

**Guideline for Empanelment of Hospitals under  
Mukhyamantri Amrutam MA & MA Vatsalya Yojana  
in Gujarat**



**Government of Gujarat  
Health and Family Welfare Department  
Gandhinagar**

## **INTRODUCTION**

The Below Poverty Line (BPL) population is especially vulnerable to the catastrophic health risks and large number of households is pushed into poverty as a result of high costs of household spending on health care. To address this key vulnerability faced by the BPL population in the Gujarat, the State Government has launched a medical care scheme called Mukhyamantri Amrutam (MA) Yojana from 4th September 2012.

Based on success of “MA” Yojana and feedback from various stakeholders, on 15/08/2014, the “MA” was extended to “all the families having an annual income up to Rs.1.50 lakh per annum with the name “Mukhyamantri Amrutam Vatsalya”Yojana.

In the year 2016, U-Win card holder avail the benefit under “Mukhyamantri Amrutam” Yojana.

The proposed scheme will cover the entire State of Gujarat.

“State Nodal Cell”, has been set up by the Government of Gujarat, for the implementation of the Scheme. The State Nodal Cell will implement, establish, provide, administer, modify and supervise the Mukhyamantri Amrutam (MA) Yojana for providing medical care to the beneficiaries.

The Department of Health and Family Welfare, Gujarat invites proposals for the empanelment of hospitals providing tertiary care health services under the Mukhyamantri Amrutam (MA) Yojana. Proposals are invited from the Private Hospitals. Hence all the hospitals are requested to go through the scheme carefully and submit their agreement for empanelment under the scheme.

### **OBJECTIVE:**

To improve access of BPL families and middle class families to quality medical and surgical care for treatment of identified diseases involving hospitalization, surgeries and therapies through an empanelled network of health care providers.

## **SCHEME FEATURES**

### **BENEFICIARIES:**

The scheme is intended to benefit Below Poverty Line (BPL) Families and families having annual income up to Rs. 1.50 lakh of the 33 districts namely Banaskantha, Sabarkantha, Dang, Narmada, Tapi, Bharuch, Dahod, Kutch, Jamnagar, Patan, Anand, Vadodra, Valsad, Surat, Navsari, Ahmedabad, Gandhinagar, Mehsana, Kheda, Panchmahal, Surendranagar, Rajkot, Amreli, Bhavnagar, Junagadh, Porbandar, Devbhoomi-Dwarka, Morbi, Botad, Gir-Somnath, Mahisagar, Aravalli, and Chota-Udaipur district of the State of Gujarat. According to a recent enumeration, there are approximately 41.49 lakh BPL families (as per the Rural and Urban Development Department) and 62.55 lakh middle class families in the said thirty three districts of the State. Database and photograph of these families is available in the form of Bar Coded Plastic Card issued by the Commissionerate of Health & Family Welfare Department, Gandhinagar. However number of Bar Coded Plastic Card holders is subject to increase or decrease.

### **FAMILY:**

A family would comprise the Head of the family, spouse, and up to three dependents. The dependents would include such members as listed as part of the family in the beneficiary database provided by the rural and urban development department, Gandhinagar.

### **SUM INSURED ON FLOATER BASIS:**

The scheme provides coverage for meeting expenses of hospitalization and surgical procedures of beneficiary members up to Rs.2.0 lakhs per family of five members per year subject to limits, in any of the network hospitals. The benefit on family will be on floater basis i.e. the total reimbursement of Rs.2.0 lakhs can be availed of individually or collectively by members of the family.

**BENEFITS:**

All predefined medical procedures and other services as part of the disease/treatment packages would be provided on a complete cashless basis. Enrolled beneficiary will go to network hospital with the Bar Coded Plastic Card and come out without making any payment to the hospital for these procedures covered under the scheme.

<b>Specialty</b>	<b>Cluster Number</b>	<b>Cluster Name</b>	<b>Procedures</b>
Burns	1	Burns	22
Cardiac	2	Cardiology	42
	3	Cardio-thoracic Surgery	75
	4	Cardio-vascular Surgery	36
Renal	5	Genito-urinary Surgery	52
Neurosurgeries	6	Neurosurgery	49
Neo-natal diseases	7	Pediatric Surgery	29
Poly Trauma	8	Poly Trauma	33
Cancer	9	Medical Oncology	79
	10	Radiation Oncology	14
	11	Surgical Oncology	113
<b>7 Specialty</b>	<b>11 Clusters</b>		<b>544</b>

In addition, there will be no pre-existing condition exclusions. Pre-existing diseases are also covered from day one which means that any illnesses existing prior to the inception of the scheme shall also be covered.

Provision for transport allowance of Rs.300 per visit shall be a part of the total coverage of Rs 2,00,000 per family.

## **THE BENEFIT PACKAGE**

The Benefit Package includes cost of consultation, medicine, diagnostics, implants, food, transportation, hospital charges etc. In other words the package covers the entire cost of treatment of patient from the date of reporting till the date of discharge from the hospital and also post hospitalization cost up to 10 days (free medicines), making the transaction truly cashless to the patient. Further under any circumstances, hospital shall not charge any money within the treatment period as covered under the package.

### **Prostheses:**

- a. The prosthesis to be used is should be FDCA approved only.
- b. Cost of prosthesis is inclusive of foot and shoe, wherever required.
- c. Prosthesis must have been manufactured with the materials with BIS (Bureau of Indian Standards) certification.
- d. All prosthesis shall be functional in nature.
- e. Manufacturer shall give minimum of 3 years replacement Guarantee.
- f. Manufacturer shall provide free replacement of leather parts/straps etc., during this period apart from replacement guarantee.

## **HOSPITAL SERVICES**

### **1. Allocation of beds in Network Hospitals for Mukhyamantri Amrutam (MA)**

**Yojana Patients:** The Network Hospitals shall allocate at least 25% of the bed capacity for admitting Mukhyamantri Amrutam (MA) Yojana patients.

### **2. Conduct of Outpatient services:**

- a) Provider shall ensure separate OP facilities for Mukhyamantri Amrutam (MA) Yojana patients by establishing exclusive Mukhyamantri Amrutam (MA) Yojana counter / kiosk, to be manned by “Hospital Arogya Mitra” of the Network Hospital and Arogya Mitra appointed by ISA.

b) **General counseling** should be done for all **OP patients** to ascertain their eligibility under Mukhyamantri Amrutam (MA) Yojana to avoid conversion in to cash patients at a later date.

**3. Conduct of Inpatient services:** Provider should not refuse to admit any Mukhyamantri Amrutam (MA) Yojana patients where it has consultants and equipment in any specialty that is covered under the Mukhyamantri Amrutam (MA) Yojana. A minimum of 25% of overall bed capacity under each specialty have to be made available to Mukhyamantri Amrutam (MA) Yojana patients in Network Hospitals.

