Operational Guidelines on Haryana Employees Cashless Health Scheme

Ayushman Bharat
Haryana Health Protection Authority
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PREFACE
1. **Introduction**

In present scenario, all the employees and pensioners of the Haryana Government are entitled to take the benefit of healthcare services from all the public and empanelled private health facilities on re-imbursement model. Keeping in mind the genuine demands of the employees and financial constraints at the time of emergencies, the Government of Haryana has already introduced the limited cashless health facilities to all the employees and pensioners along with their dependents for certain life threatening emergencies. The Government has now decided to introduce the comprehensive cashless health benefits to the State Government Employees/Pensioners of the State along with their dependents.

2. **Need for the scheme**

- Financing of healthcare is one of the critical determinants of achieving better health outcomes. The members of the society need access to quality healthcare services at affordable rates.
- The Government of Haryana has been providing healthcare facilities to its regular employees and pensioners along with their dependants at all the public and empanelled private healthcare facilities on re-imbursement model. In existing scenario the employee/pensioner has to pay in advance for taking treatment from the hospital.
- The non-IT based model resulted in delayed payment of the claimed amount by the employee. Inconvenience was being caused to the beneficiaries due to blockage of their funds and delay in their bill clearance. The scheme further resulted in higher administrative
costs in terms of setting up of dedicated offices with adequate staff by all departments to clear the bills at District level/ State level.

- Keeping in mind the genuine demands of the employees and financial constraints at the time of emergencies, the Government of Haryana introduced the cashless scheme for limited health facilities to all the regular Govt. employees and pensioners vide Govt. order notification no. 2PM-cashless-2017/13626-13786 dated 20.11.2017. The scheme was also extended to dependants/spouses of the regular Govt. employees/pensioners vide amendment in the notification no. 2PM-cashless-2018/2158-2318 dated 04.04.2018. The existing cashless limited health scheme is non IT based with manual mode of bill processing causing delayed payments to the empanelled hospitals. The scheme is also limited to only six life threatening emergencies (Cardiac Emergencies, Brain Haemorrhage, Coma, Electric Shock, 3rd and 4th stages of Cancer and Accidents) with limited number of packages. Due to lack of pre-authorisation and lack of provision to counter check the treatment given, possibility of injudicious re-imbursement exists.

- Considering the limitations of the current re-imbursement and limited cashless scheme, the need for a comprehensive cashless scheme with robust IT based transaction system was felt and Haryana Employees Cashless Health Scheme (HECHS) has been envisaged.

3. **Scope of the scheme**

- The scheme aims at providing comprehensive cashless healthcare facilities to the Haryana Government regular employees and
pensioners along with their dependents in public and empanelled private hospitals.

- The new scheme will be IT based which will work as the backbone of the scheme and will provide identification/enrolment of the beneficiaries, online pre-authorization, validation/settlement of claims through claims processing unit, fast and fraud less transactions, dashboard and availability of real time transactions, redressal of grievances.

- Digital database of beneficiaries will be created based on Aadhaar and other photo ID documents.

- The new scheme shall be cashless for all the employees, pensioners and their dependants for all the hospitalizations and day care procedures both in public and private empanelled hospitals. This will be done in phased manner.

- The new comprehensive scheme shall be cost effective as the centralization of scheme will not only reduce the spread out human resources and administrative expenses by all departments but will also provide an IT based, robust and transparent health assurance model serviced by an experienced implementation support unit and supported by a unified payment portal to service providers i.e. hospitals through a dedicated wing constituted within Ayushman Bharat Haryana Health Protection Authority (AB-HHPA).

4. **Salient features of the scheme**

- Haryana Employees Cashless Health Scheme (HECHS) will be a comprehensive Cashless Health Scheme covering the Regular Employees, pensioners & their dependents for not only six life threatening emergencies – Cardiac Emergencies, Brain
Haemorrhage, Coma, Electric Shock, 3rd and 4th stages of Cancer and Accidents but also for all approved packages.

- The Cashless Medical Facilities shall be applicable to indoor treatment, day care procedures, diagnostics etc. taken as Indoor Patient (IPD) in all the Govt. Medical Colleges/ Govt. Aided Medical Colleges, all District Hospitals, all Health institutions of Haryana Govt. and all Private Empanelled Hospitals.

