

B/49771/AG/ECHS/Emp/Gen

17 Feb 2023

HQ Southern Command (A/ECHS & Med)
HQ Eastern Command (A/ECHS & Med)
HQ Western Command (A/ECHS & Med)
HQ Central Command (A/ECHS & Med)
HQ Northern Command (A/ECHS & Med)
HQ Southern Western Command (A/ECHS & Med)
HQ Andaman & Nicobar Command (A/ECHS & Med)
All Regional Centre ECHS

**EMPANELMENT OF HEALTH CARE ORGANISATION IN REMOTE AREAS NOT
HOLDING QCI/ NABH CERTIFICATION**

1. Refer MoD(DoESW) ID Note No 22B(09)/2021-D(WE/Res-I) dated 14 Mar 2022 (Photocopy attached).
2. As per MoD(DoESW) letter No 22B(04)/2010/US(WE)/D(Res) dated 18 Feb 2011, QCI / NABH certification has been made mandatory for hospitals to apply for empanelment with ECHS. However, ECHS beneficiaries residing at remote locations in Tier two and Tier three cities are facing great difficulties in getting medical facilities due to non availability of empanelled Hospitals.
3. At such locations few private HCOs are functional and are willing for empanelment with ECHS. However, these Hospitals have not undertaken QCI/NABH certifications which is a mandatory requirement for empanelment with ECHS. Hospitals in remote areas are mostly functioning with minimum certification as required by State Govts. There is no incentive for these hospitals to undertake QCI or NABH accreditations.
4. Such cases for empanelment with ECHS can be considered by the Ministry in consultation with MoD(Fin/Pen) on case to case basis only after duly recommended by local formation of ECHS/HQ of the area on Statement of Case and thereafter considered/recommended by Screening Committee Meeting, headed by MD ECHS, to the Ministry as mentioned in letter under reference.

PROCEDURE

5. The procedure for processing of applications is as under:-
 - (a) Regional Centre will identify and prepare a list of such Hospitals of Tier two and Tier three cities not served by CGHS but are willing for empanelment with ECHS.
 - (b) The Hospitals will be asked to fill the application form and submit the same either in physical form or electronic form with relevant documents.
 - (c) The application with relevant documents will be submitted to Stn HQ.

P.T.O.

(d) The Station HQ concerned will thereafter order a Board of Offrs to inspect the Hospitals as per applications attached as Appendix-A to D. The composition of the Board of Officers is as under:-

Presiding Officers : Col / Equivalent from Stn HQ concerned
Member No 1 : 01x Specialist Rep of SEMO
Member No 2 : 01 x Rep from Regional Centre
Member No 3 : 01 x Lt Col / Maj / Equivalent from Station.

(e) The Board of Offrs will carry inspection of the Hospitals based on the documents received from Hospital and submit their Recommendation.

(f) The Stn Cdr will endorse his Recommendation and fwd the application alongwith Board Proceedings to concerned Regional Centre.

6. Thereafter, the Regional Centres will forward the Board Proceedings to CO ECHS alongwith Statement of Case and all connected documents after thorough scrutiny for consideration by the SCM. Objective criteria for empanelment of hospitals is att as **Appx-E**.

7. The above is the approval of MD ECHS.



(Sandeep S Meshram)
Wg Cdr
Joint Director Medical (Empanelment)
For MD ECHS

Enclosures : As above.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME



APPLICATION FORM (ECHS-01)
FOR EMPANELMENT OF
HOSPITALS/NURSING HOMES/HOSPICES

Registration No.....

Date of Receipt.....

Regional Centre.....

INTRODUCTION

On behalf of the President of India, the Ex-servicemen Contributory Health Scheme (ECHS) invites applications for the purpose of Empanelment of Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc for specific treatment and diagnostic procedures of specialised nature, under the Ex-servicemen Contributory Health Scheme (ECHS).

Interested Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc. may submit the completed application forms at the nearest Regional Centre, ECHS. The terms/conditions and requirements of empanelment for ECHS requirements are detailed in this application form.

SECTION I

- Chapter 1 - General Information on ECHS.
- Chapter 2 - General Instructions and Eligibility Criteria.
- Chapter 3 - Terms and Conditions.

SECTION II

- Application format for Eye Care Centre.

SECTION III

- Inspection Report and Recommendations of QCI (NABH).

