No.2/56/2017-IHB-III
From
The Principal Secretary to Government of Haryana, Health Department.
To
The Director General health Services, Haryana, Sector-6, Panchkula.
Dated 21/6/17
Sub:- Revised New Empanelment Policy.

Sir/Madam

I, have been directed to invite your attention to the subject mentioned above and to state that after careful consideration of the matter, the State Government has decided to formulate revised new empanelment policy for the purpose of empanelment of private hospitals for providing treatment to the Haryana Government employees/pensioners and their dependents. The guidelines of the New Empanelment Policy is as under:-

A. New Private Hospitals:-
   i. Only hospitals (irrespective of bed strength) having valid NABH/JCI accreditation certificate shall apply on an application form (Annexure-I) to the Director General Health Services, Haryana who will send the proposal to the State Govt. for approval.

   The hospital shall provide NABH/JCI certificate within three months of the expiry of previous certificate. If they are unable to provide such certificate then it will be de-empanelled automatically.

   ii. Security & Inspection Fee:-

   No security and Inspection fee will be charged from any private hospital.

   iii. Inspection:-

   No inspection will be carried out.

   iv. Validity Period of Empanelment:-

   The empanelment will be valid for three years subject to validity of accreditation certificate, thereafter; the private hospital shall apply afresh.

   v. Consent :-

   a. Consent (Annexure-II) for providing medical facility on 152 package rates and implants and 2 non-package rates shall be given by the Hospital on the prescribed format as per the guidelines issued by State Govt. vide letter dated 21-05-2015 regarding the package rates /implant and amended from time to time. The hospital will not charge more than the rates prescribed for these package/implant rates as per the instructions issued by the state Govt. vide letter dated 21-05-2015 and amended time to time.
b. More packages/implants rates will be added to the existing list of 152 packages/implants by the State Govt. of Haryana time to time. The empanelled hospitals will accept these packages/implants rates, failing which their empanelment will be cancelled.

vi. **Rate of Reimbursement:**

**Package Rates:**

Reimbursement on 152 package rates and implants and 2 non-package rates shall be allowed as per instructions dated 21-05-2015 and amended time to time.

**Non-Package Rates:**

The reimbursement on the expenditure incurred on the treatment from the newly approved accredited hospitals shall be allowed at PGI, Chandigarh rates +75% of the balance amount on the non-package procedures.

vii. The empanelled hospital shall follow the Birth and Death guidelines issued by the State Govt. from time to time.

viii. Any software developed by the State Govt. will have to be adopted by the empanelled private hospital.

ix. **Existing 56 empanelled private hospitals**:

a. The existing 56 empanelled private hospitals shall continue for a period of one year from the date of issuance of the instructions after that these hospitals will automatically stand de-empanelled if they are unable to provide NABH/JCI certificate before the expiry period of one year.

b. On submission of NABH/JCI certificate (as mentioned at a. above) the hospital will continue to be empanelled for another two years thus making a total three year. Thereafter, the hospital shall apply afresh.

x. **Funds lying in the Bank Account:**

a. The refundable security fee charged @Rs. 1,00,000/- from the private hospital which is lying in the bank account as well as for the new application, shall be refunded.

b. The non-refundable inspection fee charged @Rs. 25000/- per private hospital which is lying in the bank account shall be deposited in the consolidated funds of the State.

c. The private hospital whose inspection has not been completed and new applications have already been submitted which are lying pending in the Department, there non-refundable inspection fee charged @Rs. 25000/- shall also be refunded.
B. Standalone Clinical Laboratories :-

i. Only standalone Clinical Laboratories having NABL accreditation certificate shall apply on an application form (Annexure-I) to the Director General Health Services, Haryana who will send the proposal to the State Govt. for issuance of the instructions subject to the condition that the reimbursement will be allowed in a case, the patient is admitted in Government/approved hospital or for the follow up of 18 chronic diseases notified by the State Govt. and amended time to time on obtaining a non availability of test/investigation/blood etc. A chronic disease certificate issued by the Civil Surgeon for the 18 chronic diseases and change of option to open is mandatory for follow up treatment.

ii. Security & Inspection Fee:-

No security and Inspection fee shall be charged from any private standalone diagnostic center.

iii. Inspection:-

No inspection shall be carried out.

iv. Validity Period of Empanelment:-

The empanelment shall be valid for three years subject to availability of accreditation certificate, thereafter; the private hospital shall apply afresh.

v. Rate of Reimbursement:-

The reimbursement will be allowed at PGI, Chandigarh rates+75 % of the balance amount.