**4. Follow-up services to Mukhyamantri Amrutam (MA) Yojana beneficiaries:** Provider shall provide cashless facility for follow-up treatments for identified diseases. The follow-up benefit package includes the cost of medicines, diagnostic tests and consultations.

### **CALCULATION FOR MULTIPLE PROCEDURES**

- Cluster 1-- BURNS should be 100 % at pre-auth + if any 2nd surgery (50% of package) + any 3rd surgery (25% of Package) + any 4th surgery (25% of Package) +5+6+..... all 25% of Package.
- Cluster 2 - CARDIOLOGY {CAG (cluster 2.1) or Peripheral/ Renal Angiography (cluster 2.2) or Check Angiography (cluster 2.6) +Coronary Angiographyor Peripheral/ Renal Angiography (cluster 2.7) by default 100 at every level if it is pre-auth or any additional 1 or 2 or 3 whatever.
- CAG + Check angio (ARAL) will be 100----50 %.
- Cluster 2 any Procedure + Cluster 3 any procedure or cluster 4.
  - Cluster **2** + (Additional RAL 1 only) cluster **3** any procedure **100%** ---  
--**100%** / cluster **2** + cluster **3** + (Additional RAL 2 ) cluster **2** or  
Cluster **3** any procedure **100%** -----**100%**----- **50%**

- Cluster **2** + (Additional RAL 1 only) cluster **4** any procedure **100%** ---  
--**100%** / cluster **2** + cluster **4** + (Additional RAL 2 ) cluster **2** or  
Cluster **4** any procedure **100%** -----**100%**----- **50%**
  - Cluster **3** + (Additional RAL 1 only) cluster **4** any procedure **100%** ---  
--**50%** / cluster **3** + cluster **4** + (Additional RAL 2) cluster **3** or  
Cluster **4** any procedure **100%** -----**50%**----- **25%**
  - Cluster **2** + cluster **3** + Cluster **4** any procedure **100%** -----**100%**-----  
**50%**.
- Any combined procedure of different cluster by default 100%.
  - Example: 1. Cardiology + Polytrauma  
2. Polytrauma + Neurosurgery
  - Cluster 9, 10, and 11 by default every time 100% if it is pre-auth or ARAL 1  
or ARAL 2 or ARAL 3.....

## **CALCULATION FOR DEATH CASE AND DAMA CASES PROCEDURES**

### **DEATH CASES:-**

- Pre-Operative death – 15% of package rates
- Intra-Operative death – 75% of package rates
- Post-Operative death – 100% of package rates

### **DAMA CASES:-**

- Discharge after Operation / Procedure – 75% of package rates

## **PROCEDURE FOR AVAILING TREATMENT IN NETWORK HOSPITAL:**

Step 1:Beneficiaries approach the nearby Sub District Hospitals/District Hospital/Medical College & Hospital/Network Hospital. Arogya Mitras would facilitate the beneficiary. If beneficiary visits any other Government hospital other than the NetworkHospital, the doctors will give him/her a referral card to the NetworkHospital after preliminary diagnosis. The Beneficiary may also attend the Health Camps being conducted by the network hospitals and can get the referral card based on the diagnosis.

Step 2:The Arogya Mitras engaged by the implementation support agency examines the referral card and the Bar Coded Plastic Card and facilitates the beneficiary to undergo preliminary diagnosis and basic tests.

Step 3:The Network Hospital, based on the diagnosis, admits the patient and sends e-preauthorization request to the Implementation Support Agency in HMIS.

Step 4:Doctors/Specialists of the Implementation Support Agency examine the e-preauthorization request and approve preauthorization within 24 hours on receiving the preauthorization request from the network hospitals, if all the conditions are satisfied.

Step 5:The Network Hospital extends cashless treatment and surgery to the beneficiary subject to the limits prescribed under the scheme.

Step 6:Network Hospital after discharge forwards the original bill, discharge summary with signature of the patient and other relevant documents to Implementation Support Agency for processing and settlement of the claim within one week from the date of discharge of the patient.

Step 7:Implementation Support Agency scrutinizes the bills and forwards the payment request of the bill to the State Nodal Cell within seven days of



the receipt of bills from the Network Hospital.

Step 8:The State Nodal Cell after verification of the bills in lieu of the services provided will directly make the payment by way of electronic transfer to the Network Hospital(s) within 30-days of receiving the bills from the Implementation Support Agency.

Note: The hospital has to regularly display/update and report the total bed occupancy against availability. Looking to the patients load and in order to maintain quality of services State Government may direct patients to a particular hospital.

# EMPANELMENT OF HOSPITALS

## INSTRUCTIONS

Application Form																																			
<b>1</b>	Address of the State Nodal Cell: Commissionerate of Health and Family Welfare, MS and ME, Block No. 4, Dr. JivrajMehtaBhavan, Gandhinagar, Gujarat. Telephone: 079-232-53286 Email:mayojanagujarat@gmail.com																																		
<b>2</b>	The submission of application form to the below mentioned authority: Dr. N. B. Dholakiya, Additional Director (M.S.), Commissionerate of Health and Family Welfare, MS and ME, Block No. 5, Dr. Jivraj Mehta Bhavan, Gandhinagar, Gujarat.Phone:079-232-53286																																		
<b>3</b>	<p><b>Please indicate</b> <input type="checkbox"/> against the cluster for which the hospital want to empanel;</p> <table border="1"><tbody><tr><td>1</td><td>Burns</td><td><input type="checkbox"/></td></tr><tr><td>2</td><td>Cardiology</td><td><input type="checkbox"/></td></tr><tr><td>3</td><td>Cardiothoracic Surgery</td><td><input type="checkbox"/></td></tr><tr><td>4</td><td>Cardiovascular Surgery</td><td><input type="checkbox"/></td></tr><tr><td>5</td><td>Genito Urinary Surgery</td><td><input type="checkbox"/></td></tr><tr><td>6</td><td>Neuro-Surgery</td><td><input type="checkbox"/></td></tr><tr><td>7</td><td>Paediatric Surgeries</td><td><input type="checkbox"/></td></tr><tr><td>8</td><td>Poly Trauma</td><td><input type="checkbox"/></td></tr><tr><td>9</td><td>Medical Oncology</td><td><input type="checkbox"/></td></tr><tr><td>10</td><td>Radiation Oncology</td><td><input type="checkbox"/></td></tr><tr><td>11</td><td>Surgical Oncology</td><td><input type="checkbox"/></td></tr></tbody></table> <p>Note: The benefit packages should includes the defined follow up services.</p>		1	Burns	<input type="checkbox"/>	2	Cardiology	<input type="checkbox"/>	3	Cardiothoracic Surgery	<input type="checkbox"/>	4	Cardiovascular Surgery	<input type="checkbox"/>	5	Genito Urinary Surgery	<input type="checkbox"/>	6	Neuro-Surgery	<input type="checkbox"/>	7	Paediatric Surgeries	<input type="checkbox"/>	8	Poly Trauma	<input type="checkbox"/>	9	Medical Oncology	<input type="checkbox"/>	10	Radiation Oncology	<input type="checkbox"/>	11	Surgical Oncology	<input type="checkbox"/>
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## **HOSPITAL EMPANELMENT PROCEDURE:-**

