along with submission of Investigation Report	Within 10 working days
Response to Suspension by EHCP	Within 5 working days
EHCP can file an appeal against suspension	Within 30 working days
Final decision to suspend/suspend with fine/ revoke suspension/ de-empanelment	Within 30 working days of the 1st SEC meeting

## 6.4. Gradation of Offences

6.4.1. Based on the investigation report/field audits, the following gradation of penalties may be levied by the SEC. However, this tabulation is intended to be as guidelines rather than mandatory rules.

These penalties are recommendatory in nature and the state may inflict larger or smaller penalties depending on the severity/regularity/scale/intentionality on a case-to-case basis. If any hospital is found add is to be involved in unethical practices/malpractices/severe offence, then legal action may also be taken by SHA.

### 6.4.2. Penalties:

Penalties for Offences by the Hospital			
Case Issue	First Offence	Second Offence	Third Offence
Illegal cash payments by beneficiary	Full refund and penalty 5 times of illegal payment to be paid to the SHA by the hospital within 7 working days of the receipt of notice. SHA shall thereafter transfer money to the beneficiary, charged in- actual, within 7 working days	In addition to actions as mentioned for first offence, rejection of claim for the case, suspension of hospital	De-empanelment/ blacklisting
Billing for services not provided	Rejection of claim and penalty 5 times the amount claimed for services not provided, to IC/SHA	Rejection of claim and penalty of 10 times the amount claimed for services not provided, to IC/SHA, suspension of hospital	De-empanelment/ blacklisting
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 IC/SHA SHA may decide the amount based on the severity of the breach	Rejection of claim and penalty of up to 20 times the excess amount claimed due to up coding/unbundling/ unnecessary procedures, to IC/SHA, suspension of hospital	De-empanelment/ blacklisting
Wrongful beneficiary identification	Rejection of claim and penalty of up to 5 times the amount claimed for wrongful beneficiary identification to IC/SHA if hospital is found to be in connivance SHA may decide the amount based on the severity of the breach	Rejection of claim and penalty of up to 10 times the amount claimed for wrongful beneficiary to SHA/IC if the hospital is found to be in connivance, suspension of hospital	De-empanelment/ blacklisting
Non-adherence to minimum criteria for empanelment, quality and service standards as laid under PM-JAY	In case of minor gaps: Show cause notice with compliance period of 2 weeks for rectification and rejection of claims related to gaps  In case major gaps and willful suppression/misrepresentation of facts: Show cause notice with compliance period of 2 weeks for rectification, suspended if not rectified after 2 weeks and rejection of claims related to gaps and penalty up to 3 times of all cases related to gaps observed Suspension of services until rectification of gaps and validation by DEC	Penalty of up to 5 times of all the approved claims related to the gaps observed and suspension until rectification of gaps and validation by DEC	De-empanelment and penalty of up to 5 times of all the approved claims related to the gaps observed

# Annexure 1

## Criteria for Empanelment

This annexure contains the basic minimum criteria for empanelment for all the healthcare service providers. It also covers the criteria in Aspirational Districts and additional criteria for empanelment of specialties under the scheme.

### 1. Minimum Criteria

A hospital would be empanelled as a network private hospital with the approval of the respective State Health Agency<sup>3</sup> 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 dental and day-care procedure 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 (doctors<sup>4</sup> & nurses<sup>5</sup>), physically in charge round the clock; (necessary certificates to be produced during empanelment). The state should have specific guidelines on the number of hospitals a doctor can work.
- 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 Anaesthetist 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.

3 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.

4 Qualified doctors are a MBBS approved as per the Clinical Establishment Act/state government rules & regulations as applicable from time to time.

5 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) Separate male and female wards with toilet and other basic amenities.
- f) 24 hours emergency services managed by technically qualified staff wherever emergency services are offered or a minimum first aid/emergency medicine/oxygen availability:
  - 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.
  - ii. Round the clock ambulance services (own or tie-up).
- 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 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 Pediatric ICU then pediatric equipments, e.g.: pediatric ventilator, pediatric probes, medicines, and equipment for resuscitation to be available.