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for the purpose of Empanelment of Hospital, Diagnostic Centre,
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- Chapter 1 - General Information on ECHS.
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SECTION I

CHAPTER 1

GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

Introduction

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was approved by the Government on 30 Dec 2002 and was launched on 01 April 2003, ECHS shall also be referred to as the "Scheme" in the text of this Brochure.

Aim

2. The aim of the Scheme is to provide **quality medical care** to Ex-Servicemen pensioners and their dependents for all known diseases.

ECHS Membership Cards

3. A 'Smart card' called "ECHS membership card" with inbuilt security features is issued to all members of the ECHS. The smart cards have the particulars of the pensioner in the front of the card and the particulars of the dependents on the reverse side. It contains a 64 Kb chip which will carry the details of the Ex-servicemen and dependents including their medical history. Production of this card is a mandatory requirement when availing medicare either at the ECHS Polyclinic or at Empanelled Hospital/Nursing Homes and Diagnostic centres. A person NOT producing his card for identification cannot be provided treatment.

4. An integrated software has been developed as a Management Information System for running the Scheme. In the first phase the information system will be networked between the ECHS Polyclinics, Station Headquarters, Regional Centre ECHS and Central Organisation ECHS.

Procedure for Availing Treatment

5. ECHS beneficiaries (An ESM or his dependants or a widow) who has enrolled into the ECHS scheme, can go to the nearest ECHS Polyclinic carrying his/her ECHS membership card. The doctors in the polyclinic will provide the required initial treatment and medicines. Should the disease require further/advanced treatment in a hospital, the patient will be referred to the nearest Service hospital/Empanelled facility.

6. At the Empanelled Hospital/Nursing Homes or Diagnostic Centre/Hospices, the ECHS member is mandatorily required to present his ECHS membership card or receipt of membership application and referral slip, before he/ she can avail treatment facilities. The ESM or his dependant does not have to clear any bills; this will be done by the ECHS.

7. Referrals except in Emergencies will always be made by ECHS Polyclinic. Empanelled Hospitals/Nursing Homes and Diagnostic centres/Hospices will forward their bills directly to the referring Polyclinic. The local/ Army/Navy/Air Force Station Commander in the town / city, under whose jurisdiction the ECHS Polyclinic is located will pay the Empanelled facility after approval of competent financial authority.

8. In Emergencies an ECHS member may be directly admitted to an Empanelled facility. However in all such cases the ECHS Polyclinic will be informed within a period of 48 hours and a formal referral done depending on the condition. Bills in such cases will be processed as above. The onus of providing the information shall be on the Empanelled Hospital/Nursing Home/Diagnostic Centre.

Organisation Structure

9. The scheme is executed through the existing command and control structure of the Armed Forces. Polyclinics are administered by concerned Armed Forces Station Headquarters in the city under supervision of respective Sub-Area/Area/Command HQs of the respective service/nearest city.

10. The Central Organisation ECHS is located at Delhi for laying down policy, planning, provisioning of funds and monitoring the scheme. There are 28 Regional Centres located across the country to ensure implementation of the scheme. The detailed addresses and location of the Central Organisation and Regional Centres located across the country is given below :-

(a) **Central Organisation ECHS**

- (i) Postal Address : Central Organisation ECHS
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 10
- (ii) Web site : URL www.indianarmy.gov.in/arechs/echs.htm
- (iii) Contact Telephone Number and E-mail :-
- (aa) Managing Director : 011-25684846 and mdechs-mod@nic.in.
- (ab) Dy MD : -01125683719 and dymdechs-mod@nic.in.
- (ac) Director (Operation & Coordination) :011-25684946 & dirops-mod@nic.in.
- (ad) Director (Complaint & Litigation): 011-20892332 & dircomplaints-mod@nic.in.
- (ae) Director (Medical): 011-25684945 and dirmedechs-mod@nic.in.
- (af) Director (Stats & Automation) : 011-25684645 & diritechs-mod@nic.in.
- (ag) Director (Procurement & Fund Control : 011-25682392 and dirpfcechs-mod@nic.in.
- (ah) Director Vigilance: 011-20892594 & dirvigilance@echs.gov.in.

