

No. 16/228-2PM2-2023/7396 - 7595

From

Additional Chief Secretary to Government of Haryana,
Health Department

To

1. All the Heads of Departments.
2. All the Commissioners of Haryana.
3. The Registrar, Punjab & Haryana High Court, Chandigarh.
4. The Principal Accountant General (A&E and Audit), Chandigarh.
5. All the Deputy Commissioners in Haryana.
6. All the Sub-Division Officers (Civil) in Haryana.
7. All the Civil Surgeons of Haryana.

Dated: 14.03.2023

Subject: Empanelment Policy-2023 for empanelment of private hospitals/ private medical colleges for provision of medical care to state government employees/ pensioners and their dependents.

Sir/Madam,

In supersession of letters 2/56/2017/1HB-III dated 08.06.2017, 20.03.2018 and 03.07.2019 issued by this office, your attention is invited to the subject mentioned above, stating that the Government of Haryana has decided to revise its policy for empanelment of private hospitals/ private medical colleges for provision of medical care to state government employees/ pensioners and their dependents.

A. Eligibility criteria:

- Handwritten initials: H-28*
- I. Healthcare Organizations (HCOs) accredited with Joint Commission International (JCI) or National Accreditation Board for Hospitals (NABH), whether entry level or full accreditation, categorised as follows:
 - i. Health Care Organizations (HCO): having more than 50 beds
 - ii. Small Health Care Organizations (SHCO): having less than 50 beds but a minimum of 10 beds.
 - iii. Eye Care Organizations (ECO) and single specialty ENT hospitals: having at least 5 beds.
 - iv. Dental Healthcare Service Providers (DHSP): no bed requirement.
 - v. Medical Imaging Services (MIS): no bed requirement
 - II. Standalone Laboratories accredited with National Accreditation Board for Laboratories (NABL).

B. Scope of empanelment:

The scope of services empanelled by the Govt. of Haryana will be as per the scope of services accredited by the Joint Commission International (JCI) or Quality Council of India, as mentioned in the NABH/ NABL certificate of the respective hospital/ laboratory.

C. Duration of empanelment:

The duration of empanelment shall be co-terminus with that of NABH accreditation of the facility. The hospital shall have to provide a fresh/ renewal NABH accreditation certificate within 4 weeks of expiry for continuation of empanelment.

The Entry Level NABH accredited hospitals will be empanelled initially for 2 years and all such hospitals shall upgrade to full NABH accreditation within two years, failing which they shall stand de-empanelled automatically. In case of possession of certificate mentioning the full NABH accreditation by the hospital, the duration and scope of empanelment would be extended as per the NABH accreditation.

D. Assessment of empanelled private hospitals by Health Department, Govt. of Haryana:

Not more than one surprise inspection per accreditation cycle per hospital may be conducted by a team of Health Department, Govt. of Haryana for monitoring quality of care provision, compliance to mandatory statutory requirements, other parameters for patient safety and adherence to reimbursement policies of State Govt., (as amended from time to time) by the empanelled hospitals. The standard operative procedures (SOPs) for such surprise checks are attached as **Annexure-A**.

E. Written consent/ undertaking by the hospital:

The hospital shall provide an undertaking, as per the prescribed format (**Annexure-B**) on the letter-head of the hospital, duly signed & stamped by the authorized signatory of hospital.

F. Submission of Application:

Only online applications through portal on website of Health Department (haryanahealth.nic.in) will be entertained, providing all the information as mentioned in **Annexure-C**.

G. Processing of application:

The information mentioned in the application will be verified w.r.t. its correctness and genuineness of submitted documents e.g. certificate number, validity, issuing authority, etc. A decision on the application will be taken within 30 days. The status of application will be visible to the applicant hospital on the dashboard of the portal.

On approval of the application, empanelment certificate by the Government of Haryana shall be issued by the DGHS. In case of rejection of application, the reasons for rejection will be mentioned in remarks column on the portal.