- Hospitals who want to empanel under the scheme have to fill “**Application for hospital empanelment**” under Login tab and the URL for this is as follow: - [http://www.magujarat.com/ICLAIMS\\_COH/HospitalRegistration.aspx](http://www.magujarat.com/ICLAIMS_COH/HospitalRegistration.aspx).
- After the registration of hospital, ID and password will be generated and received in registered E-mail of hospital.
- Hospitals have to fill all required details with attachments.
- Implementation support Agency will assess the hospital as per the criteria of the scheme and if hospital is eligible for the empanelment then it will be forwarded to State Nodal Cell for final assessment.
- After the evaluation by SNC, hospital will be empanelled under “MA” Yojana.

### **Submission of EMD:-**

Hospital have to submit the EMD of Rs. 25,000/- (Twenty Five Thousands only/-) in the form of crossed demand draft/ Banker's Cheque on the name of State Nodal Cell "MA" along with the application form (in hard copy)...

- In case if the ISA rejects after inspection on the grounds of submitting incorrect information, hospital will liable for 100% penalty of EMD.
- In Case if the hospital refuses to sign the service agreement after approval given by State Nodal Cell then will liable for 100% penalty.

Hospitals have to attach the scan copy of EMD in online hospital empanelment form.

**Eligibility Criteria:**

**The Hospital should have at least 25 beds for single specialty hospitals and 50 beds for multi-specialty hospitals with following infrastructure:**

1) General Ward:

1 Nurse: 10 patients with 24hrs services in 3 shifts in a day

1 duty doctor: 10 patients with 24hrs service in 3 shifts in a day

The space between two beds should be at least 5 feet

The provider should have separate male and female wards

2) ICU Beds:

The hospital should have at least 3 ICU beds.

1 Nurse: 1 patient with 24hrs service in 3 shifts.

1 duty doctor: 4 to 5 patients with 24hrs service in 3 shifts.

The ICU ward should be equipped with ventilators, defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.

3) The Step down ICU ward:

The hospital should have at least 2 beds

1 Nurse: 3 patients with 24hrs service in 3 shifts.

1 duty doctor: 4 to 5 patients with 24 hrs services in 3 shifts

The Step down ICU ward should be equipped with defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.

4) The post operative ward:

The hospital should have at least 2 beds

1 Nurse: 1 patient with 24hrs service in 3 shifts.

1 duty doctor: 4 to 5 patients with 24 hrs services in 3 shifts.

The post operative ward should be equipped with ventilators, defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.

Note: Fully qualified nursing staff and allopathic doctors should be available round the clock as aforesaid under the protocol of the hospital. Further ICU is not essential for ophthalmology specifically hospital.

**Diagnostic & Laboratory Services required for Hospital (In House / Out Sourced):**

- CT Scan
- Gamma Camera
- MRI Scan / PET Scan
- ECG
- Ultrasound
- X-Ray- conventional
- X-Ray- digital
- Mammography
- ECHO
- Pathological Services
- Blood Bank
- Clinical Bio-chemistry
- Clinical Microbiology & Serology

Note: The hospital as well as tied up diagnostic central shall furnish affidavit about extending free diagnostic tests for scheme members as tied up diagnostic centre.

**Non clinical and Administrative Facilities required for Hospital (In House / Out Sourced):**

- Catering
- Laundry
- Pharmacy Services
- Management of clinical waste

**Infrastructure required for corrective procedures related to cluster:-**

- **Common Facilities:-**
  - Well equipped Operation theatre.
  - ICU
  - Step Down ICU
  - Post Operative Ward

- Separate Male / Female ward
- **Facilities for Burns Specialty:-**
  - Aforementioned Common Facilities
  - Burns Ward
- **Facilities for Cardiac Specialty:-**
  - Aforementioned Common Facilities
  - Cath Lab
  - Fully equipped Cardiothoracic Operation theatre facility
- **Facilities for Renal Specialty:-**
  - Aforementioned Common Facilities
  - Dialysis Unit
  - Lithotripsy
  - RIRS Kit/ PCNL Kit/ Holmium Laser
  - Well equipped O.T. with C-ARM
  - Uroflowmetry & Urodynamic Study
- **Facilities for Polytrauma Specialty:-**
  - Aforementioned Common Facilities
  - Well equipped O.T. with C-ARM
  - Tie Up for NCS (Nerve Conduction Study) & EMG.
- **Facilities for Pediatrics Surgery Specialty:-**
  - Aforementioned Common Facilities
  - NICU
- **Facilities for Cancer Specialty:-**
  - Aforementioned Common Facilities
  - Specially for Radiation Cluster:-
    - Facilities for Cobalt, Brachy.
    - Linear with Multi leaf Collimator
    - Facilities for SRS & SRT

**Below mentioned equipments must be available in Hospitals per requirement of specialty:-**

- Ventilator
- Cardiac Monitor

- Defibrillator
- Pulse Oxymeter
- Central oxygen line
- Suction Apparatus
- Endoscopes as per requirement of specialty
- Operating Microscope if necessary as per the specialty treatment catered
- Dialysis Machines

**List of Super-specialists& other staff in the specific identified fields must be available in Hospital.**

- Super Specialist for Plastic & cosmetic Surgery
- Super Specialist for Cardiothoracic & Cardiovascular Surgery
- Super Specialist for Cardiology
- Super Specialist for Neurosurgery
- Super Specialist for Pediatric Surgery
- Super Specialist for Medical Oncology
- Super Specialist for Radiation Oncology
- Super Specialist for Surgical Oncology
- Super Specialist for Nephrology &Genito-urinary surgery
- Specialist for Orthopedics, General Surgeon, Anesthetist etc...
- Doctors:- Full Time / Part Time
- Nurses

**STATUTORY REQUIREMENT:-**

- Building use permit
- License for lift and elevator
- Fire NOC from appropriate authority
- License for Biomedical waste
- AERB Approvals &BARC Radiation Protection certificate for each Radiological/imaging equipment
- PNDT license
- License for storage of Medical gases

- Drugs & Cosmetics License
- Narcotic & Psychotic License
- Substance License
- Registration and NOC under Pollution Control Act
- Ambulance fitness certificate from RTO
- Accreditation certificate

**General Instructions:-**

- The hospital shall have round the clock blood bank facility in house/tied up.
- The hospital should have qualified anaesthetist round the clock in house/on call.
- The hospital shall maintain complete record on day to day basis and shall provide records of the patients to ISA/State Nodal Cell as and when it is required.
- The hospital shall ensure cashless facility to the scheme members as per the surgery packages devised by the ISA/State Nodal Cell. The surgery package includes cost of consultation, medicine, diagnostics, implants, food, transportation charges, OT charges, Professional fees, hospitalization charges and follow up treatment with medicines, in other words the package includes entire cost of treatment of patient from the date of admission to the date of discharge with follow-up treatment cost.
- The hospital shall provide transportation charges to patients Rs.300/- per visit.
- The hospital should have sufficient experienced specialists / super specialists in the specific identified fields (as per point no. 2) for which the hospital is empanelled.