- There is no upper ceiling for cashless treatment at empanelled hospitals.

- Digital database of beneficiaries will be created based on Aadhaar and other photo ID documents.

- Beneficiaries will include all regular Haryana Govt. employees, pensioners and their dependants. The dependants will include all categories as per the Haryana Medical Service Rules.

- The beneficiaries will be identified by Aadhaar enabled system and unique employee code and PPO number.

- The scheme will be IT based using the IT platform of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

- There will be time bound and systematic processing of the claims for the benefit of all the stakeholders.

- The scheme will be implemented in a phased manner.
  
  ➢ **Phase I** – Only six groups of life threatening diseases (as covered under the limited cashless scheme) will be covered.
  
  ➢ **Phase II** – In phase II all the diseases shall be covered for all the regular employees of the State Govt. with their dependants.
Phase III - In phase III all the diseases shall be covered for all the pensioners of the State Govt. with their dependants.

- There are certain exclusions under the scheme. The following modalities of treatment shall not be covered under this cashless and IT based scheme:-
  - OPD services
  - Chronic illnesses
  - Emergency treatment in non-empanelled hospitals
Guidelines

- Time bound processing
- Cashless Health Facilities
- Robust IT based system
- Public & Private empanelled Hospitals
- Employees, pensioners, dependents covered

Employee Benefits
5. Guidelines for Implementing Authority

- The scheme will be implemented by Ayushman Bharat - Haryana Health Protection Authority (AB-HHPA), with the support of specific Implementation Support Unit (ISU). The Governing Council, set up for AB-HHPA will oversee the functioning of HECHS.

- The operational core team for implementation of HECHS shall be headed by Chief Executive Officer of AB-HHPA with the support of Deputy Chief Executive Officer (Operations), Accounts Officer and Project Managers like Operations Manager, IT Manager, Policy Manager, Medical/Quality Manager, Grievance Manager, as required, shall be deputed from other concerned departments or shall be recruited directly or hired through outsourcing policy of the State.

5.1 Scope of work of Implementing Support Unit (ISU)

The scheme shall be implemented by a dedicated Implementation Support Unit (ISU) of SHA. The manpower for this purpose can be on deputation or appointed through recruitment or hired through outsource agency. The details of requisite manpower are attached Annexure-I. The ISU shall perform the following functions:

- **Managing beneficiary identification system:** The ISU shall validate the data of the beneficiaries for approval / rejection and issue the e-Cards through BIS portal.

- **Empanelment of Hospitals:** The SEC will do the hospital empanelment.
• **Pre-authorization processing:** The ISU shall process all scheme related pre-authorization submitted by the empanelled hospitals on 24X7 basis.

• **Claims Processing:** All claims raised by the hospitals will be processed by Claims Processing Doctors/Staff and managed by ISU in a time-bound manner.

• **Capacity Building:** ISU shall arrange quarterly/ half-yearly workshops/training sessions for capacity building of the empanelled hospitals.

• **Setting up of State Level Support Unit:**
  i. ISU shall be setup at State Level in SHA Chandigarh/Panchkula.
  ii. The State Unit shall coordinate with SHA & shall control scheme operations from State Headquarter.
  iii. Deploying qualified personnel at State Unit for successful scheme implementation.

• **Controlling Frauds & malpractices:** ISU shall put up qualified team of Doctors to ensure that hospitals don’t engage in malpractices.

• **Grievance Handling:** All grievances from beneficiaries/empanelled hospitals will be handled by ISU or escalated to SHA, if required.
6. Guidelines for Beneficiary Identification

6.1 Beneficiary Data Collection:

- The database of all the regular employees and the pensioners of the State Government would be collected by SHA from the concerned departments in the prescribed format to be used as beneficiary data for implementation of the scheme. The beneficiary database of both employees and pensioners will also be updated on HRMS portal by concerned departments from time to time.

- All the regular employees of the Haryana Govt. are issued a unique ID code in e-salary system which will be fetched from HRMS.

- For pensioners in the State either drawing their pensions from Banks and from the treasury have been issued a unique PPO code. The data of pensioners be taken from concerned department in prescribed format.