H. Any private hospital shall be automatically de-empanelled from the list of Haryana Government, if it gets disqualified:

- i) Under 'The Clinical Establishments (Registration & Regulation) Act, 2010' or corresponding Act applicable in the respective state; and/or
- ii) Under Ayushman Bharat: Pradhan Mantri Jan Aarogya Yojna (AB:PMJAY); and/or
- iii) By NABH/ NABL.

No separate intimation/ notice shall be issued.

The website will be updated on real time basis and shall be treated as valid source of information by all the stakeholders.

This issues with the approval of competent authority and comes into force with issuance of this letter.

This policy may be downloaded from the website of Health Department i.e. haryanahealth.gov.in

Dr. G. ANUPAMA

**Additional Chief Secretary to Govt. Haryana,
Health Department**

Endst. No. 16/228-2PM2-2023/7596-7635

Dated: 14.03.2023

A copy is forwarded to all Administrative Secretaries to Government of Haryana/ Commissioners and Secretaries for kind information and necessary action.


Director General Health Services

**for Additional Chief Secretary to Government of Haryana
Health Department**

Endst. No. 16/228-2PM2-2023/7636

Dated: 14.03.2023

A copy is forwarded to PS/ Additional Chief Secretary to Government of Haryana, Health Department for kind information.


Director General Health Services

**for Additional Chief Secretary to Government of Haryana
Health Department**

Annexure-A

Standard Operative Procedures (SOPs) for surprise checks of private hospitals empanelled with Haryana Government.

The motive behind surprise checks of private hospitals empanelled with Haryana Government is to ensure that the hospitals are maintaining the highest standards and providing all the medical facilities to state government beneficiaries as committed by such hospital in the agreement with state government. The inspection may be also on the basis of complaints received against such hospital. The inspection team shall may also verify whether such hospital is charging the state government beneficiaries as per the rates mentioned in the reimbursement policies, amended from time to time.

- DHS (PM) will constitute two-to-three-membered inspection team for surprise inspection of empanelled hospitals.
- Deputy Director/ ASMO (PM) will be convenor of such surprise checks and will ensure prior short notice of 6-12 hours to such hospital, where surprise check is scheduled to be held.
- The inspection team will visit the hospital physically.
- The inspection will be carried out as per the checklist, given below.
- The Medical Director/ Superintendent (In-charge) of hospital will ensure cooperation to inspection team and will depute Nodal Officer to facilitate the team.
- The inspection team will ensure not to disrupt normal working of the hospital.
- The team will hold open meeting with hospital authorities, involving the concerned persons.
- The team may check hospital record/ patient record/ billing record pertaining to state government beneficiaries, to ensure availability of medical/ paramedical staff as per standards and possession of valid statutory licenses/ certificates/ registrations and levying the charges as per state government policies and compliance of limited cashless policy, wherever applicable.
- The team will prepare the inspection report and will submit to DGHS Haryana on the same day (not later than 24 hours) duly signed by all the team members and authorized representative of the facility.
- In case of any complaint received against any of empanelled hospital, the state team will visit the concerned facility, prepare the fact-finding report and report of non-compliances. Inspection team will submit both reports to DGHS on the same day (not later than 24 hours) duly signed by all the team members and authorized representative of the facility.
- DD/ ASMO (PM) will be the nodal officer and will keep record of all such inspections.
- The inspection report will then be shared with the hospital authority, after approval of DGHS, for removal of objections/ non-compliance, if any.
- The hospital will submit reply within 30 days, after removing the objections/ non-compliance, failing which, punitive action would be initiated against the hospital and state government would be requested to de-empanel such hospital.