(b) **Regional Centres**

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------|-----------|---|--------------|
| (i) | Allahabad | Regional Centre ECHS, Allahabad, PIN – 900 479, C/O 56 APO | 0532-2420699 |
| (ii) | Ahmedabad | Regional Centre ECHS Ahmedabad, PIN – 936176, C/O 56 APO | 07923-241310 |
| (iii) | Ambala | Regional Centre ECHS Ambala, PIN – 900 241 | 0171-2600103 |
| (iv) | Bangalore | Regional Centre ECHS Bangalore, PIN – 937 410, C/O 56 APO | 080-28392178 |
| (v) | Bareilly | Regional Centre ECHS Bareilly, PIN – 900 469, C/O 56 APO | 0581-2511157 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|---------|--------------|--|--------------|
| (vi) | Chandimandir | Regional Centre ECHS C/O HQ Western Command Chandimandir | 0172-2589757 |
| (vii) | Chennai | Regional Centre ECHS Chennai Fort Saint George Chennai-600009 | 044-25673092 |
| (viii) | Coimbatore | Regional Centre ECHS Coimbatore PIN – 900 123 C/O 56 APO | 0422-2684331 |
| (ix) | Dehradun | Regional Centre ECHS Dehradun, PIN – 900 469 C/O 56 APO | 0135-2751676 |
| (x) | Delhi – 1 | Regional Centre ECHS Thimayya Marg Near Gopinath Circle New Delhi -110010 | 011-20892596 |
| (xi) | Delhi – 2 | Regional Centre ECHS Delhi Cantt Maude Lines New Delhi -110010 | 011-25672154 |
| (xii) | Guwahati | Regional Centre ECHS Guwahati , C/O HQ 51 Sub Area PIN 900328, c/o 99 APO | 0361-2642727 |
| (xiii) | Hisar | Regional Centre ECHS HisarPIN – 900 383, C/O 56 APO | 01662-223769 |
| (xiv) | Hyderabad | Regional Centre ECHS Golden Palm Sainik Bhawan (GPSB), Near Monda Market Secunderabad-500003 Telengana | 040-27797836 |
| (xv) | Jabalpur | Regional Centre ECHS 132 Robert Lines Near Manas Mandir Jabalpur-482001 | 0761-2608177 |
| (xvi) | Jaipur | Regional Centre ECHS Chinkara Marg Jaipur Cantt-302012 | 0141-2249159 |
| (xvii) | Jalandhar | Regional Centre ECHS Jalandhar, PIN – 908691 C/O 56 APO | 0181-2661920 |
| (xviii) | Jammu | Regional Centre ECHS Jammu Cantt, Jammu - 180 003 | 0191-2433139 |
| (xix) | Kochi | Regional Centre ECHS C/O Fleet Mail Office Naval Base, Kochi-682004 | 0484-2667285 |
| (xx) | Kolkata | Regional Centre ECHS C/O HQ Eastern Command Kolkata-700021 | 033-22130009 |
| (xxi) | Lucknow | Regional Centre ECHS C/O HQ Central Command Lucknow – 226002 | 0522-2296630 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------------|------------------|---|---------------------|
| (xxii) | Mumbai | Regional Centre ECHS Mumbai, C/O FMO Mumbai - 400001 | 022-27238701 |
| (xxiii) | Nagpur | Regional Centre ECHS Nagpur PIN – 900 419 C/O 56 APO | 0712-2510135 |
| (xxiv) | Patna | Regional Centre ECHS C/O HQ JOB Sub Area Danapur Cantt Patna – 801503 | 06115-222276 |
| (xxv) | Pune | Regional Centre ECHS C/O HQ Pune Sub Area Pune-410001 | 020-26344459 |
| (xxvi) | Ranchi | Regional Centre ECHS Ranchi C/O 56 APO PIN 900200 | 0651-2360330 |
| (xxvii) | Trivandrum | Regional Centre ECHS Trivandrum C/O 56 APO PIN 900 113 | 0471-2352355 |
| (xxviii) | Visakhapatnam | Regional Centre ECHS, Visakhapatnam, C/O 56 APO PIN 900 455 | 0891-2813131 |

CHAPTER 2

GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA

General Instructions

1. **Collection of Application Forms.** Application form be downloaded from the website of Ex-Servicemen Contributory Health Scheme (ECHS). The form along with scanned copy in a CD should be submitted with an application fee of Rs 1000/- (Rupees One Thousand only) in favor of Regional CDA through MRO (Military Receivable Order) at any SBI Branch conducting Treasury business or the RBI under the Code Head 405/03(Misc Receipt) towards application fee. Original to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

2. **Categories of Cities.** As per the concentration of patients the country may be divided into 4 regions as follows:
 - (a) The Tri city (Chandigarh, Panchkula and Mohali) that covers patients from entire Punjab most of Haryana, entire Jammu and Kashmir, and entire Himachal Pradesh.

