CRITERIA FOR EMPANELMENT OF HOSPITALS UNDER ATAL AMRIT ABHIYAN

The compliance will be assessed through observations, interviews and or documentary evidences for each section listed below

INDEX:

INSTRUCTIONS FOR FILLING EMPANELMENT CRITERIA FORM

1. Please download the form
2. Fill the details in “Black Ink” and in “Bold Letters”
3. Fill all dates in DD-MMM-YYYY format
4. Attach supporting documents
5. Post filling, scan all the sheets including the supporting’s and mail it to aaa.empanelment@mediassistindia.com

Note :

1. Please write to aaa.empanelment@mediassistindia.com should you require any clarification in this regard.
2. Please note that selection or empanelment of your hospital is based on the eligibility criteria and is as per the discretion of State Nodal Cell – Atal Amrit Abhiyan Society and Medi Assist Insurance TPA Private Limited.

SECTION: 1

GENERAL ELIGIBILITY CRITERIA

1) CATEGORY OF HEALTH CARE FACILITY

Following are the categories of health care facilities for empanelment :

1) Single Specialty Hospital

2) Multi Specialty Hospital

2) ELIGIBILITY CRITERIA

The Specialty Care Hospital should be registered with the respective State Health Authority, as applicable.

3) FOLLOWING MINIMUM BEDS ARE REQUIRED

	Type of City	Minimum Bed Strength
	Non-Metro	15 Beds

NABH Accredited: Yes ☐ No ☐

If yes, attach copy of the Certificate

SECTION: 2

HOSPITAL INFRASTRUCTURE

PART I :: Technical and Infrastructure Specifications of the Hospitals

1. **Name of the Hospital :**

2. **Contact No. of Hospital :**

Name of the contact person :

Mobile No.																		

Street Address													
City/Town													
Locality/Village/Tehsil													
District													
State													
Telephone:													
Mobile No													
Email ID													
Website													

3. **Location of Hospital:** **Metro** ☐ **Non-Metro** ☐

Does the hospital have split location(s): **Yes** ☐ **No** ☐

If yes, address of the other location(s) and distance from main location

4. **Ownership:**

☐ Private – Corporate ☐ Armed Forces

☐ PSU ☐ Trust

☐ Government ☐ Charitable

Others (Specify .....)

5. **Year and month in which registered and under which authority (as per state and central requirements)**

……

……

6. **Year and month in which clinical functions started:**

……

……

REMARKS OF ISA

PART II : STATUORY COMPLIANCE INFORMATION

SN	SUBJECT	INFORMATION GIVEN BY HOSPITAL				REMARKS OF ISA
	STATUTORY COMPLIANCES (Mention "NA" whichever is not applicable)	**License/ Certificate No.**	**Valid from**	**Valid to**	**Status** (Valid/Expired) if expired details of renewal application	
1	Fire NOC					
2	AERB Licenses/approvals/registrations for Radiology Equipment's (as per the scope)					
3	PNDT					
4	Blood Bank license					
5	Pollution Control Licenses (Air, Water and Bio-Medical Waste)					
6	Narcotic Drugs and Psychotropic Substances (NDPS) license					
7	Organ Transplant (specify separately type of organ transplant permitted)					
8	Explosives license for O_2 tank etc					
9	Building use permit					
10	License for lift and elevator					
11	License for Biomedical waste					
12	Drugs & Cosmetics License					
13	Ambulance fitness certificate from RTO					
14	Donor Policy					

PART III: HOSPITAL INFRA INFORMATION

SN	SUBJECT	INFORMATION GIVEN BY HOSPITAL	REMARKS OF ISA
a)	Building Built up Area (Total)		
b)	Reception and waiting area for Relatives		
c)	Total Number of Beds in Hospital		
	(i) General wards		
	(ii) Semi-private wards		
	(iii) Private wards		
d)	Total no. of qualified doctors (*specialty wise)*		
	i. No. of consultants		
	ii. No. of RMOs		
	iii. No. of PG students, if applicable		
	iv. Any other		
e)	Total no. of qualified nursing staff		
f)	No. of Operation Theatres:		
	i. General OTs		
	ii. Super specialty OTs		
g)	Alternate Power Details		

	SUPPORT SERVICES	IN-HOUSE	OUTSOURCED	REMARK OF ISA
h)	Autoclaves/Sterilizers/CSSD			
	Ambulance/Patient transport vehicle			
	Blood Bank			
	Pharmacy			
	Physiotherapy			
	Medical gas plant			
	Hospital Kitchen			
	Laundry			
	Housekeeping			
	Canteen			
i)	**Laboratory Services**			
	Pathology			
	Biochemistry			
	Microbiology			
	Radio Diagnosis			

PART IV: SPECIALITIES APPLIED FOR

(There should be a provision of OPD, IPD and emergency facility for each specialty applied)