Checklist

Procedure manual
Staff list
Department meeting file
Audit file
Annual report
Cleaning schedule and register
Forms file
Inventory file and details
Calibration file (Clinical dept.)
Statutory compliances file
Statutory compliances and licences as applicable, fire NOC, BMW authorisation of current year, electrical audit, building safety
Displays
Department / Unit
List of faculty in clinical departments
Mission, Vision Board
Patient rights and responsibilities
No smoking
Emergency contact display
Fire exit
Other signages as applicable
Staff awareness
Services provided by the department
Mission, Vision and Quality Policy
Patient rights and responsibilities
Biomedical waste segregation and disposal
Fire fighting
Emergency contact
Needle stick injury
Grievance redressal- staff
Grievance redressal- patient
Equipment repair and maintenance
Awareness of the nearest fire extinguisher
Others
General cleanliness
Files and document retention
Inventory of equipment
Loose / exposed wires
Hand wash area
Fire extinguisher - in good condition
Fire exits
Fire extinguisher - in good condition
Loose / exposed wires
Cleaning protocol / cleaning of instruments
Hand wash area (towel changing, hand drier)
Unwanted / Unused items stocked
Availability of emergency exit
Emergency exit - not blocked
Cleanliness of the toilets

Undertaking

(to be printed on letter head)

I, (Name of Medical Director/ Medical Superintendent of (Name of Hospital), being in-charge of the facility, hereby undertake and give consent for the following:

1. To abide by the Reimbursement/ Limited Cashless/ Empanelment policies issued by Health Department, Haryana and amended from time to time.
2. To charge the Haryana Government beneficiaries, as per the 1340 fixed rate packages/implants or non-package rates, as the case may be, as prescribed in the Reimbursement/ Limited Cashless/ Empanelment policies of Health Department, Haryana and amended from time to time, and not to overcharge.
3. To provide medical facilities on cashless basis for the 7 medical conditions, as mentioned in Policy for Limited Cashless Medical Facilities, 2017 and amended from time to time and also to any amendment done in future.
4. To provide comprehensive cashless services in future, whenever, Haryana Government decides to implement the same.
5. To allow health teams designated by Health Department for surprise checks, on short advance notice, and to cooperate with such teams in carrying out such surprise checks, as per the SOPs.
6. To display information regarding empanelment with Haryana Government and provision of limited cashless services at conspicuous place.
7. To provide information regarding number of Haryana State beneficiaries treated, data regarding national programs, cases of notifiable diseases, birth & death records, etc. to concerned authorities.
8. To possess all the valid statutory licenses/ certificates/ registrations and renew the same well within prescribed time.
9. To continue to maintain the quality standards to highest level, for all the healthcare services.
10. To share the healthcare facilities (Ambulance/ ICU/ OT/ indoor/ burn/ mortuary services/ Lab/ diagnostic services/ etc.) for general public and cooperate with State Health Authority during any epidemic/ war/ force majeure/ disaster.

Signatures & Stamp

Annexure-C

The hospital shall fill online application form and provide all the requisite information sought in the form, mentioning the certificate/ registration/ license number, issuing authority, date of issue & expiry; as enumerated under:

1. Name of hospital (as per accreditation certificate)
2. Complete postal address (as mentioned in NABH/ other statutory documents)
3. Type of facility: HCO/ SHCO/ ECO/ DHCP/ MIS/ Standalone Lab.
4. Number of beds.
5. NABH status of hospital/ standalone Lab: JCI accreditation/ NABH accreditation (Full or Entry Level)/ NABL accreditation (in case of lab) with scope of services. A copy in pdf format to be uploaded.
6. Details of Medical Director/Medical Superintendent/ Senior Officer: Name, Mobile number, landline number, email.
7. Nodal Officer (Contact Person for any communication from Health Department and State Govt. beneficiaries): Name, Mobile number, landline number, email.
8. Registration under Clinical Establishment (Registration & Regulation) Act, 2010 or respective State Clinical Establishments Act; wherever applicable, along with its validity. A copy in pdf format to be uploaded.
9. Registration under Ayushman Bharat: PMJAY, Scheme; mandatory for SHCO/ECO/DCHP/MIS/ Standalone Lab.
10. Details of doctors, along with their registration with relevant councils (name of doctor, qualification, no. of registration with medical council, validity, regular/contractual/ part-time/ on-call, etc.)
11. Availability of Emergency Department/ Ward: Yes/No, number of beds.
12. Availability of Pre-, intra- and post-Op services: Yes/No, number of beds/OT.
13. Availability of Intensive Care Unit/Cardiac Care Unit: Yes/No, number of beds/ ventilators.
14. Lab Services: In-house or Out-sourced.
 - In case of in-house lab, the details of doctor (name, qualification, MCI/ State council registration) to be provided.
 - In case of out-sourced lab, the registration under CEA and NABL accreditation to be provided.
15. Biomedical Waste Authorization certificate issued by concerned Pollution Control Board. A copy in pdf format to be uploaded.
16. Consent to Operate under the Water (Prevention & Control of Pollution) Act, 1974 and under the Air (Prevention & Control of Pollution) Act, 1981 issued by concerned Pollution Control Board. A copy in pdf format to be uploaded.
17. Memorandum of Understanding/ Agreement for BMW management with Common Bio-Medical Waste Treatment Facility (CBWTF). Name of CBWTF with date till MoU is valid to be mentioned.
18. Registration under Pre Conception Pre Natal Diagnostic Techniques Act, 1994; wherever applicable, with number of such equipment. A copy in pdf format to be uploaded.
19. Blood Bank License under the Drugs & Cosmetics Act, 1940, issued by concerned Food & Drugs Administration Department. A copy in pdf format to be uploaded.

20. Registration under The Transplantation of Human Organs & Tissues Act, 1994 for organ/tissue transplant, etc.; wherever applicable. A copy in pdf format to be uploaded.
21. Registration under the Medical Termination of Pregnancy Act, 1971; wherever applicable. A copy in pdf format to be uploaded.
22. License from AERB for operating radiation ionizing equipment (X-ray/ C-Arm/ Fluoroscopy/ CT scan/ PET Scan/ nuclear medicine equipment, etc.), A copy in pdf format to be uploaded.
23. Registration under Mental Healthcare Act, 2017; wherever applicable.
24. License for Pharmacy under the Drugs & Cosmetics Act, 1940, issued by concerned Food & Drugs Administration Department; wherever applicable. A copy in pdf format to be uploaded.
25. Registration under the Narcotic Drugs & Psychotropic Substances Act, 1985 for possession of narcotic drugs, issued by concerned Food & Drugs Administration Department; wherever applicable. A copy in pdf format to be uploaded.
26. Exemption certificate from Income Tax Office under sub-clause (B) of clause (II) of the proviso to sub-clause (VIII) of clause (2) of section 17 of the Income Tax Act, 1961. A copy in pdf format to be uploaded.
27. Details of the land purchased on market rate OR provided by Centre/State Govt. on subsidized rates (copy of land allocation) to be provided.
28. Building plan approval/ Occupancy Certificate/ Rent Lease, issued by Govt. Authority. A copy in pdf format to be uploaded.
29. No Objection Certificate for Fire Safety by Government Authority, along with its validity. A copy in pdf format to be uploaded.
30. Lift Safety Certificate for each of the lifts installed in the hospital premises, issued by Govt. Authority under the Haryana Lift & Escalator Act, 2008 or any other relevant instructions for hospitals situated outside Haryana. A copy in pdf format to be uploaded.
31. Ambulance Service: in-house/ outsourced, number of ambulances, registration numbers of all vehicles to be mentioned.
32. Registration of canteen/kitchen with FSSAI, if available in the premises of hospital. A copy of license in pdf format to be uploaded.
33. Oxygen supply: availability of oxygen generating plant/ PSA/ LMO/ Gas manifold, with reserve capacity.
34. Central Sterile Supply Department (CSSD): In-house or outsourced.
35. Adequate Parking Area: available/not-available.