 - (b) Delhi & NCR where the number of beneficiaries taking treatment include a very large number of temporary / transitory ECHS beneficiaries from all over the country who prefer to take treatment in Delhi / NCR in view of the best medical facilities available here and also because of their kith & kin / acquaintances being located in Delhi/NCR.

 - (c) Other metros like Chennai, Kolkata and Mumbai and big cities like Bangalore, Hyderabad, and State Capitals where the patients from entire state, and neighboring areas/states come for taking treatment.

 - (d) Other cities and towns.

 - (e) The categories of hospitals would be general hospitals, and other centres viz., eye hospitals\ dental hospitals, diagnostic centres, physiotherapy centres and prosthesis centres.

3. **Categories of Health Care Facilities.** ECHS would consider the following categories of health care facilities for empanelment :-
 - (a) Hospital.

 - (b) Cancer Hospitals.

 - (c) Diagnostic Centre.

 - (d) Dental Centre/Lab.

 - (e) Imaging Centre.

 - (f) Exclusive Eye Centre.

 - (g) Nursing Home.

 - (h) Hospices.

 - (j) Rehab Centre.

 - (k) Physiotherapy Centre.

Eligibility Criteria For Hospitals/Cancer Centres/Exclusive Eye Centres/Exclusive Dental Clinics/Stand Alone Dialysis Centre.

4. Hospitals/Cancer Hospitals/Exclusive Eye Centres/Exclusive Dental Centres/Stand Alone Dialysis will adhere to the following guidelines:-

- (a) The Health Care Organizations must fulfill the requirements as detailed in the following paragraphs depending on the category under which the hospital/exclusive eye hospital/centre, exclusive dental clinic, cancer hospital/unit/ is seeking empanelment and submit copies of the required documents.
- (b) The Health Care Organization must have been in operation for at least one year, Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet).
- (c) Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
- (d) Copy of QCI recommendation in case of Non-NABH accredited Health Care Organization.
- (e) List of treatment procedures/investigations/facilities available in the applicant Health Care Organization.
- (f) State registration certificate/Registration with Local bodies, wherever applicable.
- (g) Compliance with all statutory requirements including that of Waste Management.
- (h) Fire Clearance certificate and details of Fire safety mechanism as in place in the Health Care Organization. Exclusive Eye Centres, exclusive Dental Clinics, have to enclose a certificate regarding fire safety of their premises issued by State Fire Department.
- (j) Registration under PNDT Act, if Ultrasonography facility is available.
- (k) AERB approval for imaging facilities/Radiotherapy, wherever applicable.
- (l) An Applicant Health Care Organization must have the capacity to submit all claims/bills in electronic format to the bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (m) An applicant Health Care Organization must submit the rates for all treatment procedures/investigations/facilities available with them and as charged by them.
- (n) Applicant Health Care Organizations must certify that they shall charge as per existing CGHS rates. They shall also certify that in case lower rates are charged to any Government/private organization in future, they shall also charge the reduced rates from ECHS beneficiaries.
- (o) Applicant Health Care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

- (p) Applicant Hospitals, Cancer Hospital/unit must have minimum annual turnover of Rs 2.00 Crores for Metro cities and Rs 1.00 Crore for Non-Metro cities. Exclusive Eye Hospitals/Centres. Exclusive Dental Clinics, must have a minimum annual turnover of Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.
- (q) Photo copy of PAN Card.
- (r) Name and address of the bankers.
5. A minimum of 100 beds are required for multispeciality hospitals (for single speciality there is no restriction on bed strength) in all major cities to include Delhi & NCR, Tri city Chandigarh, Metro and State capitals. Screening Committee may waive off / review this stipulation on case to case basis depending on factors such as remoteness of a place, non availability of sufficient multispeciality Hospitals for consideration etc.
6. **NABH Accredited Hospitals.** The hospitals applying under **this category** must be accredited by **National Accreditation Board for Hospital and Health care providers (NABH)** or its equivalent such as **Joint Commission International(JCI) /AHCS (Australia)/International Society for Quality in Health Care (ISQua).**
7. **Non-NABH Accredited Hospitals.** All eligible Non NABH/Non NABL new HCOs shall be inspected by QCI and they shall be consider for empanelment only after receiving recommendation from QCI. Application form alongwith QCI report to be submitted at respective Regional Centre, ECHS.
8. **CGHS Empanelled Hospitals.** Hospitals/ Eye Centres/Dental Clinics/Diagnostic Labs/Prosthesis Centres which are empanelled with CGHS are eligible to apply for ECHS empanelment. Following documents will be required to be submitted along with the application:-
- (a) Valid Office Memorandum issued by CGHS.
- (b) QCI Report as undertaken for CGHS empanelment.
- (c) Memorandum of Understanding as signed between CGHS and Hospital.
9. **Cancer Hospitals.** Cancer Hospitals/Units (NABH/Non-NABH) having all treatment facilities for cancer surgery, chemotherapy and radiotherapy approved by AERB.
10. **Exclusive Eye Hospitals/Eye Centres.** Exclusive Eye Hospitals/Eye Centres (NABH/Non NABH) are eligible for ECHS empanelment. No minimum bed strength for Eye Hospitals/ Eye Centres.
11. **Exclusive Dental Clinics.** Exclusive Dental clinics (NABH/Non-NABH) are eligible for ECHS empanelment. No minimum bed strength is specified. However, there shall be a minimum of '2' Dental Chairs for Dental Clinics applying for ECHS empanelment.

