

**Guidelines for Empanelment of Standalone Dialysis Center under
Mukhyamantri Amrutum (MA) Yojana
in Gujarat**



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

**State Nodal Cell,
Mukhyamantri Amrutum (MA) Yojana,
Commissionerate of Health, Family Welfare, Medical Services & Medical Education, Block
No-5, Dr. Jivraj Mehta Bhavan, Gandhinagar,
Gujarat.**

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Guidelines Approved

Dr. Himanshu Patel

Professor
K. D. J. S.
Civil Hospital Campus
Ahmedabad

PART-I

1. INTRODUCTION:

Gujarat is Implementing Mukhyamantri Amrutam (MA) Yojana since 4th September, 2012 for the BPL families of the Gujarat. On 15th August, 2015 the scheme has further been extended to all the females and their children's up to the age of 21 years belonging to a family having an annual income less than Rs.1.20 lakh per annum with the name 'Mukhyamantri Amrutam Vatsalya' Yojana.

"State Nodal Cell" has been set up by the Government of Gujarat, for the implementation of the Mukhyamantri Amrutam "MA" and "MA Vatsalya" Scheme. The State Nodal Cell implements and administers, and supervises the entire scheme for providing medical care services to the aforementioned Beneficiaries.

The Department of Health and Family Welfare, Government of Gujarat invites proposals from the entities owning Private Dialysis Center for the empanelment of Standalone Dialysis Center, for providing Maintenance Hemodialysis facility under Mukhyamantri Amrutam (MA) and 'MA Vatsalya' Yojana.

The selected Dialysis Center has to start work immediately after Empanelment under the scheme. The hospital will have to sign a Memorandum of Understanding with the Implementation Support Agency if the health care provider satisfies minimum empanelment criteria defined under the scheme.

2. OBJECTIVE :

The objective of the Scheme is to improve access of Beneficiaries under "MA" and "MA Vatsalya" Yojana to quality medical and surgical care for treatment of identified diseases involving hospitalization, surgeries and therapies through an empanelled network of health care providers.

The objective of empanelment of standalone dialysis center is to provide cashless comprehensive quality maintenance hemodialysis (MHD) services to the patient having chronic renal failure (CRF).

3. BENEFICIARIES:

The Scheme is intended to benefit "Below Poverty Line (BPL) Families" and "all the females and their children (below the age of 21 years) belonging to the families having an annual income less than Rs.1.20 lakh per annum" of the 33 districts of Gujarat.

FAMILY:

A family would comprise the head of the family, spouse, and up to three dependents.

4. SUM INSURED ON FLOATER BASIS:

The Scheme provides coverage for meeting expenses of hospitalization and surgical procedures of the 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.

5. BENEFITS:

All predefined medical procedures and other services as part of the disease/treatment packages would be provided on a complete cashless basis. An enrolled beneficiary may go to any Network Dialysis Center with the Bar Coded Plastic Card and come out without making any payment to the Dialysis Center under the Scheme. Provision for transport allowance of Rs.300 per visit subject to an annual ceiling of Rs.4,500 shall be a part of the total coverage of Rs 2,00,000/- per family.

6. ELIGIBILITY CRITERIA:

7.1 Scope of Empanelment:

- A. Dialysis center should have at least 5 Dialysis Units in a single premises.
- B. At least 2 separate Dialysis Units for each HIV, and Hepatitis positive patients.

7.2 Hemodialysis unit must consist following facilities:-

1. Hemodialysis area:-

- a. Each unit requires at least 11 x 10 ft. (100 to 110 square feet).
- b. Facilities for monitoring blood pressure and ECG.
- c. Each machine area should be easily observed from the nursing station.
- d. Head end of each bed should have stable electrical supply, oxygen & vacuum outlet, treated water inlet & drainage facilities.
- e. Air conditioned to achieve 70 to 72 F temperatures & 55 to 60% humidity.
- f. Patients having viral diseases (HBV/HCV) should be separated from those patients not having any viral infections. *HIV can not be denied for providing R*
- g. Facilities for hand washing/hand rub; Sterillium or alcohol based hand rub/sterile dispensers available in each patient area.

2. Preparation, work & storage area: -

1. Independent area for reprocessing the dialyzers.
2. Two storage areas, one for storage of new supplies and one for reprocessed dialyzers.

3. A consulting room for the doctor in-charge of the unit.
3. An office area for nurses & technicians.
4. Each patient is generally accompanied by two individuals; hence, a specially designed area for their stay with provisions for some relaxation. Patients waiting to go on dialysis & those who have recently completed dialysis could also utilize the same area.
5. Storage facility for individual patient's belongings.
6. Space for a water treatment unit.