- iv. HDU 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 can 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.
  - iv. Patient level cost data when needed.
- 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/internet.
- 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 PM-JAY beneficiary management (AB PM-JAY non-medical<sup>6</sup> coordinator) at the hospital reception; with required office supplies and computer/camera/scanner/printer/other accessories as required.
- t) Ensure a designated medical officer to work as a medical<sup>7</sup> coordinator towards AB PM-JAY beneficiary management (including records for follow-up care as prescribed).
- u) Ensure appropriate promotion of AB PM-JAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/district level AB PM-JAY team.
- v) IT hardware requirements (desktop/laptop with internet, printer, webcam, scanner/fax, biometric device etc.) as mandated by the NHA.

6 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).

7 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.

## 2. Criterion for Aspirational Districts

Criterion for HCPs empanelment in Aspirational Districts as per the listed districts by NITI Aayog (Annexure 4) following relaxations are provided. All the criteria remain the same for Aspirational Districts as mentioned above apart from the following:

- i. Minimum number of inpatient beds required for empanelment, should have 5 inpatient beds with adequate spacing and supporting staff as per norms unless providing day-care packages covered under PM-JAY.
- ii. Minimum number of doctors and nursing staff required for empanelment, Doctor-1 (minimum Qualification MBBS).
- iii. Requirements of licences and certificates – Hospital registration certificate as per state law is mandatory, if applicable.
- iv. Requirement of equipment according to the defined scope of services -Hospital needs to be fully equipped.
- v. Requirement of equipment and services in emergency- life saving and resuscitation equipment as required by facility.
- vi. Position of the ICU/HDU -The unit is to be situated in the same building or referral linkage with hospitals where ICU/HDU facility is available (mandatory self-declaration) through an MoU or tie up.
- vii. Requirement of space for AB PM-JAY kiosk - Provide space for a working desk for AB PM-JAY beneficiary management (AB PM-JAY non-medical coordinator) at the hospital main entrance area.
- viii. Criteria for dialysis services for nephrology and urology surgery facility - dialysis unit either inhouse or tie-up.
- ix. Criteria for OT Services with staff requirement- Fully equipped Operation Theatre of its own with qualified nursing staff (Minimum qualification - ANM Course) under its employment round the clock.
- x. Casualty should be equipped with minimum Emergency Tray.

## 3. Advanced Criteria

Over and above the essential criteria required to provide basic services under AB PM-JAY (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.
- e) Indicative specialty specific criteria are as under:

### 3.1. 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 & Paediatrician.
- f) Fully equipped Catheterization Laboratory Unit with qualified and trained paramedics.

### 3.2. Specific Criteria for Cancer Care

- a) The facility should have a tumour 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). Tumour 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/tumour 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. A tie up in the form of MoU with an outsourced facility should be available with the EHCP.
- 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 system

### **3.3. 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.

### **3.4. 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.

### **3.5. 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.

### **3.6. Specific Criteria for specialized new-born care**

- a) The hospital should have well developed and equipped neonatal nursery/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms.
- b) Availability of radiant warmer/incubator/pulse oximeter/photo therapy/weighting scale/ infusion pump/ventilators/CPAP/monitoring systems/oxygen supply/suction/infusion pumps/resuscitation equipment/breast pumps/bolometer/KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to haematological, 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 point b 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.

### **3.7. 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.

### **3.8. 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

### **3.9. Specific Criteria for Standalone/Outsourced Dialysis Centers**

In addition to existing guideline the medical institutions sought to be empaneled under “Dialysis Single Speciality Centre” should be as follows:

- a) Standalone Centre should be a separate physical and legal entity and should not be associated with or not be a part of any other multispecialty hospitals/medical college/government hospitals. A self declaration for the same as per Annexure 5 is mandatory for the dialysis centres to submit a signed and scanned copy of the same on the institutes letter head at the time of submission of application.
- b) Dialysis Centre associated (outsourced/PPP) with:
  - i. Government hospitals - deemed empanelled if the hospital is empanelled under AB PM-JAY
  - ii. Private Empanelled HCPs - the HCPs can apply for enhancement of specialities
  - iii. Non-empanelled private HCPs - The outsourced dialysis centre can get empanelled under AB PM-JAY

The outsourced dialysis centre should have separate parent company and legal entity. A self declaration for the same as per Annexure 6 is mandatory for the dialysis centres to submit a signed and scanned copy of the same on the institutes letter head at the time of submission of application.