- For identification of dependents, it will be the responsibility of the parent department. The relevant instructions/rules shall be followed by parent department while entering the data of dependent in prescribed format. It will be the responsibility of the concerned departments of the employees to provide the consolidated data of the dependants of their employees to AB-HHPA.

- All the Employees/Pensioners data is Aadhaar seeded. The unique ID code and PPO code will be utilized for generation of e-cards for the beneficiaries through BIS portal of AB-PMJAY.

- The beneficiary’s data will be integrated into the BIS portal of AB-PMJAY through collaboration with NHA.
Since the beneficiary data will be dynamic, it will be the responsibility of the employees/pensioners and their concerned department to share the updated data with the SHA on real time basis.

6.2 Generation of e-Cards:

- The current process of beneficiary’s identification being followed under AB-PMJAY will be followed for HECHS too. The e-Cards generation will include the following steps:
  - The authority may appoint CSC/DITS/Government Agency or hire third party agency for generation of ID cards of all the Haryana Govt. employees, pensioners and their dependants or they can be generated at the empanelled hospital.
  - After integration of the HECHS beneficiaries’ data in the BIS portal of AB-PMJAY, the operator at empanelled hospital can search the beneficiary by UID (Employee ID/PPO No.).
  - The beneficiary’s data along with the beneficiary’s ID card (Govt. ID or Ration Card showing details of family members {in case of dependents} and Aadhaar Card) will be uploaded by the authorized agency into the BIS portal and request for e-Card generation will be sent to ISU/SHA through BIS portal.
  - The SHA /ISU will verify the request generated from the authorized agency from the data and accordingly approve/reject the request through the BIS portal.
  - If request is approved by the ISU/SHA, the e-Card will be generated and printed with a Unique ID and handed over to the beneficiary for availing the benefits of the scheme.
• For rejected cases, a request can again be made by the beneficiary through the same process using valid documents for e-Card generation.

• It will be the responsibility of the beneficiary to produce the valid ID card/ PPO No. to the hospital in order to establish his/ her identity of being a regular employee/ pensioner.

• It will be the responsibility of the hospital to ask for the identity cards / PPOs from the employees/ pensioners and to explain to them whether the condition/ surgery/procedure/ disease is covered under the cashless medical facility or not.
7. Guidelines for Hospital empanelment

7.1 Basic Principles

The process being adopted for empanelment of new hospitals under AB-PMJAY will be applicable for HECHS. The empanelment and MoU/contract with the hospital will be the responsibility of SHA exclusively. All the hospitals empanelled by the Health department of Govt. of Haryana will continue as deemed Empanelled Health Care Provider (EHCPs) based on the terms of reference of their signed MoUs. However, for integration into the Hospital Empanelment System (HES) portal, an online application has to be submitted by such hospitals through the HES portal which will be duly verified and approved by SHA. The renewal of the MoUs and empanelment of new EHCPs will be done by the SHA.

7.2 Online Empanelment

- The web-based platform of Hospital Empanelment System (HES) of AB-PMJAY will be utilized for empanelment of hospitals for HECHS.
- All hospitals will be required to apply only through this portal for getting empanelled under the scheme. The detailed criteria of empanelment is enclosed at Annexure-II.
- Availability of PAN CARD number (not for public hospitals) and functional mobile number of the hospital will be mandatory for creation of this account/Login ID on the portal for the hospital.
- Once the login ID is created, hospital shall apply for empanelment through an online application on the web portal of AB-PMJAY and all the required information and documents will need to be uploaded and submitted by the hospital only through this web portal.
• Hospital will be mandated to apply for all specialties for which requisite infrastructure and facilities are available with it. Hospital will not be permitted to choose specific specialties it wants to apply for unless it is a single specialty hospital.

• After registering on the web-portal, the hospital user will be able to check the status of their application.

### 7.3 Role of DEC/ISU

• Based on the process of AB-PMJAY, after receiving the empanelment request by District Empanelment Committee (DEC) set up for AB-PMJAY or request received by the ISU from the hospital, the application should be scrutinized and processed completely within 15 days of receipt of application.

• The login account created for the nodal officer from DEC under AB-PMJAY will be used to download the application of hospitals and upload the inspection report.