Eligibility Criteria for Diagnostic Laboratories/Imaging Centres.

12. ECHS would consider the following categories of Diagnostic Laboratories and Imaging Centres for empanelment :-

- (a) The Diagnostic Laboratory/Imaging Centres must fulfill the Criteria as specified above and must submit the copies of the required documents.
- (b) The Diagnostic Laboratory/Imaging Centre must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet) are to be submitted.
- (c) Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims/bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (d) Copy of NABL/NABH Accreditation in case of NABL/NABH Accredited Diagnostic Laboratory/Imaging Centres.
- (e) Copy of QCI recommendation in case of Non-NABH/Non-NABL Accredited Laboratories/Imaging Centres
- (f) Lists of investigation facilities available with Diagnostic Lab/Imaging Centre are to be submitted.
- (g) Diagnostic Lab/Imaging Centre must have been registered with State Government/Local bodies, wherever applicable.
- (h) Compliance with all statutory requirements including that of Waste Management.
- (j) Documents to establish that fire safety mechanism is in place issued by State Fire Department.
- (k) Registration under PNDT Act, if Ultrasonography facility is available.
- (l) AERB approval for imaging facilities wherever applicable.
- (m) Diagnostic Lab/Imaging Centre must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
- (n) Minimum annual turnover of Diagnostic lab/imaging centre must be Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Diagnostic Lab/imaging centre.
- (o) Photo copy of PAN Card.
- (p) Name and address of the bankers.
- (q) In addition, the Imaging Centres shall meet the following criteria:-
 - (i) **MRI Centre.** Must have MRI machine with magnet strength of 1.0 Tesla and above.

- (ii) **CT Scan Centre.** Whole Body CT Scanner with scan cycle of less than one second (sub-second). Must have been approved by **AERB**.
- (iii) **X-ray Centre/Dental X-ray/OPG Centre.**
- (aa) X-Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.
- (ab) Portable X-ray machine must have a minimum current rating of 60 MA.
- (ac) Dental X-ray machine must have a minimum current rating of 6 MA.
- (ad) OPG X-ray machine must have a current rating of 4.5-10 MA.
- (ae) Must have been approved by AERB.
- (iv) **Mammography Centre.** Standard quality mammography machine with low radiations and biopsy attachment.
- (v) **USG/ Colour Doppler Centre.** It should be of high resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz. Should have minimum three probes and provision/facilities of Trans Vaginal/Trans Rectal Probes. Must have been registered under PNDT Act.
- (vi) **Bone Densitometry Centre.** Must be capable of scanning 3 sites (that includes Spine) and whole body.
- (vii) **Nuclear Medicine Centre.** Must have been approved by AERB/BARC.

Instructions to Applicants

13. Hospitals must agree to accept and abide by the terms and conditions spelt out in the Memorandum of Agreement.

Last Date for Applying

14. There is no cut off date prescribed for filling of empanelment applications. The application can be submitted at ECHS Regional Centre any time on a working day.