- For extending the treatment of Chemotherapy and Radiotherapy the hospital should have infrastructure for Radiotherapy and full time Radiation Oncologist and Medical oncologist must be available.
- The hospital shall furnish the chemotherapy drugs bills along with empty vials and quote the batch no. of the drugs with label intact. (Drugs with generics name should be preferred)
- The hospital should have full time services of qualified plastic surgeon with requisite infrastructure for corrective surgeries for post burn contractures.
- The hospital should have round the clock in-house pharmacy.
- The hospital should have full time/on call services of paediatric surgeons / plastic surgeons / urologist surgeons related to congenital malformation in paediatric age group (less than 14 years).

**Specific criteria for Pediatric Congenital Malformations and Post Burns Contractures:**

Provider shall have services of qualified specialists in the field viz., pediatric surgeon, plastic surgeon with dedicated theatres, post-op setup and staff.

In absence of any one of the above, the offer will be treated as non-responsive and summarily rejected.

**Specific Criteria for Polytrauma:**

- Provider shall have Emergency Room setup with round the clock dedicated duty doctor.
- Provider shall have round the clock anesthetist services.
- Provider shall provide round the clock services of Neurosurgeon, Orthopedic Surgeon, CT Surgeon and General Surgeon, Vascular Surgeon and other support specialists.
- Provider shall have dedicated round the clock Emergency theatre, surgical ICU, post-op setup with qualified staff.
- Provider shall provide necessary cashless diagnostic support round the clock, including specialized investigations such as CT, MRI and emergency biochemical investigations.
- Provider shall have in place all necessary infrastructures required for preauthorization round the clock.
- Provider agrees to provide the services as per the packages and adhere to the treatment protocols.

**Specific criteria for Cancer:**

Provider agrees to provide the services of fully qualified surgical oncologist and medical oncologist to treat patients requiring surgical and chemotherapy treatments. Further to treat patients requiring surgical, chemotherapy and radiotherapy treatments the Provider shall provide the services of surgical oncologist, medical oncologist, radiation oncologist and equipment for Cobalt therapy, Linear accelerator radiation treatment and Brachy therapy for empanelment under MA Yojana. In case facilities such as Chemotherapy and Radiotherapy are not available in the hospital, the Provider shall not perform surgery alone and refer the patients to other centers for follow-up treatments requiring Chemotherapy and Radiotherapy treatments.

- Chemotherapy and Radiotherapy should be administered only by professionals well versed in dealing with the side-effects that the treatment can cause.
- Patients with Hematological malignancies (Ex. Leukemia, Lymphomas and Multiple Myeloma) and Pediatric malignancies (Any patient < 14 years of age) should be treated by qualified medical oncologist only.
- Chemotherapy has to be administered to the patient as in-patient treatment only.
- Provider agrees to provide the services as per the packages and adhere to the treatment protocols.
- Provider agrees to quote batch no. of the drugs and attach empty vials and ampules with labels intact along with the bills.
- Provider shall agree to give patient feedback through multimedia using webcam and mike. The provision for live viewing of the patient will be provided in the Implementing Support Agency (ISA) portal.

## **GUIDELINES FOR THE MANAGEMENT OF BURNS PATIENTS**

1. First 72 hours of burn injury with burn shock to be treated intensively with I.V. fluid resuscitation and physical, haematological, serological and biochemical monitoring.
2. Dressing of the Burn wound should be done according to the type of Burn, depth of Burn and/or type of antimicrobial agent used
3. Systemic antibiotics should be used as per bacterial culture.
4. Enteral and/or parenteral nutrition should be maintained as per calorie requirement of Burns patient, the aim being to overcome the negative nitrogen balance
5. Blood transfusion and haematinics to be used as per the haematological investigations
6. Proper splintage should be applied during the early burn period to minimize various post burn deformities.
7. Burns patients should be monitored with physical, haematological, serological, biochemical and culture examination during the entire course of their illness.

## **GUIDELINES FOR CARDIAC SPECIALTY**

### **1. Selection of procedure in case of Triple Vessel Disease (TVD) (whether CABG or Angioplasty):**

Whenever a treating doctor decides to perform angioplasty procedure for Triple Vessel Disease instead of CABG, either due to associated conditions or due to patient's choice of selection after being counseled about the advantages and disadvantages of both the procedures, the following evidence shall be uploaded for approval.

- (i) The detailed explanation letter by the treating doctor for opting for angioplasty procedure.
- (ii) A consent letter from the patient stating that the procedure was of his choice and decision was taken after due counseling in the mother tongue of the patient by the treating cardiologist and cardiothoracic surgeon.
- (iii) The consent letter must be duly signed by the treating cardiologist and cardiothoracic surgeon.

### **2. Additional objective assessment required in case of moderate stenosis (<70%)**

In cases of moderate stenosis (<70%) where the role of angioplasty is doubtful as perceived by the pre-authorization specialist, the hospital shall submit the following additional objective assessment of ischemia.

- (i) Treadmill Test and/or
- (ii) Thallium study

Further the ISA may take the second opinion from senior cardiologist. These may be required either alone or in combination as case requires.

## **GUIDELINES FOR GENITO-URINARY PROCEDURES**

1. All symptomatic ureteric stones measuring more than 6mm only shall be taken up for lithotripsy procedures.
2. Radiological proof of stone in USG/KUB/IVP/CT scan with clear mapping of size shall be provided in case of renal/ ureteric / vesical calculi for approval of lithotripsy procedures.
3. Plain CT scan is required in cases of radiolucent renal/ureteric calculi which cannot be proved otherwise.
4. Hospitals shall upload intra-operative video endoscopic recording for all endoscopic procedures at the time of submission of claims. The CD should be converted to Web-ex recorded format available in hospital login.
5. All post operative photographs shall show the face & operative scar in the same photograph.
6. Photograph clearly showing the face of the patient lying on procedure table shall be uploaded in all cases of lithotripsy procedures.
7. For all cases of TURP, it is desirable to have scan of post void residual urine of more than 100 ml or flow of < 10 uroflowmetry reading.
8. Hospitals shall upload intra-operative photographs depicting face of the patient and operative site along with specimen removed with date and time depicted on the print/image.
9. Hospitals shall upload intra-operative video endoscopic recording of entire Procedure along with claims attachment. The CD shall be converted to Web-ex recorded format available in hospital login.