8. **Minimum standards for personnel's in Dialysis Facility:** Dialysis units must have following minimum staff-pattern:

1	Nephrologist	Part time / <i>Full time must</i>	Please mark Y/N
2	Physician	Fulltime must	
3	Medical Officer	Full time	
4	Dialysis technicians	Full time	
5	Dialysis nurses	Full time	
6	Dialysis attendants	Full time	
7	Medical social worker	(Optional)	
8	Dietician	(Optional)	

- A. Dialyzers validation and Approval for reuse shall be as per the Standard Treatment Guideline Hemodialysis of Ministry of Health and Family Welfare, Government of India
- B. It is mandatory for the hospital to have well-defined infection control guidelines for Cleaning of dialysis machines and chairs/beds, Disinfection of Hemodialysis Machines, biomedical waste management rules, Blood spills(Major and minor spills) etc.
- C. In house full-fledged laboratory with a qualified pathologist and technicians/ Tie-up with any Laboratory [For in-house please attach photographs instruments and ambulance fitness certificate and if diagnostic facilities and ambulance service are outsourced furnish the affidavit].

NOTE:

Hospital will be abide to follow all the conditions of Standard Treatment Guideline Hemodialysis of Ministry of Health and Family Welfare, Government of India from time to time.

PART-II -DETAILS OF THE TECHNICAL PROPOSAL

Application for empanelment of private standalone dialysis center for MHD 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: _____

6. Is the Health Care Organization registered with Gujarat Pollution Control Board: _____

7. Data of Dialysis done (Last Three years):

Period(Financial year wise)	No. of dialysis
1.	
2.	
3.	

8. Pharmacy

Pharmacy available round the clock	Yes	No.	Remark
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[If pharmacy is outsourced please furnish the affidavit].

9. Essential Infrastructure Assessment Checklist.

Sr. No.	Parameter	Objective Element	Yes	No	Comments (during onsite visit)
1	Physical facility	<ul style="list-style-type: none"> Minimum 5 Dialysis Units At least 2 separate Dialysis Units for each HIV, and Hepatitis positive patients. 			
		Provision of 24 X 7 emergency Services			
		Provision of round the clock potable water and electricity supply with back up facility			
2	Equipment's	Adequately equipped Dialysis units.			
		All patient areas equipped with drugs, equipment, personnel's			
		24x 7 Ambulance services			
3	Imaging & laboratory services	In house or Formal tie up with large empanelled laboratory, BARC approved imaging center.			
4	Certified copies of license (*as applicable)	Trade License Building permit*			
		PNDT License*			
		AERB approvals and BARC Radiation Protection Certificate for imaging equipment*			
		NOC from Fire Department			
		Explosives License for storage of Medical gases*			

		License for lifts and elevators*			
		Drugs & Cosmetics License*			
		Narcotic & Psychotic Substances License *			
		Blood Bank License*			
		Excise permit to store spirit			
		License under Bio Medical Waste Management & Handling Rules			
		NOC under Pollution Control Act			
		Ambulance fitness Certificates			
		Audited Balance Sheet for last 3 years with profit and loss account			
		PAN Card			
		Income Tax clearance			
		Sales Tax Clearance*			
		Partnership Deed*			
		Accreditation Certificate*			
		Certificates of empanelment under any other State/Central Govt. Health Schemes*			

10. Non clinical and Administrative Departments (tick any one)

Sr. No.	Support service	In House	Out sourced	Out sourced to (name of the agency/company)	Comments (during onsite verification)
1	Catering				
2	Cleaning services				
3	Medical Records				
4	Laundry				
5	Pharmacy Services				
6	Management of clinical waste				

7	Management of nonclinical Waste				
8	Security Services				

11. Essential Manpower Assessment Checklist.

Post	Type	Name	Quali.	Regt. No.
Nephrologists with DM or Equivalent Degree.	Part/Full time <i>Must</i>	<i>Dr. Khimendhu</i>		
MD Medicine- 24hrs service in 3 shifts in a day.	Must <i>Dr</i> (if Nephrologist is part time)			
MBBS (Medical Officer) -24hrs service in 3 shifts in a day.	Full time			
Qualified Dialysis technicians- 24hrs service in 3 shifts in a day.	Full time			
Qualified Dialysis nurses 24hrs service in 3 shifts in a day.	Full time			
Qualified Dialysis attendants- 24hrs service in 3 shifts in a day.	Full time			
Medical social worker	Full time			
Qualified Dietician	(Optional)			

Note:

The rest of the terms and conditions for empanelment shall be as per the RFP documents published by the State Nodal Cell, Commissionerate of Health, FW, MS and ME, Dr. Jivraj Mehta Bhavan, Gandhinagar on You can also avail a copy by downloading from www.magujarat.com website. Bidders are requested to go through the terms and conditions before applying for empanelment under Mukhyamantri Amrutam (MA) Yojana.