The earlier instructions related to the empanelment policy shall stand superseded; this policy will come into force from the date of issuance of this policy.

This issue with the concurrence of the Finance Department conveyed vides their U.O. No. 70/29/2004-5FD-II/9627 dated 24.04.2017.

Additional Secretary Health
For Principal Secretary to Government of Haryana, Health Department

Memo.No.2/56/2017-IHB-III
A copy is forwarded to Additional Chief secretary to Govt. of Haryana, Finance Department, Chandigarh in reference to your U.O. No. 70/29/2004-5FD-II/9627 dated 24.04.2017 for information.

Additional Secretary Health
For Principal Secretary to Government of Haryana, Health Department
Annexure-I

Application Form for empanelment of Private Hospital/Standalone Clinical Laboratory

1. Name of the Institution: ____________________________

2. Address: _______________________________________

3. Tel. No. ______ Fax _______ E-Mail _______________________

4. Types of Hospital/ Standalone Clinical Laboratory:
   4.1. Multi-Specialty Hospital, Super Specialty Hospital, Single speciality hospital etc.

   4.2. Type of services offered by the Hospital:
       a. ........................................................................
       b. ........................................................................

4.3. Standalone Clinical Laboratory:
       a. ........................................................................
       b. ........................................................................

5. Attach consent of identified package rates/implants

6. Type of accreditation NABHI/NABH/JCI (attach valid certificate)

7. Attach Photo Copy of PAN/TAN card of hospital

8. Brief History & Track record of the Hospital/Clinical Laboratory as per policy.
   8.1. History: ........................................................................................................

8.2. Track Record: Information w.r.t. to Track record is required on the following points.

   Land Purchased at Market Rate: YES/NO
   Or
   Land has been given by Central/ State Govt. on concessional Rates YES/NO

   a. If the hospital land is given by Central/State Govt. at concessional rates, a copy of the allotted letter shall be provided. A copy of the list of the patient(s) with details such as diagnosis, procedure performed, expenditure incurred and treated free or at concessional rates. Out of these ______ number of patients belongs to the state govt. employees/pensioners and their dependants.
b. ______% age of beds reserved for poor patients, if any.
   i. Total number of patients treated in Indoor for the last two years___.
   ii. Total number of patients treated in Emergency for the last two years___.
   iii. Total number of patients treated in OPD for the last two years___.

9. Name of the two Nodal Officers of the Hospital/Clinical Laboratory, out of these one should be Deputy/ Additional Medical Superintendent or Medical Superintendent:

10. Manpower:
Total number of manpower (Medical and Para Medical staff) working on regular or part-time basis is as under:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Category</th>
<th>Name of the person available in the Hospital</th>
<th>Since When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physician/Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Anesthetist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pathologist</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Radiologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Casualty Medical Officers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Medical Officer General Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Dental Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Matron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Nursing Sisters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Staff Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Lab Technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Radiographer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Lab Attendant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>OTA Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Storekeeper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Clerk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Accountant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Head Clerk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Cashier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Carpenter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Electrician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Plumber</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Helper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Cook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Dhobi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Chowkidar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Mali</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Class-IV, Security Guards, Ward Servants,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Photocopy of the Registration Certificates, license required under the provision of various Act/Statutory guidelines shall be attached at the time of submission of application (WHEREVER APPLICABLE):--.

11.1. MOU for Biomedical Waste as per Biomedical Waste (Management & Handling) Rules, 1998.

11.2. Registration Certificate of vehicle used as Ambulance from Transport Department.

11.3. Registration Certificate/Licence of Each X-Ray Radiation Machine issued by AERB etc.

11.4. NOC from Fire Officer/Municipal Corporation/Committee for fire prevention and safety.

11.5. Certificate from the Income Tax department for exemption of income tax.


11.8. Certificate of Registration of Hospital under Mental Act.

11.9. Certificate of registration related to each machine ultrasound machine or any other equipment used for sex detection under Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act - i.e.


11.11. Registration certificate of the hospital for each organ (Kidney, Liver, Cornea etc) transplantation/retrieval under the Transplantation of Human Act 1994.