## **GUIDELINES FOR POLYTRAUMA CASES**

The guidelines for treating Polytrauma cases are as follows:

**I.** The road traffic accidents covered under the Motor Vehicles Act are not covered under Mukhyamantri Amrutam (MA) Yojana, however if the beneficiary is not entitled for any insurance relief then the beneficiary is eligible to avail the benefit of Mukhyamantri Amrutam (MA) Yojana.

### **II. Components of Polytrauma:**

The following are the major components of Polytrauma based on the systems involved:

1. Orthopedic trauma
2. Neuro-Surgical Trauma
3. Chest Injuries
4. Abdominal Injuries

The above major components separately or combined are defined as Polytrauma since Trauma cases are mostly associated with other minor injuries along with the major components.

### **III. Coverage under Polytrauma:**

The following are the identified components of Polytrauma for providing coverage under Mukhyamantri Amrutam (MA) Yojana.

- **Orthopedic trauma**
  - a. Surgical Corrections
- **Neuro-Surgical Trauma**
  - a. Surgical Treatment
- **Chest Injuries**
  - a. Surgical treatment
- **Abdominal Injuries**
  - a. Surgical treatment
- Initial diagnostic evaluations for all trauma patients have to be made free of cost.
- Since majority of poly-trauma cases are emergency in nature, the emergency pre-authorization may be obtained by providing basic information like Bar

Coded Plastic Card number if available. (Additional details provided in emergency E-preauthorization module).

- Hospital shall give minimum 48 hours time for the patient to furnish Bar Coded Plastic Card for being a beneficiary of Mukhyamantri Amrutam (MA) Yojana and till that time no money in the form of advance shall be collected from the beneficiaries. However the ArogyaMitra shall help the patient in producing the Bar Coded Plastic Card before the deadline.
- After patient stabilizes, the hospital shall mention full details like mode of injury and type of injuries sustained in the pre-authorization to help the ISA / Implementing Support Agency (ISA) doctors in assessing the preauthorization.

#### **IV. Note on Surgical Management:**

All surgeries related to the components of poly-trauma and mentioned in packages are covered irrespective of hospitalization period.

- 1) All surgical packages are maximum amounts that can be claimed under that category and claim shall be settled based on the type of surgery performed, number of days of hospital stay and associated injuries treated that are not defined in the Scheme.
- 2) Pre-Authorization shall be given for full amount and claim shall be settled as per above guidelines.
- 3) Package for Surgical Correction of Long bone is for each bone and hospital can claim multiples of the package amounts for multiple fractures sustained. However for both bones fractures in forearms and legs the second package shall be halved as procedure involved for second bone is minor and involves same field of operation and same sitting.
- 4) Separate package is provided for coverage of wound management in Compound Fractures. Since it is wound management in compound fracture, these packages shall only be used in association with fracture management of long bones in trauma either by Internal Fixation or by External Fixation.



- 5) Separate packages are provided for surgical management of Facial Bone Fractures and Pelvic Bone Fracture in Trauma.
- 6) Packages are provided for surgical management of Patella Fracture and small bone fractures in trauma; however these packages are applicable only when these fractures are sustained as a component of Poly-trauma i.e. in association with other injuries defined in poly-trauma.

**Protocol/ Guidelines:**

1. Polytrauma case should be physically, hematologically, serologically and Biochemically Intensively monitored during first 72 hours of the injury.
2. Definitive nerve repair or vascular repair should be performed earliest possible. If contamination present then after initial debridement, nerve repair or tissue coverage should be achieved with 72 hours of injury.
3. Over all guideline for polytrauma cases is a definitive surgery should be performed within 72 hours of the injury accept patient is severely ill, severe head injury or patients general condition does not allow him to be operated.

## **GUIDELINES FOR CANCER PACKAGE**

- The Chemotherapy and Radiotherapy should be administered only by professionals trained in respective therapies (i.e. Medical Oncologists and Radiation Oncologists) and well versed with dealing with the side-effects of the treatment. The Patients with hematological malignancies- (leukemia, lymphomas, multiple myeloma) and pediatric malignancies (Any patient < 14 years of age) should be treated by qualified medical oncologists only.
- Each Chemotherapy cycle cost includes:
  - Cost of chemotherapy drugs
  - Hospital charges
  - All the infusion chemotherapy cancer cases must be treated as inpatients only.
  - Doctors fees
  - Supportive care medications (i.e. iv fluids, steroids, H2 blockers, antiemetics)
  - All Investigations
  - Treatment of complications
- Tumors not included in this list, if have a chemotherapy regimen that is proven to be curative, or provide long term improvements in overall survival will be reviewed on a case by case basis by the technical committee of the Implementing Support Agency (ISA).

**Note:** the procedures and protocols are to be followed as per the NCCN guidelines which can be downloaded from [http:// www.nccn.org/](http://www.nccn.org/), and <http://www.nccn.com/>.

- In case of Radical Hysterectomy, the investigation reports like Pap Smear, Cervical Biopsy, Endometrial Biopsy and USG are mandatory.
- Pre-authorization for prolapsed/decent of uterus shall be supported by Pre-op and Post-op USG respectively.
- For Laparoscopic Ovarian Cystectomy the size of the cyst should be more than 6 cm and the test CA 125 is mandatory.
- Avoid uploading clinical photographs without properly covering the patient.
- Biopsy report of the specimen is mandatory (Uterus /Cyst).

## **FOLLOW-UP SERVICES FOR MUKHYAMANTRI AMRUTAM (MA) YOJANA BENEFICIARIES**

The package charges will include the follow-up charges for the specific surgical procedures. The follow-up includes the cost of consultation, investigations, drugs etc. for one year.

### **A. Guidelines:**

- 1) The follow-up covers entire cost of follow-up i.e., consultation, medicines, diagnostic tests etc. for one year.
- 2) Follow-up treatment shall be entirely cashless to the patient and will start on 11<sup>th</sup> day after patient's discharge and will continue for one year after 11<sup>th</sup> day of discharge.
- 3) Pre-authorization will not be required for follow-up services.
- 4) For operational convenience package amount is apportioned as total package charge including follow up charges.