EVALUATION OF TECHNICAL BID PROCESS

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

1. Criteria, Sub- Criteria and point system for evaluation of full Technical Proposal (Common points for all Dialysis Centers):	Points <u>20</u>
1) Dialysis Center is Attached with Hospital	20
2) Having more than 10 dialysis units	15
3) Having more than 5 but less than or equal to 10 Dialysis Unit	10
4) Having up to 5 Dialysis Units.	05
2. Criteria of Personnel at Dialysis Unit:	<u>20</u>
• 1 Nephrologist	
• full time	20
• Part time	10
• 1 Physician	<u>20</u>
• full time	20
• Part time	10
• 1 Medical Officer: 24hrs service in 3 shifts in a day.	<u>30</u>
• 1 Qualified nurse : 24hrs service in 3 shifts in a day	10
• 1 Qualified Dialysis Technician: 24hrs service in 3 shifts in a day.	10
3. Data of Dialysis done (Last two years):	<u>5</u>
• Number of Patients Dialyzed:-	
o Total patients more than 1,000 but less than 1,500 patients.	2
o Total patients above 1,500 patients.	3
4. Whether the institution is using Software base HMIS in Dialysis Center.	<u>2</u>
5. Empanelled under any other scheme.	<u>3</u>
Total 100 marks	

Note:

- Out of the total 100 marks, dialysis unit requires minimum 60 marks to qualify for empanelment. The bidders who do not fulfill these criteria, will be disqualified immediately and their request will not be considered.
- Only the recommendation of the State's Inspection Team i.e. in 'YES' will finally qualify the unit for empanelment.

RECOMMENDATION OF THE INSPECTION COMMITTEE:

- Whether the Hospital has sufficient facilities to cater the services to MA Beneficiaries (In Yes or No only):
- Whether the Hospital is eligible for empanelment under MA Yojana (In Yes or No only):

Other recommendations of the Committee; _____

SIGNATURE, NAME & DESIGNATION OF COMMITTEE MEMBERS:

1 _____
2 _____
3 _____

FORMAT OF AFFIDAVIT

(TO BE FURNISHED BY THE PROVIDER ABOUT TIED UP DIAGNOSTIC FACILITIES)

I _____ S/o. _____, age _____, Occ: _____,
R/o. _____ do hereby solemnly affirm and state on oath as follows:

That I am the MD/CEO/Superintendent / Director / Authorized Signatory of _____ Dialysis Center and signed Agreement with _____ Implementing Support Agency (ISA) to implement Mukhyamantri Amrutam (MA) Yojana.

That as per the terms of the Agreement it is agreed by our Dialysis Center to provide diagnostic services to the Mukhyamantri Amrutam (MA) Yojana patients on cashless basis. Further it is also agreed to facilitate and provide diagnostic services through tie-up diagnostic center on cashless basis to Mukhyamantri Amrutam (MA) Yojana patients.

We have tied up with M/s. _____ to provide diagnostic services to Mukhyamantri Amrutam (MA) Yojana patients on cashless basis for the diagnostic services which are not available in our Dialysis Center. The details of tied up diagnostic services are as follows:

1. _____, 2. _____, 3. _____

The above mentioned diagnostic services will be provided to the Mukhyamantri Amrutam (MA) Yojana Patients on a cashless basis through above mentioned tied up diagnostic center.

We are herewith submitting the tie-up letter issued by the Diagnostic Centre. That all the contents stated above are true and correct.

Date:....., Place: DEPONENT

Attestation:

The contents of the affidavit are read over and explained and who after understanding the same signed before me on this ____ day of _____ 2012. Hence attested.

Date: . Place: , ATTESTOR

LETTER FORMAT

(TO BE FURNISHED BY THE TIED UP DIAGNOSTIC CENTER)

I _____ S/o. _____, age _____, Occ: _____,
R/o. _____ do hereby solemnly affirm and state on oath as follows:

I have entered in to MOU Agreement with the _____ Dialysis
Center to provide the following diagnostics services to Mukhyamantri Amrutam (MA) Yojana
Beneficiaries on cashless basis.

1. _____
2. _____
3. _____
4. _____

It is agreed that the Mukhyamantri Amrutam (MA) Yojana patients referred to us by
_____ Dialysis Center will not be charged any money for the above
any diagnostic services.