• The documents uploaded have to be correlated with physical verification of original documents produced by the hospital. If any documents are found missing, the DEC may return the application to the hospital for rectifying any errors in the documents.

• After the verification of documents, the DEC will physically inspect the premises of the hospital and verify the physical presence of all the details entered in the empanelment application, including human resource, infrastructure, facilities etc.

• The team will recommend whether the hospital should be empanelled or not based on the field inspection/verification.
• DEC team will submit its final inspection report to the state through the portal login assigned to him/her and forward the application along with its recommendation to the SEC/SHA.

7.4 Role of SEC/SHA

• The State Empanelment Committee (SEC)/SHA will consider the report submitted by the DEC/ISU. The hospital empanelment request shall be approved, denied or returned to the hospital.
• In case of refusal, the SEC will record in writing the reasons for refusal and either direct the hospital to rectify the deficiencies, or in case of egregious emissions from the empanelment request, either based on documentary or physical verification, direct the hospital to submit a fresh request for empanelment on the online portal.
• The SEC/SHA will also consider recommendations for relaxation of criteria of empanelment received from DEC/ISU and approve them to ensure that sufficient number and specialties of empanelled facilities are available in the State.
• Hospital will be intimated as soon as a decision is taken regarding its empanelment and the same will be updated on the HES web portal. The hospital will also be notified through SMS/email of the final decision. If the application is approved, the hospital will be assigned a unique hospital registration number under the scheme. If the hospital is empanelled under AB-PMJAY, the same unique hospital registration number will be provided to the hospital for HECHS.
• If the application is rejected, the hospital will be intimated of the reasons on the basis of which the application was rejected and comments supporting the decision will be provided on the HES web portal. Such hospitals shall have the right to file a review against the
rejection with the SHA within 15 days of rejection through the portal. In case the request for empanelment is rejected by the SHA in review, the hospitals can approach through the Grievance Redressal Mechanism for remedy.

- In case the hospital chooses to withdraw from the scheme, it will only be permitted to re-enter/ get re-empanelled under HECHS after a period of 6 months.
- If a hospital is blacklisted for a defined period due to fraud/abuse, after following due process by the SEC/SHA, it can be permitted to re-apply after cessation of the blacklisting period or revocation of the blacklisting order, whichever is earlier.
- There shall be no restriction on the number of hospitals that can be empanelled under the scheme in a district.
- Final decision on request of a Hospital for empanelment under the scheme, shall be completed within 30 days of receiving such an application.

7.5 **Signing of Contract**

- Within 7 days of approval of empanelment request by SEC, the SHA will sign a contract with the empanelled hospitals as per the pre-defined approved template.
- Each empanelled hospital will need to provide a name of a nodal officer who will be the focal point for the scheme for administrative and medical purposes.
- Once the hospital is empanelled, a separate admin user for the hospital will be created to carry out transactions for providing cashless treatment to the beneficiaries.
8. Guidelines for Claims Settlement

8.1 Pre-auth and claim submission by the empanelled hospital

- All Empanelled Health Care Providers (EHCP) will make use of Transaction Management System (TMS) portal of AB-PMJAY integrated with HECHS to manage the claims related transactions for which each empanelled hospitals will be provided a unique login ID and password.

- The health packages and the rates as prescribed by AB-HHPA in consultation with the Health Department and approved by the Governing Council shall be applicable under the scheme.

- The empanelled hospital will give 100% cashless services for the treatment given under prescribed package rates.

- In cases of multiple procedures where multiple packages are booked then the claim payment to the empanelled hospital will be made as per the NHA guidelines.

- For diseases not covered under the scheme HECHS, the hospital can book unspecified package, which will be followed as per the guideline of Unspecified Package of AB-PMJAY.

- The hospital shall raise the pre-auth request in the TMS portal at the time of registration. After approval of the pre-authorization, the hospital can initiate the treatment of the patient except for emergencies.

- The claim has to be raised within 07 days of the discharge of the patient through the TMS portal to the ISU.
8.2 Pre-auth and claim processing by ISU

Pre-authorization

- The ISU shall process all pre-authorization requests on a 24X7 basis through the TMS portal.
- Only qualified doctors shall be authorized to process the pre-auth requests.
- All Pre-Authorization requests should be processed within 6 hours of receipt of request.
- In emergency/trauma cases, the standard pre-authorization process may be done with Emergency Telephonic Intimation.