**For example:** If the total package rate for Oesophageal atresia -1.pure atresia-first stage('o'stomy& 'G'stomy) under Gastro Intestinal Tract under Paediatric Surgeries is of Rs.30,000/-. The total follow ups are- 6, and the rate per follow up is of Rs.500/-, then the first claim (bill) will be of Rs.27,000/-. The balance payment will be settled @ Rs.500/- per visit based on the actual no. of follow ups taken up by the patient.

The network hospital will raise separate bill for the follow up packages along with the claim necessary papers. The follow up package amount will be released quarterly based on the no. of follow ups.

Under oncology if the patient requires further follow ups extending to next year then in such cases based on per follow up rate the claims will be reimbursed.

- 5) However the entire package amount must be treated as single entity and hospital shall not refuse to conduct investigations free of cost under the package any time during one year follow-up period.

6) The Patient follow-up visits may be spaced according to medical requirement or as suggested in the RFP, but approval will be given for one quarter.

**B. Process Flow:**

1. Patient is counseled at the time of discharge about the importance of follow-up and availability of free services by the hospital.

2. The first follow-up date shall be on 11th day after discharge as first 10 days treatment is provided under surgical benefit package. The date and other details shall be indicated in the Discharge Summary.

3. Hospital shall specifically inform the patient about the date and time of subsequent follow-up visits, duly making entry in the online application of ISA portal based on standard medical protocols.

4. Hospital shall send proof of follow-up services of patient and submit to ISA once in three months for each quarter by uploading the following details in the Implementing Support Agency portal:

1. Details of consultation
2. Details of medicines given
3. Details of Investigations done along with reports.
4. Acquaintance from patients in the prescribed format
5. Photograph showing the medicines provided to the patient.
6. Bills for medicines and diagnostics (to be scanned and uploaded)

5. ISA shall settle claim as per package amount based on above proof.

6. Hospital shall claim follow-up charges only for the disease mentioned along with the code and no other claim shall be entertained by Implementing Support Agency (ISA).

**Note:** - Minimum 5% of total claim amount or Rs. 500/- per one follow up visit, whichever is higher will be withhold till the follow up visit has been done.

## **ROLES AND RESPONSIBILITIES OF AROGYAMITRAS**

- He/She should deal with the patients in a friendly and pleasant manner.
- He/She should be in apron during duty hours and strictly adhere to duty timings
- He/She should show patience and empathy while dealing with patients.
- He/She should always keep the CUG switched on round the clock and should attend to all the Incoming calls politely.
- He/She should bring to the notice of their superiors any irregularity or inadequacy noticed.
- Maintain Help Desk at reception of the Hospital.
- He/She should receive the patients, verify the documents, register them and direct them to the hospital Arogya Mitra (Mukhyamantri Amrutam Yojana Medical Coordinator) for further screening and management.
- Facilitate the patient for a cashless transaction.
- Obtain photograph of the patient - bedside.
- Facilitate early evaluation and prevent delay in approvals by submitting the preauthorization complete in all respects.
- Should ensure that patient is on bed from the time of pre-authorization request is sent till the approval is obtained.
- He/She should do regular rounds in the wards and ensure that the patient is getting all the benefits of the Mukhyamantri Amrutam Yojana.
- Ensure that Hospital is giving free Quality Food to all the beneficiaries who are In-Patients.

- Facilitate the patient to get the transport charges reimbursed and to ascertain whether follow-up Medicines are served as per the guidelines.
- At the time of discharge, He/She should take a photograph of the patient standing in front of the Mukhyamantri Amrutam Yojana KIOSK besides the ArogyaMitras with Discharge Summary in one hand and Transportation amount and slip in the other hand and upload the same in the website.
  - Obtain feedback from the patient.
  - Counsel the patient regarding follow-up.
  - Coordinate with PHC/Government Hospital ArogyaMitra for follow-up of beneficiaries.
- Coordinate with the Implementing Support Agency (ISA) and ISA officers for any clarifications.
- He/She should inform the Call-Center immediately in case of a Death and do send the Death Reports.
- Send Daily reports as per the formats given by the Head Office to the Call-Center and to the Team Leader/Co-coordinator.
- Facilitate Network Hospital in conducting Health Camps as scheduled.
- Facilitate Network Hospital in sending claims.
- There should be clear communication between Night shift and Day shift ArogyaMitras and handing over the Duty rooster must be smooth and complete.
- All Grievances should immediately be brought in to the notice of Grievance Department directly or through Hierarchy.
- ArogyaMitra should be un-biased while judging the 48 Hrs deadline given for the patient in furnishing Bar Coded Plastic Card at Mukhyamantri

Amrutam Yojana Counter to avail Scheme benefits. The Arogya Mitra shall help the patient in producing the Bar Coded Plastic Card before the deadline.

- He/She should facilitate the hospital in giving prior phone intimation to the Implementing Support Agency (ISA) for carrying out the emergency surgeries.
- He/She should ensure that all the updating like surgery, post-operative notes and discharge details are done in time on the website.

### **ROLES AND RESPONSIBILITIES OF HOSPITAL AROGYAMITRA**

- He/She shall ensure that all required evaluation including diagnostic tests are done free of cost for all beneficiaries and the details of the same along with reports are captured in the Implementing Support Agency (ISA) portal.
- He/She shall upload the OP/IP status of the patient.
- He/She shall guide the patient in all aspects and sign the investigation request.
- He/She has to cross check whether diagnosis is covered in the scheme. If doubtful about the plan of management then should coordinate with treating specialist along with Package list as specified in the Annexure-5 or Mukhyamantri Amrutam Yojana Manual on Surgical Treatments.
- He/She should facilitate the admission process of Patient without any delay.
- After admission He/She shall collect all the necessary investigation reports before sending for approval.
- He/She shall upload the admission notes and preoperative clinical notes of the patient.

- He/She shall ensure that preauthorization request is sent only for those who are on the bed (IP).
- He/She shall ensure before sending Preauthorization that all documents like Smart card, Patient photo and also necessary reports like CT Films, X-Ray films, Angio CD etc. are uploaded in the system.
- He/She shall upload the admission notes and preoperative clinical notes of the Patient.
- He/She shall coordinate with ISA and Implementing Support Agency (ISA) doctors if necessary.
- Preauthorization kept pending from ISA and Implementing Support Agency (ISA) will be verified on a regular basis and HospitalArogyaMitrashall provide necessary information to the ArogyaMitra/ Implementing Support Agency (ISA).
- He/She shall furnish daily clinical notes about Pre-operative and Post-operative.
- He/She shall upload 3 Photographs of the Patient taken at the time of preoperative bedside, immediate post-operative showing operation wound and discharge.
- He/She shall update surgery and discharge details and hand over signed copy of the summary along with follow-up advice in preprinted stationary.
- He/She shall ensure free follow – up consultations, routine investigations and drugs to the beneficiaries.
- He/She shall ensure at the time of discharge the transportation cost to and fro to be reimbursed to the patient.