- c) Shall be registered under Nursing Home Act/Medical Establishment Act/State Authority and having necessary licences as per state laws/regulations.
- d) Space and facility requirement:
- Haemodialysis area:
- i. Each unit requires at least 11 x 10 ft (100 to 110 sq. feet).
  - ii. Facility for monitoring ECG and other vitals like Blood Pressure and Heart Rate.
  - iii. Each machine should be easily observed from the nursing station.
  - iv. Head end of each bed should have a stable electric supply, oxygen supply, vacuum outlet, treated water inlet and drainage facility.
  - v. Air conditioning to achieve 70 to 72-degree Fahrenheit temperature and 55 to 60% humidity.
  - vi. Patients having viral diseases (HIV/HBV/HCV) should be separated from those patients not having any viral infections and separate machines must be used for their treatment.
  - vii. Facilities for hand washing/hand rub; sterillium or alcohol-based hand rub/sterilant dispensers must be available in each patient area.
  - viii. 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, Storeroom, CAPD training area, Store and Pharmacy) of 80 Sq. Mtr, Administrative Department (Account's 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.
- e) Machinery/Physical facilities:
- i. Minimum 5 dialysis units should be available to empanel any standalone centre not associated with any hospital. However, depending on the requirement of and situation in the state, the SHA may change the criteria by recording reasons in writing.
  - ii. All precautions required to prevent infection including infections from HIV, HBV and HCV should be taken.
  - iii. Preparation, storage and work area.
  - iv. Independent area for reprocessing the dialyzers.
  - v. Two storage areas, one for storage of new supplies and one for reprocessed dialyzers.
  - vi. Consulting room for doctor in-charge of the unit.
  - vii. Office area for nurses and technicians.
  - viii. Storage facility for individual patients' belongings.
  - ix. Space for a water treatment unit.
  - x. Patient and patient attendant waiting area.
- f) Human Resource requirements:
- i. Qualified Nephrologist having DM or DNB in nephrology or MD/DNB Medicine with 2 years training in Nephrology from a recognized centre on full time or part time basis.

Qualified Nephrologist shall be the head of the centre. 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.

- ii. Dialysis doctor (at least 1 in each shift)
    - L M.B.B.S. with a valid registration in each shift.
    - L One-year house job.
    - L Certified in advanced cardiac life support (ACLS).
    - L Experience in central line placement.
    - L Experience in critical care management.
    - L To be trained under the care of a nephrologist for a period of 6 months or more
    - L To report to a nephrologist in the same institute or in case of a standalone unit- to a covering visiting nephrologist from the nearest facility.
  - iii. Dialysis technician (Full time)
    - L One year or longer certificate course in dialysis technology (after high school) certified by a government authority or have sufficient verifiable hands-on experience.
  - iv. Dialysis nurses (full time)
    - L The centre shall have qualified and/or trained nursing staff as per the scope of service provided and the nursing care shall be provided as per the requirements of professional and regulatory bodies.
  - v. Dietician (optional), social worker (optional), dialysis attendants (full time) and housekeeping service (full time).
- g) Should have following equipments:
- i. Emergency equipments:
    - L Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, ambo bag - adult & pediatric (neonatal if indicated)
    - L Oxygen cylinders with flow meter/tubing/catheter/face mask/nasal prongs
    - L Suction apparatus
    - L Defibrillator with accessories
    - L Equipment for dressing/bandaging/suturing
    - L Basic diagnostic equipment- blood pressure apparatus, stethoscope, weighing machine, thermometer
    - L ECG machine
    - L Pulse Oximeter
    - L Nebulizer with accessories
  - ii. Other equipment's for regular use:
    - L Stethoscope
    - L Sphygmomanometer
    - L Examining light