Claim processing

- Once the claim is submitted by the empanelled EHCPs, a team of qualified doctors (Claims Processing Doctors) in ISU shall check all claim related documents through TMS portal.
- ISU shall process all claims and give its recommendation of approval/rejection to SHA within 7 days of claim submission by the hospital.
- The SHA shall decide on the acceptance/rejection of the approved claim.
- In case the claim is approved by ISU, the SHA shall settle the claim within next 7 days of claim process by ISU.
- If the claim is rejected by ISU, the reason for rejection must be clearly given to the EHCPs. In such rejected cases, EHCPs can appeal for review of the claim to SHA within 15 days. However, the final decision on the matter will be taken by SHA.
- For any queries raised by ISU to empanelled EHCPs during claim processing shall be replied by EHCPs to ISU within 72 hrs.
• SHA shall make claim payments to each EHCP against payable claims through electronic transfer to such EHCP’s designated bank account.

• The ISU/SHA shall have the authority to customize any claim amount with relevant justification, whenever necessary.

• The overall turnaround time for claim settlement shall be 15 days from the time of claim submission/last query reply by EHCP and after receiving the original documents.

8.3 Additional instructions for Hospitals

• The empanelled hospitals will give 100 % cashless services for the treatment given under approved package rates.

• The empanelled hospitals shall submit the claims within 7 days from the date of the discharge of the patient. In case the patient is re-admitted within 7 days for the same ailment/ complication of the procedure conducted upon, then the cost of this treatment shall be included as part of the package already administered.

• Any post-operative complication(s) arising within first 7 days of discharge is covered under the package and for any complication(s) arising from the procedure performed from 8th to 30th day, the 50% of the expenditure incurred will be borne by the hospital and the remaining would be cashless.

• In case of multiple procedures like poly trauma etc. where multiple packages are invoked for treatment given in the same hospitalization, the claim would be paid as per the guidelines issued by NHA.
9. **Guidelines for Grievance Redressal Mechanism**

- If any stakeholder has a grievance against another in connection with the validity interpretation, implementation or alleged breach of any provision of the scheme, it shall be settled at the level of SHA. The stakeholder may be a beneficiary, EHCP, ISU or its employee, SHA or its employee or any other nominated functionaries for implementation of the scheme.

- All the above defined grievances shall be redressed by the State Grievance and Redressal Committee (SGRC).

- The complainant may lodge a complaint by on line grievance redressal portal or letter or e-mail. The complainant shall enter the particulars on the Web-based Central Complaints and Grievance Management System (CCGMS) established by the MoHFW. The CCGMS will generate a Unique Complaint Number (UCN), categorize the nature of the complaint; and an e-mail or letter to be sent to the appropriate stakeholder.

9.1 **Grievance Redressal Mechanism:**

- All grievances which are lodged will be addressed by the State Grievance Redressal Committee of SHA.

- The State Grievance Redressal Committee will be headed by CEO and include members as approved by Governing Council & CEO.

- Each grievance shall be addressed by the Grievance Redressal Committee within a period of 30 days of receipt of the grievance. For this purpose, Grievance Redressal Committee meeting shall be convened at least once every 30 days to ensure that all grievances are addressed within this time frame. Depending on the urgency of
the case, the Grievance Redressal Committee may decide to meet earlier for a speedier resolution of the grievance.

- The decision of the Grievance Redressal Committee shall be taken by majority vote of its members present.
10. **Guidelines for Antifraud activity**

In case if any fake bill or duplication of claim is reported, the empanelled hospital(s) is liable to be penalised for disciplinary action under the Haryana Civil Services (Punishment and Appeal) Rules, as amended from time to time or legal action, as case may be. In case any wrong bill/fake treatment is reported and confirmed, the hospital is liable for de-empanelment and other applicable legal actions. The same shall be monitored by ISU and SHA.
11. Guidelines for Financing of the scheme

- The average annual expenditure incurred on medical reimbursement of Haryana Govt. employees, pensioners and their dependants in last three years i.e. from 2015-2018 on average is approximately 250 crores.