The bills for the above services will be submitted to the _____
Dialysis Center for payment as per the agreed terms and conditions.

Date: Signature:

Place:

Stamp:

PERFORMANCE SECURITY

(PROFORMA OF BANK GUARANTEE)

(To be issued by a Scheduled Bank in India)

THIS DEED OF GUARANTEE executed on this the ____ day of _____, 2012 at _____ by _____ (*Name of the Bank*) having its Head/Registered office at _____ and amongst others, a Branch Office at _____ (hereinafter referred to as "the Guarantor" which expression shall unless it be repugnant to the subject or context thereof include successors and assigns);

In favour of State Nodal Cell (SNC), a Body set up by the Government of Gujarat, for the implementation of the Mukhyamantri Amrutam (MA) Yojana (Scheme). (Herein after referred to as the "State Nodal Cell") and having its office at Gandhinagar, Gujarat, which expression shall, unless repugnant to the context or meaning thereof include its administrators, successors or assigns.

WHEREAS

By the Agreement ("the Agreement") dated ----- entered into between the Implementation Support Agency ("ISA") and _____ owning the _____ Dialysis Center..... (Herein after referred to as the "Dialysis Center") the Dialysis Center has agreed to provide services as per the Agreement for the Mukhyamantri Amrutam (MA) Yojana (hereinafter referred to as "the Scheme") with the Implementation Support Agency.

A. In terms of the Agreement, the Dialysis Center is required to furnish to the State Nodal Cell, an unconditional and irrevocable bank guarantee for an amount of Rs.2.5 lakhs [*Rupees two lakhs fifty thousand only*] as security for due and punctual performance/discharge of its obligations under the Agreement, relating to the execution of the Scheme.

B. At the request of the Dialysis Center, the Guarantor has agreed to provide bank guarantee, being these presents guaranteeing the due and punctual performance/discharge by the Dialysis Center of its obligations relating to the Scheme of *providing patient Services to Mukhyamantri Amrutam 'MA' Yojana* and *'Mukhyamantri Amrutam Vatsalya' Beneficiaries*.

DISPLAY OF BED STATUS AT
MUKHYAMANTRI AMRUTUM (MA) YOJANA

The Network Dialysis Center shall display the status of total number of beds available, total number of beds allocated under Mukhyamantri Amrutam Yojana patients on a "White Board with Black Letters". The Network Dialysis Center shall update the Board from time to time in the following format placed at the Mukhyamantri Amrutam Yojana Kiosk.

<u>Mukhyamantri Amrutam (MA) Yojana</u>	
<u>STATUS OF BEDS AVAILABILITY IN THE DIALYSIS CENTER</u>	
Date:	Time:
Name of the Dialysis Center:	
Total no. of Beds available in the Dialysis Center:	
Total no. of Beds Occupied:	
Total no. of Beds allocated under MA Yojana:	
Total no. of Beds occupied by MA Yojana patients:	
Total No. of Beds available for MA Yojana Patients:	
Signature of HAM	

Note:

All other conditions like 'MA' Kiosk/Help Desk, IT requirements, HAM, Arogyamitra etc. shall be mandatory as per the published RFP documents for hospital empanelment under MA Yojana (see Note on page no.10).

GUIDELINES FOR DIALYSER RE-USE:

Reprocessing of dialysers is cost saving, but should not compromise the quality and safety of patients hence one dialyser with manufactures labelling for multiple uses can be used maximum up to 6 sittings only.

Following procedures are to be adhered:

- 1) Hollow fibre Dialysers may be reprocessed if manufacturers labelling permits multiple uses.
- 2) Where possible automated reprocessing should be used.
- 3) Polysulfone dialysers may be processed by heat.
- 4) Separate Reprocessing areas for dialysers of patients who are infected with Hepatitis C.
 - o Dialysers of patients with Hepatitis B infection should not be reprocessed.
 - o The areas utilized for reprocessing should be equipped with a hood and preferably with an exhaust fan.
- 5) Mentioned description of reprocessing should be performed for all reused dialyzers.
 - o Tubings, end caps, O rings and dialyser headers may be reused.
 - o Whereas Venous and arterial transducer protectors should not be reused.
- 6) Operators concerned with the actual reprocessing procedure should wear appropriate protective gear for all reprocessing procedures.
- 7) The procedure involves a high risk of mucosal splash with contaminated material/ effluent. The risk of transmission of hepatitis B is approximately 30% after a mucosal exposure, around 3% for Hepatitis C and 0.3% for HIV.
- 8) The process of reusing dialyzers should be monitored for efficacy and safety by the duty attending Nephrologist.