- L Oxygen unit with gauge
  - L Minor surgical instrument set
  - L Instrument table
  - L Goose neck lamp
  - L Standby rechargeable light
  - L ECG machine
  - L Suction machine
  - L Defibrillator with cardiac monitor
  - L Stretcher
  - L Wheelchair
  - L Haemodialysis equipment
  - L Haemodialysis set
  - L Monitor
  - L Pulse Oximeter
- iii. Machine and Dialyzer:
- L HD machines
  - L Peritoneal Dialysis machine (if applicable)
  - L CRRT machine (optional)
  - L Dialyzers
- iv. RO Plant water plant/reverse osmosis (RO) system components:
- L Feed water temperature control
  - L Backflow preventer
  - L Multimedia depth filter
  - L Water softener
  - L Brine tank
  - L Ultraviolet irradiator (optional)
  - L Carbon filters tanks

# Annexure 2

## List of Cities classified as X & Y (total 8 and 88) as per Ministry of Finance, O.M. No.2/5/2017 E.II (B) dated 7.7.2017

List of cities/towns classified for grant of house rent allowance to central government employees

Sl. No.	States/Union Territories	Cities Classified As "X"	Cities Classified As "Y"
1.	Andaman & Nicobar Islands	-	-
2.	Andhra Pradesh/Telangana	Hyderabad (UA)	Vijayawada (UA), Warangal (UA), Greater Visakhapatnam (M. Corpn.), Guntur (UA), Nellore (UA)
3.	Arunachal Pradesh	-	-
4.	Assam	-	Guwahati (UA)
5.	Bihar	-	Patna (UA)
6.	Chandigarh	-	Chandigarh (UA)
7.	Chhattisgarh	-	Durg - Bhilai Nagar (UA), Raipur (UA)
8.	Dadra & Nagar Haveli	-	-
9.	Daman & Diu	-	-
10.	Delhi	Delhi (UA)	-
11.	Goa	-	-
12.	Gujarat	Ahmadabad (UA)	Rajkot (UA), Jamnagar (UA), Bhavnagar (UA), Vadodara (UA), Surat (UA)
13.	Haryana	-	Faridabad (M. Corpn.), Gurgaon (UA)
14.	Himachal Pradesh	-	-
15.	Jammu & Kashmir	-	Srinagar (UA), Jammu (UA)
16.	Jharkhand	-	Jamshedpur (UA), Dhanbad (UA), Ranchi (UA), Bokaro Steel City (UA)
17.	Karnataka	Bengalore/Bengaluru (UA)	Belgaum (UA), Hubli-Dharwad (M.Corpn.), Mangalore (UA), Mysore (UA), Gulbarga (UA)
18.	Kerala	-	Kozhilkode (UA), Kochi (UA), Thiruvananthapuram (UA), Thrissur (UA), Malappuram (UA), Kannur (UA), Kollam (UA)

Sl. No.	States/Union Territories	Cities Classified As "X"	Cities Classified As "Y"
19.	Lakshadweep	-	-
20.	Madhya Pradesh	-	Gwalior (UA), Indore (UA), Bhopal (UA), Jabalpur (UA), Ujjain (M. Corpn.)
21.	Maharashtra	Greater Mumbai (UA), Pune (UA)	Amravati (M. Corpn.), Nagpur (UA), Aurangabad (UA), Nashik (UA), Bhiwandi (UA), Solapur (M. Corpn.), Kolhapur (UA), Vasai-Virar City (M. Corpn.), Malegaon (UA), Nanded-Waghala (M. Corpn.), Sangli (UA)
22.	Manipur	-	-
23.	Meghalaya	-	-
24.	Mizoram	-	-
25.	Nagaland	-	-
26.	Odisha	-	Cuttack (UA), Bhubaneswar (UA), Raurkela (UA)
27.	Puducherry (Pondicherry)	-	Puducherry/Pondicherry (UA)
28.	Punjab	-	Amritsar (UA), Jalandhar (UA), Ludhiana (M, Corpn.)
29.	Rajasthan	-	Bikaner (M, Corpn.), Jaipur (M. Corpn.), Jodhpur (UA), Kota (M. Corpn.), Ajmer (UA)
30.	Sikkim	-	-
31.	Tamil Nadu	Chennai (UA)	Salem (UA), Tiruppur (UA), Coimbatore (UA), Tiruchirappalli (UA), Madurai (UA), Erode (UA)
32.	Tripura	-	-
33.	Uttar Pradesh	-	Moradabad (M. Corpn.), Meerut (UA), Ghaziabad (UA), Aligarh (UA), Agra (UA), Bareilly (UA), Lucknow (UA), Kanpur (UA), Allahabad (UA), Gorakhpur (UA), Varanasi (UA), Saharanpur (M. Corpn.), Noida (CT), Firozabad (NPP), Jhansi (UA)
34.	Uttarakhand	-	Dehradun (UA)
35.	West Bengal	Kolkata (UA)	Asansol (UA), Siliguri (UA), Durgapur (UA)