- A separate budget scheme in 6-tier system will be opened in health department on revenue side under major head 2210-Medical and Public Health for implementing the scheme.

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<tr>
<td>Object Head</td>
<td>09-Grant in aid to AB-HHPA</td>
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</table>

- The funds available in various schemes of all the departments in the object head of medical re-imbursement will be pooled through diversion to the new scheme.

- Rs. 50 per employee/pensioner will be given by State Government to SHA for administrative expenditure on the pattern of NHA.

- Administrative expenses will be incurred on the item defined by NHA whichever is applicable.
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Team</th>
<th>Qualification</th>
<th>Responsibility</th>
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</table>
| 1      | Claim Management Team                     | MBBS/BDS (Preferably MBBS)          | • Pre-authorization process  
• Claims management  
• Ensuring payment of claims to the hospitals | 8            |
| 2      | Operations Management Team                | MBBS/BDS (Preferably MBBS)          | • Field operations under the scheme  
• Programme management | 2            |
| 3      | IT Support, and Data Managements          | M Tech in computer Science/ MCA     | • Data availability, integrity and security  
• MIS coordination  
• Management of IT hardware & software | 2            |
| 4      | Beneficiary Verification Team             | MBBS/BDS (Preferably MBBS)          | • Co-ordination for smooth beneficiary verification process  
• Manage issues related to beneficiary verification | 2            |
|        | BIS Executives                            | Graduate with diploma in computers  | • To support the BIS team. | 2            |
| 5      | Medical Management & Quality Team         | MBBS/BDS (Preferably MBBS)          | • Designing standard packages and hospitals empanelment criterion for additionalities like State schemes such that they are complimentary to ABNHPM  
• Empanelment of Hospital  
• Quality & Patient safety  
• Punitive action against hospitals | 2            |
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<td>Fraud Detection</td>
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<td>• Data availability, integrity and security</td>
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<td>• MIS coordination</td>
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<td></td>
<td>• Case Investigation</td>
<td></td>
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<td></td>
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<td></td>
<td>• Analytical Solution</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Data Entry Operators</td>
<td>Graduate with diploma in computers</td>
<td>• To support all above teams in their day to day work</td>
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</table>
DETAILED EMPANELMENT CRITERIA

CATEGORY 1: ESSENTIAL CRITERIA

A Hospital would be empanelled as a network private hospital with the approval of the AB-HHPA/ Health Department, Haryana if it adheres with the following minimum criteria:

1. Empanelment of new private hospitals

- **Multi specialty Hospitals:**
  - Only hospitals having entry level/Full NABH /JCI certificate with bed strength of more than 50 in-patient beds will be considered for empanelment.
  - Multi specialty hospitals within the Haryana State, with bed strength more than 50 in-patient beds, must be registered under ‘The Haryana Clinical Establishment (Registration and Regulation) adoption act 2018’.
  - Multi specialty hospitals outside Haryana State, must be registered under ‘Clinical Establishment Act wherever applicable’.
  - The hospital shall provide renewed NABH/JCI certificates within 3 months of the expiry of the previous certificate. If they are unable to provide such certificate then it will be de-empanelled automatically.
  - If the hospital get disqualified/ de-empanelled under the ‘The Haryana Clinical Establishment (Registration and Regulation) adoption act 2018’ shall be automatically de-empanelled from the list of Haryana Govt. No separate intimation/ notice shall be issued.

- **Single specialty Hospitals:**
  - Hospitals having entry level /Full NABH /JCI certificate with bed strength of more than 10 in-patient beds will be considered for empanelment except single specialty hospital like Eye/ENT and Dental.
  - The hospital shall provide renewed NABH/JCI certificates within 3 months of the expiry of the previous certificate. If they are unable to provide such certificate then it will be de-empanelled automatically.
• If the hospital get disqualified/ de-empanelled under the ‘The Haryana Clinical Establishment (Registration and Regulation) adoption act 2018’ shall be automatically de-empanelled from the list of Haryana Govt. No separate intimation/ notice shall be issued.