11.12. Lift/s and escalator/s installation/maintenance Certificate as per the Haryana Lift and Escalator Act 2008 or under any instructions if the hospital is located outside State of Haryana.

11.13. Building plan Approval/certificate/permission from the competent authority.

11.15. No objection certificate from pollution control board regarding effluent treatment and noise pollution.

11.16. Any other certificate/license required by the Department.

12. **Man Power (Medical/Para-Medical):**

12.1. **Medical staff:**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Medical Staff</th>
<th>Designation</th>
<th>On regular, on part-time basis or on call basis</th>
<th>Qualification</th>
<th>Regn. No. &amp; Date with the Council</th>
<th>Name of Council</th>
<th>Branch of specialty</th>
</tr>
</thead>
</table>

12.2. **Para-Medical staff having registration with the Council on regular basis.**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Para-Medical Staff</th>
<th>Designation</th>
<th>Qualification</th>
<th>Regn. No. &amp; Date with the Council</th>
<th>Name of Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

13. The hospital/Clinical Laboratory shall provide information on the following points with a detailed note (WHEREVER APPLICABLE):

13.1. Details of Operation Theatre, site plan along with equipments.

13.2. Details of ICU backup with oxygen, suction, monitory devices, and site plan along with equipment, etc.

13.3. Details of post-operative beds with oxygen, suction, monitory devices, and site plan along with equipment, etc.

13.4. Detail of emergency services with deployment of manpower and equipment etc.

13.5. Details of CCU, site plan along with equipments (wherever applicable).

13.6. Detail of lab services, site plan, along with equipment (outsourced or in-house).

13.7. Detail of Blood bank services, site plan, along with equipments. (Outsourced or in-house).

14. **Performance Report:** (Last 2 years):

List of No. of Operations/procedures performed by the hospital for the last two years of the specialty for which application is submitted for empanelment.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the operations/ procedure</th>
<th>Total no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. The hospital shall provide information on the following additional points with a detailed note (wherever applicable):

- Gas Pipe line Y/N__
- Computerization Y/N__
- CSSD Y/N__

16. Availability of adequate Parking space. Y/N__

17. Detail of medical record system.

18. Detail of housekeeping and laundry (in house of outsourced).

19. Hospital should be easily accessible/approachable to the patients. Y/N

20. All facilities located in the same premises. Y/N

21. Note on arrangement for the 24 hrs water supply.

22. Note on 24 hrs electricity supplies with the proper backup.

23. Agrees to send a report to the O/o Director General Health Services, Haryana Panchkula regarding the patients who have taken treatment from the hospitals on quarterly basis. Y/N

24. Agrees to put information showing validity of empanelment of Hospitals on the Notice Board at Reception. Y/N

25. Agrees to abide by all terms and conditions laid in the empanelment policy and agreement.

26. That the hospital agrees on implementing all packages/implants at rates as notified by the State Govt. time to time and they will not charge over and above the lump-sum rates of the package rates/implant. More packages/implants rates will be added to the existing list of 152 packages/implants by the State Govt. of Haryana time to time. The empanelled hospitals will accept these packages/implants rates, failing which their empanelment will be cancelled.

27. Any other document attached.

VERIFICATION:-

Verified that the above information are true and correct. No part of it is false and nothing material has been concealed therein.

Signature

Name & Designation of Competent Authority of the Hospital

Seal of the Authority/hospital
CONSENT FORM

We hereby agree that the ___________________________ (Hospital Name and Address) will provide Medical Facility on 152 Package Rates & Implants and 2 fixed rates for non packages treatment for Haryana Govt. Employees/ Pensioners and their dependents as per the guidelines issued by the State Government for implementation of package rates and implants or amended time to time. That the hospital agrees on implementing the package rates/implants as notified by the State Govt. time to time and they will not charge over and above the lump-sum rates of the package rates/implant.

More packages/implants rates will be added to the existing list of 152 packages/implants by the State Govt. of Haryana time to time. The empanelled hospitals will accept these packages/implants rates, failing which their empanelment will be cancelled.

A copy of accreditation certificate issued by NABH/ JCI is enclosed

This is for your necessary information and action.

Dated:-

Competent Authority of the Hospital
Name and Designation of the person with Mobile no. & E-mail ID of the Hospital
(Office Seal)