- He/She shall upload the operation notes, post operative details and attach necessary post operative documents (like case sheet etc) for claim submission.
- He/She shall ensure that any claim kept pending from ISA for technical or financial reason is to be updated immediately.
- He/She shall verify and make sure that all documents are submitted in order before submission of claims.
- Any other responsibility as communicated by the Implementing Support Agency (ISA)/SNC.

## **NETWORK HOSPITALS-DO'S & DON'TS**

### **Do's:**

- ✓ Conduct camps with qualified doctors / specialists, equipment, proper awareness and IEC program at the designated location.
- ✓ Register and admit the patients immediately once identified and shall render cashless treatment to all the eligible patients.
- ✓ Provide space for Kiosk in the reception for Arogya Mitra along with system, network connectivity, printer, scanner, digital camera etc.
- ✓ Evaluate the beneficiaries by conducting free diagnostic tests and counsel the patients who are not covered under the Scheme in regard to further management.
- ✓ Provide a dedicated Mukhyamantri Amrutam (MA) Yojana Medical Coordinator (HOSPITAL AROGYAMITRA) to co-ordinate and perform an effective role.
- ✓ Provide reasonably good food according to dietary requirement.
- ✓ Provide cost of transportation Rs. 300 to beneficiaries.
- ✓ Provide free follow-up for beneficiaries according to provisions made in the package.
- ✓ Submit the claim only after 10 days of discharge.
- ✓ Appoint dedicated Hospital Arogya Mitra under Mukhyamantri Amrutam (MA) Yojana to coordinate with Arogya Mitra.
- ✓ Attend the periodical training workshops / programmes organized by ISA / Implementing Support Agency (ISA).
- ✓ Utilize the Mukhyamantri Amrutam (MA) Yojana manual on Surgical & Medical Treatments for cashless Treatment of BPL families provided by the

Implementing Support Agency (ISA) to the best possible extent for proper understanding of the scheme.

- ✓ Send proper pre-authorization and resubmit objected pre-authorizations after thorough scrutiny with the required documents / reports to avoid delay in clearance of preauthorization.

**Don'ts:**

- × Collect money from Mukhyamantri Amrutam (MA) Yojana patients towards cost of treatment.
- × Take possession of any original document from the patient at any point of time.
- × Charge from the patient in any form as the benefit package includes the entire cost of treatment including follow up charges **from date of reporting to the completion of follow ups.**
- × Send patients home during the waiting period of preauthorization approval.
- × Send for preauthorization approval in duplicate.
- × Misuse Telephonic intimation for approval for non-emergency cases.
- × Update operation notes and discharge summary for those cases in which **surgery or follow up** has not been performed.
- × Apply for multiple procedures for the same patient without clinical justification.
- × Submit pre-authorization approval repeatedly for the same patient.
- × Send patient or patient's relative to Implementing Support Agency (ISA) / ISA office for approval and enhancement as preauthorization has to be obtained only from the hospital.

- × Mention wrong telephone numbers of treating doctors on the preauthorization as this may cause delay in issue of pre authorization.
- × Submit clinical photograph, which is incomplete and inconclusive. The postoperative photograph should reveal as much as possible the operative site and the patients face.
- × Collect any amount towards follow-up consultation & medicines for those **cases where follow-up are included**, as the services are inherent with the pre-defined package.
- × Collect money from patients / family to procure blood / blood products but facilitate to procure in case it is not available within the hospital blood bank except in case of hematological disorders.

**SPECIAL FUNCTIONARIES TO BE PROVIDED BY THE NETWORK HOSPITALS&HOSPITAL HAVE TO ENSURE FOLLOWING POINTS:-**

- Undertaking To Provide Infrastructure At Mukhyamantri Amrutam Yojana Kiosk.
- Display of Bed Status at Mukhyamantri Amrutam Yojana Kiosk.
- Format of Affidavit (To Be Furnished By The Provider About Tied Up Diagnostic Facilities).
- Undertaking To Share Core Banking Number - IFSC Code.
- The network hospital shall Provide the services of a dedicated Medical Officer to work as 'Hospital Arogya Mitra' for the scheme and he will be responsible to the State Nodal Cell and the ISA for doing various activities under the scheme including Health Camps, Follow-up of referred patients from camps, diagnosis, out-patient details, e-Preauthorization, Surgeries, Feedback on the patient's condition and services offered by the hospital during hospital stay of the patients, discharges, deaths if any, follow-up free consultation of the patients and distribution of medicines after discharge etc. At the Hospital level, Hospital Arogya Mitra will coordinate with Arogya Mitra and the beneficiary.

**CASHLESS SERVICE:**

The Hospital has to ensure that all the Beneficiaries are provided with adequate facilities and treatment without the need to pay any deposits right from the entry into the hospital, till the expiry of 10 days post discharge, for all the procedures covered under the Mukhyamantri Amrutam (MA) Yojana. It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme. The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy.

- The hospital shall provide following additional facilities and benefits to the patients:
  - a) Shall ensure exclusive health cell/Kiosk for MA Yojana to enable the Arogya Mitra to execute his/her duties.
  - b) Shall provide a computer with networking (dedicated broadband with minimum 2 mbps speed), Printer, Scanner and digital camera.
  - c) Shall ensure a dedicated medical officer to work as Hospital Arogya Mitra (medical coordinator) for the scheme and he/she will be responsible for various activities of the scheme such as health camps, follow up of referred patients from the camps, diagnosis, outpatient details, E-Preauthorization, surgeries, feedback on the patients condition and service offered by the hospital duration during hospitalization of the patient, discharges, deaths if any, free consultation for the follow up patients and distribution of medicines after discharge etc.

## **HEALTH CAMP GUIDELINES**

Mukhyamantri Amrutam “MA” & “MA Vatsalya” Yojana is a recent Gujarat State Government initiative aimed to improve access of Below Poverty Line families and middle class families towards quality tertiary healthcare through an identified network of public and private providers. Health Camps designated for the Scheme are one of the innovative mechanisms to identify and mobilize the latent demand for tertiary care into Super Specialty healthcare facilities.

### **Objectives of a Health Camp:**

Generally, Health Camps have taken shape into a makeshift arena of providing quality primary, preventive, curative, promotive, and referral health services to the people in designated areas, who lack access to such services on various grounds.