2. Security and Inspection Fee
No security and Inspection fee will be charged from any private hospital.

3. Validity of empanelment
An MoU will be signed by AB-HHPA with the empanelled hospital for a period of 3 year or till the validity of NABH accreditation after which the MoU shall be renewed as per the defined terms and conditions.

4. Detailed Infrastructure requirement
• The inpatient beds should have adequate spacing and supporting staff as per norms.
  ➢ 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.
  ➢ It should have adequate and qualified medical and nursing staff (doctors 1 & nurses 2), physically in-charge round the clock; (necessary certificates to be produced during empanelment).
• Fully equipped and engaged in providing Medical /Surgical services, commensurate to the scope of service/ available specialties and number of beds.
  ➢ Round-the-clock availability (or on-call) of a Surgeon and Anaesthetist where surgical services/ day care treatments are offered.
  ➢ Round-the-clock availability (or on-call) of an Obstetrician, Paediatrician and Anaesthetist where maternity services are offered.
  ➢ Round-the-clock availability of specialists (or on-call) in the concerned specialties having sufficient experience where such services are offered (e.g. Orthopaedics, ENT, Ophthalmology, Dental, General Surgery (including endoscopy) etc.)
• 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, X-ray facility (mandatory) etc., either ‘In-House’ or with ‘Outsourcing arrangements’, preferably with NABL accredited laboratories, with appropriate agreements and in close vicinity.

• Round-the-clock Ambulance facilities (own or tie-up).

• 24 hours emergency services managed by technically qualified staff wherever emergency services are offered, 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 attached toilet facility.

• Mandatory for hospitals wherever surgical procedures are offered:
  ➢ Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
  ➢ Post-op ward with ventilator and other required facilities.

• Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (For medical/surgical ICU/HDU/Neonatal ICU) with requisite staff
  a) The unit is to be situated in close proximity of operation theatre, acute care medical, surgical ward units, labour room and maternity room as appropriate.
  b) Suction, piped oxygen supply and compressed air should be provided for each ICU bed.
  c) Further ICU- where such packages are mandated should have the following equipment:
    ➢ Piped gases
    ➢ Multi-sign Monitoring equipment
    ➢ Infusion of ionotropic support
    ➢ Equipment for maintenance of body temperature
    ➢ Weighing scale
    ➢ Manpower for 24x7 monitoring
    ➢ Emergency cash cart
    ➢ Defibrillator
    ➢ Equipment for ventilation
In case there is common Paediatric ICU then Paediatric equipments, e.g.: paediatric ventilator, Paediatric probes, medicines and equipment for resuscitation to be available
b) HDU (high dependency unit) should also be equipped with all the equipment and manpower as per HDU norms.

- Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society or his representative as and when required.
  a) All scheme records/ cases must be completely maintained
  b) Share data with designated authorities for information as mandated

- Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by SHA from time to time
- Registration with the Income Tax Department
- NEFT enabled bank account
- Telephone/Fax
- Safe drinking water facilities/Patient care waiting area
- Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital
- Ensure a dedicated medical officer to work as a medical co-coordinator towards beneficiary management (including records for follow-up care as prescribed)
- IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.) as mandated by the SHA
- Photo/scanned copy of the registration certificate, licence required under the provision of various act/ statuary guidelines shall attached at the time of submission of application (wherever applicable):
  a) MOU for Biomedical waste as per Bio Medical Waste (Management & Handling) Rules, 1998.
  b) Registration certificate of vehicle used as ambulance from transport department
  c) Registration Certificate / Licence of each X-Ray radiation machine issued by AERB etc.
  d) NOC from Fire Officer/ Municipal Corporation/ Committee for Fire prevention and Safety
  e) Certificate from Income Tax Department for exemption of Income Tax
f) Certificate to keep Narcotics in hospitals under Narcotic Drug and Psychotropic substances Act

g) Certificate under Medical Termination of Pregnancy Act

h) Certificate of Registration of hospital under Mental Act

i) Certificate of Registration related to each machine, Ultrasound Machine or any other equipment used for sex detection under Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection Act.)

