

ESSENTIAL CRITERIA FOR EMPANELMENT

A Hospital would be empaneled as a network private hospital with the approval of the respective State Health Authority¹ if it adheres with the following minimum criteria:

1. Should have at least 20 inpatient beds with adequate spacing and supporting staff as per norms.
 - i. Exemption may be given for single-specialty hospitals like Eye and ENT.
 - 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.
2. It should have adequate and qualified medical and nursing staff (doctors² & nurses³), physically in charge round the clock; (necessary certificates to be produced during empanelment).
3. Fully equipped and engaged in providing Medical /Surgical services, commensurate to the scope of service/ available specialties and number of beds.
 - i. Round-the-clock availability (or on-call) of a Surgeon and Anesthetist where surgical services/ day care treatments are offered.
 - ii. Round-the-clock availability (or on-call) of an Obstetrician, Pediatrician and Anesthetist where maternity services are offered.
 - iii. 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.)
4. 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 nearby vicinity.
5. Preferably Round-the-clock Ambulance facilities (own or tie-up).
6. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered

² Qualified doctor is a MBBS approved as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time.

³ 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.

- i. Casualty should be equipped with Monitors, Preferably Defibrillator, Nebulizer with accessories, Preferably Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, suction apparatus etc. and with attached toilet facility.
7. 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 preferably with ventilator and other required facilities.
8. 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
 - i. Preferably 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.
 - ii. Suction, piped oxygen supply and compressed air should be provided for each ICU bed.
 - iii. Further ICU- where such packages are mandated should have the following equipment:
 - 1) Piped gases
 - 2) Multi-sign Monitoring equipment
 - 3) Infusion of inotropic support (Preferably)
 - 4) Equipment for maintenance of body temperature (Preferably)
 - 5) Weighing scale
 - 6) Manpower for 24x7 monitoring
 - 7) Emergency cash cart
 - 8) Defibrillator. (Preferably)
 - 9) Equipment for ventilation.
 - 10) In case there is common Paediatric ICU then Paediatric equipment's, e.g.: paediatric ventilator, Paediatric probes, medicines and equipment for resuscitation to be available.
 - iv. HDU (high dependency unit) should also be equipped with all the equipment and manpower as per HDU norms. (Preferably)
9. Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
 - i. Wherever automated systems are used it should comply with MoHFW/ NHA EHR guidelines (as and when they are enforced)
 - ii. All CMAAY cases must have complete records maintained
 - iii. Share data with designated authorities for information as mandated.
10. Legal requirements as applicable by the local/state health authority.
11. Adherence to Standard treatment guidelines/ Clinical Pathways / Adjudication Guidelines defined by Society for procedures as mandated from time to time.
12. Registration with the Income Tax Department.
13. NEFT enabled bank account
14. Telephone/Fax
15. Safe drinking water facilities/Patient care waiting area

16. Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
17. Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
18. Appropriate fire-safety measures.
19. Provide space for a separate kiosk for CMAAY beneficiary management (CMAAY non-medical⁴ coordinator) at the hospital reception.
20. Ensure a dedicated medical officer to work as a medical⁵ co-ordinator towards CMAAY beneficiary management (including records for follow-up care as prescribed)
21. Ensure appropriate promotion of CMAAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/ district level CMAAY team.
22. IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.) as mandated by the NHA.

⁴ 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).

⁵ 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.