# Annexure 3

## Process for Desktop-based Verification

### Process for desktop-based verification of the HCPs at District/State level

Considering the COVID-19 pandemic and increasing load of HCPs applying for empanelment under AB PM-JAY, field visits by the District Empanelment Committee may not be possible, it is planned to undertake empanelment physical assessment of the healthcare providers facilities remotely using various IT platforms available.

Desktop-based verification (Online/Virtual verification) will give assurance that facility is eligible for empanelment under AB PM-JAY and will reduce the time taken for empanelment of the healthcare providers. This annexure is intended to describe the virtual certification process.

The States/UTs facing issues with physical verification of the health facilities may follow these guidelines.

### Process for desktop-based verification (Online/Virtual verification):

1. All healthcare provider facilities submitting application for empanelment using HEM Portal will be applicable to undergo desktop-based verification (Online/Virtual verification).
2. The healthcare providers need to submit additional documents in form of geotagged photos (using GPS Map Camera App) of the civil and medical infrastructure made mandatory in HEM portal (as applicable for the speciality selected for empanelment) and additional documents as per state requirements.
3. After receiving the complete application, DEC should communicate via e-mail communication, the date of virtual assessment along with other details.
4. DEC also has the option wherein they can ask hospital to show whole hospital at the time of virtual assessment and document verification should be done for all the documents attached in HEM portal.
5. If through virtual assessment it is found that the facility meets the eligibility criteria for empanelment under applied specialities, the facility should be recommended/approved by the DEC and DEC to upload the recording, the virtual assessment for records of the SEC and further necessary approval.
6. However, after virtual verification/assessment the facility should undergo physical verification within a period of 3 months by DEC/district nodal officer. In case the physical verification is done only by district nodal officer then time stamped video/geotagged photos of the HCP should be recorded and uploaded in HEM.

# Annexure 4

## List of Aspirational Districts as of September 2021

The list of 112 aspirational districts as of September 2021 is provided below (Source: Niti Aayog).

S.No.	State	District
1	Andhra Pradesh	Visakhapatnam
2	Andhra Pradesh	Vizianagaram
3	Andhra Pradesh	YSR
4	Arunacha Pradesh	Namsai
5	Assam	Baksa
6	Assam	Barpeta
7	Assam	Darrang
8	Assam	Dhubri
9	Assam	Golpara
10	Assam	Hailakandi
11	Assam	Udalguri
12	Bihar	Araria
13	Bihar	Aurangabad
14	Bihar	Banka
15	Bihar	Begusarai
16	Bihar	Gaya
17	Bihar	Jamui
18	Bihar	Katihar
19	Bihar	Khagaria
20	Bihar	Muzaffarpur
21	Bihar	Nawada
22	Bihar	Purnia
23	Bihar	Sheikhpura
24	Bihar	Sitamarhi
25	Chhattisgarh	Bastar
26	Chhattisgarh	Bijapur
27	Chhattisgarh	Dantewada
28	Chhattisgarh	Kanker