j) Certificate of Registration of canteens under Prevention of Food Adulteration Act

k) Registration certificate of hospital for each organ (Kidney, Liver, Cornea etc.) Transplantation / retrieval under Transplantation of Human Organ Act

l) Lifts and escalators installation/ maintenance certificate as per the Haryana Lift and escalators Act 2008 or under any instructions if the hospital is located outside State of Haryana

m) Building plan approval/ certificate/ permission from the competent authority

n) Licence for Chemists shop under Drugs and Cosmetic Act

o) Blood bank licence/ storage etc. under Drugs and Cosmetic Act

p) No objection Certificate from pollution control board regarding effluent treatment and noise pollution
CATEGORY 2: ADVANCED CRITERIA

Over and above the essential criteria required to provide basic services under the scheme, those facilities undertaking defined specialty packages (as indicated in the benefit package for specialities mandated to qualify for advanced criteria) should have the following:

1. These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Paediatric Surgery, Neonatal intensive care etc.

2. A hospital could be empanelled for one or more specialities subject to it qualifying to the concerned specialty criteria for respective packages.

3. 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.

4. 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 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.

5. Indicative domain specific criteria are as under:

5.1 Specific criteria for Cardiology/ CTVS

- CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
- Post-op with ventilator support
- ICU Facility with cardiac monitoring and ventilator support
- Hospital should facilitate round the clock cardiologist services
- Availability of support specialty of General Physician & Paediatrician
5.2 **Specific criteria for Cancer Care**

- For empanelment of Cancer treatment, 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). Tumor Board should consist of a qualified team of Surgical, Radiation and Medical /Paediatric Oncologist in order to ensure the most appropriate treatment for the patient.
- Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric Oncologist/ Tumor Board with prior approval and pre-authorization of treatment.
- For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite Pathology/ Haematology services/ infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house. In case such facilities are not available in the empanelled hospital for radiotherapy treatment and even for chemotherapy, the hospital 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.
- Further hospitals should have following infrastructure for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.
  i. Treatment machines which are capable of delivering SRS/SRT
  ii. Associated Treatment planning system
  iii. Associated Dosimetry systems

5.3 **Specific criteria for Neurosurgery**

- Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horse shoe, may field / sugita or equivalent frame)
- ICU facility
- Post-op with ventilator support
- Facilitation for round the clock MRI, CT and other support biochemical investigations

5.4 Specific criteria for Burns, Plastic & Reconstructive surgery

- 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
- Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.
- Well Equipped Theatre
- Intensive Care Unit
- Post-op with ventilator support
- Trained Paramedics
- Post-op rehab/ Physiotherapy support/ Psychology support

5.5 Specific criteria for Pediatric Surgery

- The Hospital should have full time/on call services of paediatric surgeons
- Well-equipped theatre
- ICU support
- Support services of paediatrician
- Availability of mother rooms and feeding area
- Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank

5.6 Specific criteria for specialized new born care.

- The hospital should have well developed and equipped neonatal nursery/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms
- Availability of radiant warmer/ incubator/ pulse oximeter/ photo therapy/ weighing scale/ infusion pump/ ventilators/ CPAP/ monitoring systems/ oxygen supply / suction / infusion pumps/ resuscitation equipment/ breast pumps/ bilimeter/ KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to hematological, biochemistry tests, imaging and blood gases, using minimal sampling, as required for the service packages
For Advanced Care and Critical Care Packages, in addition to 2. above: parenteral nutrition, laminar flow bench, invasive monitoring, in-house USG. Ophthalmologist on call

- Trained nurses 24x7 as per norms
- Trained Paediatrician(s) round the clock
- 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
- Provision for post-discharge follow up visits for counseling for feeding, growth / development assessment and early stimulation, ROP checks, hearing tests etc.

5.7 **Specific criteria for Polytrauma**

- Shall have Emergency Room Setup with round the clock dedicated duty doctors
- Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services
- 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.
- Shall have dedicated round the clock Emergency theatre with C-Arm facility, Surgical ICU, Post-Op Setup with qualified staff.
- Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

5.8 **Specific criteria for Nephrology and Urology Surgery**

- Dialysis unit
- Well-equipped operation theatre with C-ARM
- Endoscopy investigation support
- Post op ICU care with ventilator support
- Sew lithotripsy equipment
HECHS Operational Guidelines

- Time bound processing
- Cashless Health Facilities
- Robust IT based system
- Public & Private empanelled Hospitals
- Employees, pensioners, dependants covered