### **Activities of Health camps are to be as followed:**

- Geographically, All the RDDs will prepare a list of CHC’s, Sub District/District Hospitals of their region district wise.
- The ISA will request every “MA” empanelled hospitals to select one CHC and one district hospital from the same. The hospital will designate one senior doctor to Sub District/District Hospital and a junior doctor to the CHC of the cluster in which they have been empanelled under MA Yojana.
- The ISA will share district wise, CHC wise and Sub District/District Hospital wise list of the doctors along with the name, designation and hospitals’ contact no. to the respective RDD and CDHOs.
- The same list will also be displaced on the “MA” website [www.magujarat.com](http://www.magujarat.com).
- RDDs will ensure that the places, date and time and type of specialty is displayed appropriately at the hospital.
- The minimum time for the OPD shall be of 30 minutes.
- The said specialist will be assisted with a staff nurse and a peon during the OPD time in coordination with the hospital superintendent.
- He/she will not be permitted to do practice in the hospital premises and will be responsible if in case any complications arises due to the treatment in his/her patients.

- The specialist will carry basic medicines with them for the OPD patients and will not prescribe medicines from the outside.
- The reporting shall be the responsibility of the RDD office and shall be through online.
- For payment purpose for every 4 (four) OPD visits the private empanelled hospital will get Rs.5000/- considering it as one health camp and the amount shall be paid by the State Nodal Cell (SNC) through RTGS on monthly basis after ensuring the same.

***The Network Hospital shall conduct Health Camps at least once a month at the designated Taluka.***

### **IEC Activities**

The purpose of such a programme, which provides cashless treatment of catastrophic illnesses, would not be fulfilled without proper utilization by genuine beneficiaries. In order to ensure proper coverage of such individuals requiring tertiary care intervention and spreading awareness on the programme, the Network Hospital shall promote wide publicity of the health camps at each locality through various IEC activities such as:

- Pamphlet Distribution
- Public Address System / Mike announcements in Autos
- Beat of drum and tom-tom
- Playing of Audio-Visual media (Cassettes, Audio CDs and DVDs)
- Scroll in local cable networks.
- News/Advertisements in local dailies
- Posters
- Banners
- SHG meetings
- Village meetings
- Exhibits on hygiene, general health, prevention of communicable diseases etc.
- Exhibits on early detection and prevention of chronic diseases.



## DETAILS OF THE APPLICATION FORM

Application for empanelment of private health care organization under Mukhyamantri Amrutam (MA) Yojana state of Gujarat.

### Application Form &Self Assessment Guide- Gujarat

1. Name of the Health Care Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Ownership: \_\_\_\_\_
4. Year in which Established: \_\_\_\_\_
5. Contact person(s):(Please indicate [√] with whom correspondence to be made)

- Chief Executive Officer: (or equivalent)

Mr./Ms./Dr. \_\_\_\_\_

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

- Empanelment Coordinator (if different from:5 above)

Mr./Ms./Dr. \_\_\_\_\_

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## EVALUATION OF HOSPITAL FOR EMPANELMENT

### Technical Evaluation (Total Marks -100)

Based on the submitted proposals onsite evaluation by an Inspection team constituted by State Nodal Cell will evaluate on following parameters:

Criteria, Sub- Criteria and point system for evaluation of full Technical Proposal	Points
<p><b>A. Common points for all Specialty hospitals:</b></p> <p><b>1. Type of Hospital</b></p> <p><u>Type-1:</u> Multi Specialty (General Purpose Hospital)</p> <p>a) Having more than 100 beds</p> <p>b) Having more than 75 beds but less than or equal to 100 beds</p> <p>c) Having more than 50 beds but less than or equal to 75 beds</p> <p>d) Having more than 25 beds but less than or equal to 50 beds</p> <p><u>Type-2:</u> Single Super specialty hospital (Indicate specialty from list below)</p> <p>a) Having more than 50 beds</p> <p>b) Having more than 25 beds but less than or equal to 50 beds</p>	<p><b><u>20</u></b></p> <p>20</p> <p>15</p> <p>10</p> <p>5</p> <p>20</p> <p>10</p>
<p><b>2. General Ward:</b></p> <ul style="list-style-type: none"> <li>• 1 Nurse: 10 patients with 24hrs services in 3 shifts in a day</li> <li>• 1 duty doctor: 10 patients with 24hrs service in 3 shifts in a day</li> <li>• The space between two beds should be at least 5 feet</li> <li>• The provider should have separate male and female wards</li> </ul>	<p><b><u>8</u></b></p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>
<p><b>3. ICU Beds:</b></p> <ul style="list-style-type: none"> <li>• The hospital should have at least 3 beds.</li> <li>• 1 Nurse: 1 patient with 24hrs service in 3 shifts.</li> <li>• 1 duty doctor: 4 to 5 patients with 24hrs service in 3 shifts.</li> <li>• The ICU ward should be equipped with ventilators, defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.</li> </ul>	<p><b><u>20</u></b></p> <p>2</p> <p>2</p> <p>2</p> <p>14</p>
<p><b>4. The Step down ICU ward:</b></p> <ul style="list-style-type: none"> <li>• The hospital should have at least 2 beds</li> <li>• 1 Nurse: 3 patients with 24hrs service in 3 shifts.</li> <li>• 1 duty doctor: 4 to 5 patients with 24 hrs services in 3 shifts</li> <li>• The Step down ICU ward should be equipped with defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.</li> </ul>	<p><b><u>8</u></b></p> <p>1</p> <p>1</p> <p>1</p> <p>5</p>
<p><b>5. The post operative ward:</b></p>	<p><b><u>9</u></b></p>

<ul style="list-style-type: none"> <li>• The hospital should have at least 2 beds</li> <li>• 1 Nurse: 1 patient with 24hrs service in 3 shifts.</li> <li>• 1 duty doctor: 4 to 5 patients with 24 hrs services in 3 shifts.</li> <li>• The post operative ward should be equipped with ventilators, defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.</li> </ul>	1 1 1 6
<b>6. IPD data (Last three years) including Day Care cases:</b> Number of Patients Admitted: Total patients more than 2,000 but less than 10,000 patients Total patients above 10,001 patients	<b><u>20</u></b>  10 20
7. Whether the institution is empanelled under any other State/Central Government's Health Scheme; 7.1 Rashtriya Swasthya Bima Yojana (RSBY) 7.2 Chiranjivi Yojana 7.3 CGHS 7.4 Balsakah Yojana 7.5 School Health programme	<b><u>10</u></b>  2 2 2 2 2
8. Whether the institution is using Software base HMIS in Hospital;	<b><u>5</u></b>
<b>Total of 1 to 8 (out of the total 100 marks)</b>	

Note:

- Out of the total 100 marks, minimum 70 marks are required for the inspection team to visit the hospital. The hospitals that do not fulfill these criteria will be disqualified immediately.
- Only the recommendation of the Inspection Team i.e. in **'YES'** will qualify.