S.No.	State	District
29	Chhattisgarh	Kondagaon
30	Chhattisgarh	Korba
31	Chhattisgarh	Mahasamund
32	Chhattisgarh	Narayanpur
33	Chhattisgarh	Rajnandagon
34	Chhattisgarh	Sukma
35	Gujarat	Dahod
36	Gujarat	Narmada
37	Haryana	Mewat
38	Himachal Pradesh	Chamba
39	Jammu And Kashmir	Baramulla
40	Jammu And Kashmir	Kupwara
41	Jharkhand	Bokaro
42	Jharkhand	Chatra
43	Jharkhand	Dumka
44	Jharkhand	Garhwa
45	Jharkhand	Giridih
46	Jharkhand	Godda
47	Jharkhand	Gumla
48	Jharkhand	Hazaribag
49	Jharkhand	Khunti
50	Jharkhand	Latehar
51	Jharkhand	Lohardaga
52	Jharkhand	Pakur
53	Jharkhand	Palamu
54	Jharkhand	Purbi Singhbhum
55	Jharkhand	Ramgarh
56	Jharkhand	Ranchi
57	Jharkhand	Sahebganj
58	Jharkhand	Simdega
59	Jharkhand	West Singhbhum
60	Karnataka	Raichur
61	Karnataka	Yadgir
62	Kerala	Wayanad
63	Madhya Pradesh	Barwani
64	Madhya Pradesh	Chhatarpur
65	Madhya Pradesh	Damoh
66	Madhya Pradesh	Guna
67	Madhya Pradesh	Khandwa/East Nimar
68	Madhya Pradesh	Rajgarh
69	Madhya Pradesh	Singrauli
70	Madhya Pradesh	Vidisha

S.No.	State	District
71	Maharashtra	Gadchiroli
72	Maharashtra	Nandurbar
73	Maharashtra	Osmanabad
74	Maharashtra	Washim
75	Manipur	Chandel
76	Meghalaya	Ri Bhoi
77	Mizoram	Mamit
78	Nagaland	Kiphire
79	Odisha	Balangir
80	Odisha	Dhenkanal
81	Odisha	Gajapati
82	Odisha	Kalahandi
83	Odisha	Kandhamala
84	Odisha	Koraput
85	Odisha	Malkangiri
86	Odisha	Nabarangpur
87	Odisha	Nuapada
88	Odisha	Rayagada
89	Punjab	Firozepur
90	Punjab	Moga
91	Rajasthan	Baran
92	Rajasthan	Dholpur
93	Rajasthan	Jaisalmer
94	Rajasthan	Karauli
95	Rajasthan	Sirohi
96	Sikkim	West District
97	Tamil Nadu	Ramanathapuram
98	Tamil Nadu	Virudhunagar
99	Telangana	Komaram Bheem Asifabad
100	Telangana	Jayashankar Bhoopalpalli
101	Telangana	Bhadradri-Kothaguden
102	Tripura	Dhalai
103	Uttar Pradesh	Bahraich
104	Uttar Pradesh	Balrampur
105	Uttar Pradesh	Chandauli
106	Uttar Pradesh	Chitrakoot
107	Uttar Pradesh	Fatehpur
108	Uttar Pradesh	Shravasti
109	Uttar Pradesh	Siddharth Nagar
110	Uttar Pradesh	Sonbhadra
111	Uttarakhand	Haridwar
112	Uttarakhand	Udham Singh Nagar

# Annexure 5

## Self Declaration for Standalone Dialysis Centre

Every institution applying under the category of “Dialysis Single Specialty Hospital” must upload signed copy of the Self Declaration Document on its letterhead in the attachment section. The format for the same is as follows:

I, the undersigned, hereby declare that the information submitted in the AB PM-JAY empanelment application form is factual and correct. Specifically, I declare that we are a STAND-ALONE DIALYSIS CENTRE and all supplementary details, which forms the written evidence or attachments submitted to the AB PM-JAY office for the purposes of reviewing service provision against the standards for AB PM-JAY empanelment adopted by the NHA, gives, to the best of my knowledge, a true and accurate presentation

Signed: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of the Dialysis Centre: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

# Annexure 6

## **Self Declaration for Outsourced/PPP model Dialysis Centre associated with Non-empaneled Hospitals under AB PM-JAY**

Every institution applying under the category of “Dialysis Centre attached with Hospital” must upload signed copy of the Self Declaration Document on its letterhead in the attachment section. The format for the same is as follows:

I, the undersigned, hereby declare that the information submitted in the AB PM-JAY empanelment application form is factual and correct. Specifically, I declare that we are a DIALYSIS CENTRE attached with the hospital having separate parent company which is not associated with the hospital and all supplementary details, which forms the written evidence or attachments submitted to the AB PM-JAY office for the purposes of reviewing service provision against the standards for AB PM-JAY empanelment adopted by the NHA, gives, to the best of my knowledge, a true and accurate presentation.

Signed: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of the Dialysis Centre: \_\_\_\_\_

Name of the hospital associated with: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