Specialty	Service Provided *(mention YES or NO)*	Average no. of patients in OPDs (on monthly basis)	Average no. of admissions (on monthly basis)	Mention basic equipment available for each specialty (append list if required)
Burns				
Orthopedic Surgery (including joint replacement)				
Cardiology				
Cardiothoracic Surgery				
Neonatology				
Nephrology including Dialysis				
Neurology				
Neurosurgery				
Nuclear Medicine				
Oncology				
➢ **Medical**				
➢ **Radiation**				
➢ **Surgical**				
Pediatric Cardiology				
Pediatric Cardiac Surgery				
Plastic and Reconstructive Surgery				
Urology including Renal Transplant				

PART V: ADDITIONAL INFORMATION ON EMERGENCY SERVICES

1. EMERGENCY SERVICES:

(a) **Emergency Services** Available ☐ Not available ☐

(b) **Equipment available (indicate)**	**Yes**	**No**
a. Monitor	☐	☐
b. Defibrillators	☐	☐
c. Nebulizers	☐	☐
d. Infusion Pumps	☐	☐
e. Pulse Oximeter	☐	☐
f. Oxygen supply (define arrangement)	☐	☐
g. Suction apparatus	☐	☐
h. Ventilator	☐	☐
i. Crash Cart	☐	☐
j. Laryngoscope	☐	☐
k. ABG	☐	☐
(c) Triaging	☐	☐
(d) Appropriate equipped Ambulance services for Patient transfers / transportation	☐	☐

Remarks of ISA

2. **INTENSIVE CARE UNIT:** (Mandatory for all Multi Specialty Hospitals)

(a) Intensive Care Unit – Available/Not Available
Specialized Intensive Care Units – Specify Availability

		Available	Not Available
i.	Cardiac	☐	☐
ii.	Neuro	☐	☐
iii.	Surgical	☐	☐
iv.	Medical	☐	☐
v.	NICU/PICU	☐	☐
vi.	Dialysis Unit	☐	☐
vii.	Others – give details	☐	☐

Remarks of ISA

(b) Equipment available (Indicate)		**Yes**	**No**
I.	Monitors	☐	☐
II.	Defibrillators	☐	☐
III.	Nebulizers	☐	☐
IV.	Infusion Pumps	☐	☐
V.	Pulse Oximeter	☐	☐
VI.	Oxygen supply	☐	☐
VII.	(piped and cylinders/concentrator etc)	☐	☐
VIII.	Suction apparatus	☐	☐
IX.	Ventilator	☐	☐
X.	Crash Cart	☐	☐
XI.	ABG	☐	☐

3. **OPERATION THEATRES**

Remarks of ISA

(a) Operation Theatre **Available** ☐ **Not Available** ☐

Number of Operation Theatres

i) General OTs

ii) Super specialty OTs

(b) Equipment- List out major equipment's

Sl. No.	List out major equipment's

(c) **OT cleaning schedule -** **Available** ☐ **Not Available** ☐

(d) **Type of air conditioning system:**

Central ☐ Window/Split ☐

(e) **Laminar flow available -** **Available** ☐ **Not Available** ☐

(f) **Sterility record / certificate** - **Available** ☐ **Not Available** ☐

PART VI: ADDITIONAL INFORMATION ON RADIOLOGY SERVICES

		Yes	No
a)	Compliance to AERB requirements and PNDT Act.	☐	☐
b)	Availability of Personal Monitoring Devices (PMD) like TLD badges.	☐	☐
c)	Display of statutory safety signage's.	☐	☐
d)	Backup of generator, UPS, emergency lights etc.	☐	☐
e)	Provision of changing room for patients	☐	☐
f)	PACS Database with backup of minimum 3 months	☐	☐

Services	**Diagnostic**		**Interventional**	
	Yes	No	Yes	No
X ray – Digital / X ray Conventional	☐	☐	☐	☐
USG	☐	☐	☐	☐
ECG	☐	☐	☐	☐
Mammography	☐	☐	☐	☐
ECHO	☐	☐	☐	☐
Fluoroscopy	☐	☐	☐	☐
C-arm	☐	☐	☐	☐
CT-Scan	☐	☐	☐	☐
MRI- Scan	☐	☐	☐	☐
PET- Scan	☐	☐	☐	☐
Gamma Camera	☐	☐	☐	☐

PART VII – ADDITIONAL INFORMATION ON LABORATORY SERVICES

1. **Laboratory Services** –

   a. **In-house/Outsourced.**
   If outsourced, name of the outsourced agency:

   b. **EQAS / IQAS Certification** Yes/No
   If Yes, attach copy of the Certificate

LAB INVESTIGATIONS	TIME LINES	REMARKS OF ISA
Pathology		
Clinical Biochemistry		
Clinical Microbiology & Serology		
Radio Diagnosis		

PART VIII – ADDITIONAL INFORMATION ON BLOOD BANK

1. **In-house/Outsourced.**
   If outsourced, name of the outsourced agency:

2. **Component preparation facility available:** **Yes** ☐ **No** ☐

3. **Emergency Services** **Available** ☐ **Not Available** ☐

4. **Donor Policy**

REMARKS OF ISA

PART IX – ANCILLARY SERVICES

		Remarks of ISA
1. **CSSD**		
a) Demarcated Area for Receiving, Cleaning, Packing, Sterilization and Storage of sterile material	☐	
b) Method of sterilizations Autoclave ☐ ETO ☐ Plasma ☐		
c) Quality Check for Sterilization Chemical ☐ Biological Indicators ☐		
d) Incinerator	☐	
e) Bio Medical Waste Management	☐	
2. **Pharmacy**		
(a) In house ☐ outsourced ☐		
(b) Emergency drugs made available in clinical areas	☐	
3. **Hospital Information System**		
a) OP and IP registry	☐	
b) EHR with unique ID	☐	
4. **Medical Records Department**		
a) Minimum 1 year files	☐	
b) All files with ICD Codes	☐	

PART X – Responsibilities of the Hospitals

Cash Payments to Beneficiaries :

- Beneficiaries, whose treatment is approved by ISA, for treatment within Assam, are entitled for Transport allowance of Rs.300/- per visit. The TA shall not exceed (ceiling) of Rs.3000/-(Rupees Three Thousand only) per beneficiary per annum. TA includes all incidental expenses incurred towards commuting to and from network hospital. At the time of discharge of Patient, Hospital to make cash payment to the Patient / Attendant, and obtain the signature on the receipt. ISA to monitor the ceiling amount and alert the Hospitals accordingly. Network Hospital to submit the TA Receipt, signed by Beneficiary along with other documents specified in the MoU to ISA for reimbursement.

Other Responsibilities :

1. In addition to providing cashless treatment, the Health Services Providers shall sufficient space at such place as may be found mutually convenient within, and establish necessary counter or counters for functioning of one ISA Arogyamitra and one for Hospital Arogyamitra at the Hospital for coordinating the implementation of the Scheme at the hospital

2. The Hospital shall arrange for installation of all necessary software as may be required by the ISA to enable use of the computer systems exclusively by the Arogyamitras for verification of data relating to the Eligible Person from the ID Card including eligibility, availability of coverage including amount for such person, submission of request for cashless facility, receipt of pre-authorization and generally for the purpose of storage and exchange of all data related to the provision of services under the Scheme, generation of necessary MIS etc.

3. Hospital shall display prominently:

   That it is a Network Hospital under the Scheme, through appropriate banners, boards or in such manner as may be specified or provided by ISA, at the entrance, reception and other places as may be mutually agreed. All material as may be provided by the ISA for better implementation of the Scheme and convenience of patients approaching for treatment. Their status of specialties empanelled in at their reception / admission desks.

4. The Hospital shall at its cost maintain in perfect working condition at all times, one or more computer systems of the following or advanced configuration:

Infrastructure	Quantity	Details
Computer	(1 in number)	Intel Core Two Duo processor with 4 GB RAM preferred with licensed software in fully working condition 15" Color Monitor Minimum 80 GB HDD w/free space of at least 20 GB Windows XP Professional or Windows 7 Professional w Chrome & Firefox browser Color Scanner Stationery etc.
Fingerprint Scanner / Reader Module	(1 in number)	500 ppi optical fingerprint scanner (22 x 24mm)
Web Camera	(1 in number)	This is required to capture the Photo of the beneficiary
Telephone Line	(1 in number)	This is required to provide support as a helpline
Broad Band Connection Printer cum Scanner	minimum 2 MBPS speed (1 in number)	This is required to upload/send data This is required to scan the necessary documents and Print the documents to be given to Beneficiary and ISA

The Hospital shall enter into and keep in force necessary maintenance contracts for the equipment and provide periodical upgrades as and when necessary to the hardware and software as may be advised by the ISA.

5. HEALTH/SCREENING CAMPS

Health Camps are to be conducted by the Hospitals in various District Head Quarters/Municipalities/Sub Divisions/Blocks. Hospital is required to hold at least 1 such camp every month in selected districts in rotational basis, at the place and time suggested by the ISA/AAAS. Network Hospitals shall conduct the camps with necessary screening equipment and the required specialists and para-medical staff. They should also work in close liaison with Joint Director, National Health Mission of the district and in consultation with Deputy Commissioner and/or Additional Deputy Commissioner of the district. Hospital to carry out extensive IEC prior and during health camps as per the directives that will be received time to time from State Nodal Cell /ISA

6. The hospital shall maintain complete record of all patients under AAA Scheme on day to day basis and shall provide records of the patients to ISA / State Nodal Cell as and when it is required.

7. 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.

8. The hospital should have sufficient experienced specialists / super specialists in the specific identified fields which the hospital is empanelled.

9. The hospital shall furnish the chemotherapy drugs bills with batch no. of the drugs and the batch / label for all implants and stents used

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

SIGNATURE OF THE HEAD OR AUTHORIZED NOMINEE OF THE HOSPITAL

Name :

Designation :

Date :

Seal :