Earnest Money Deposit

15. All the hospitals applying for empanelment will deposit Rs 1,00,000/- (Rupees one lac only) as EMD in the form of EMD Bank Guarantee in favour of respective Regional Centre, ECHS. The EMD is surety to sign MoA and will be refunded at the time of signing of MoA. Original Bank Guarantee to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

Earnest Money Refund

16. In case the application is rejected on technical grounds, Earnest Money would be refunded in full.
17. In case, the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the Earnest Money would be forfeited and the balance would be refunded in due course.
18. In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50 % of the Earnest Money would be forfeited. Authority to order for forfeiture of the EMD is MD, ECHS.

Submission of Application Forms

19. The application must be submitted at the following places :-
- (a) **NABH Accredited Hospitals.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application.
 - (b) **CGHS Empanelled Hospital.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application. These hospitals must submit the copy of Office Memorandum issued by CGHS along with a copy of valid MoA and QCI report undertaken for CGHS Empanelment.
 - (c) **Non NABH Accredited Hospitals.** At Concerned Regional Centre after the QCI inspection has been undertaken by the Hospital.
20. Hospitals which have successfully underwent QCI inspection will submit their Application forms in one sealed envelope superscribed as 'Application for empanelment of hospital' with respective Regional Centres, ECHS.
21. All the pages of Application and Annexures (each set) shall be serially numbered and spiral binded.
22. Every page of application form and Annexures need to be signed by the authorised signatory of medical facility. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
23. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as '**not available**'; it should not be mentioned as '**not applicable**'.
24. The application is liable to be ignored if the information given on eligibility criteria is not complete.

Scrutiny of Applications

25. The Director/Joint Director, Regional Centre will examine the application to determine the following:-

- (a) They are complete.
- (b) Whether any computational errors have been made.
- (c) Whether Earnest Money Deposit and MRO has been furnished. Retain originals and attach photocopies duly authenticated by Director, Regional Centre with application.
- (d) Whether the documents have been properly signed and serially numbered.
- (f) Whether the application is generally in order.
- (g) Check list to be filled up, signed by authorised signatory of applicant and countersigned by Director, Regional Centre.

26. Defects / shortcomings will be corrected/ authenticated on the spot and the application processed further. Specific advice would be rendered by the Director, Regional Centres for rectification of incomplete applications. If the hospital wishes to submit fresh application, the MRO of Rs 1000/- (Rupees one thousand only) can be reused.

27. Applications that are found to be complete in all respects shall be forwarded to Central Organisation ECHS for consideration for empanelment.

Acceptance of Rates

28. Hospitals shall have to furnish an undertaking to ECHS accepting the rates notified by CGHS or the negotiated rates which under no circumstances will exceed the applicable CGHS rates or the rates being charged by the hospital from their normal patients who are not ECHS beneficiaries.

Screening Committee

29. The Screening Committee Meeting under the Chairmanship of MD ECHS shall examine the applications for their eligibility and subsequently will be forwarded to MoD (DoESW) for further issue of Govt Letter Note.

Memorandum of Agreement

30. The Private hospitals which are selected for empanelment after the issue Govt Letter Note will have to enter into an agreement with ECHS Regional Centre for providing services at rates notified by ECHS or lower negotiated rates. This MOA has to be executed on Rs.100/- (Rupees One hundred only) non judicial stamp paper.

Performance Bank Guarantee

31. HCO's on signing the MoA with Regional Centre, ECHS shall furnish a Performance Bank Guarantee valid for a period of 30 months i.e. six months beyond empanelment period at the time of signing MoA with the Regional Centres to ensure efficient service and to safeguard against any default :-

| Type of Hospital | Tier I City (Cities classified as X) | Tier II City (Cities classified as Y) | Tier III City (Cities classified as Z) |
|-----------------------|--------------------------------------|---------------------------------------|--|
| General Hospitals | Rs 10 Lakhs | Rs 5 Lakhs | Rs 2 Lakhs |
| Eye/Dental/Physio/Lab | Rs 2 Lakhs | Rs 1 Lakh | Rs 0.50 Lakh |

The value of PBG can be enhanced as approved by MoD. PBG for charitable hospital, will be 50% of normal rates.

32. In case of hospitals already empanelled under ECHS, on renewal of MoA they shall prepare a new Performance Bank Guarantee for the period of next 30 months. The old performance bank guarantee will be discharged after its validity is over.

CHAPTER 3

TERMS AND CONDITIONS

Cashless Services

1. The Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.
2. The Hospital will not be at liberty to revise the rate suo moto.

Treatment in Emergency

3. In grave emergency, patient shall be admitted and life & limb saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic and BPA about the admission within 02 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection of Aorta etc.
- (b) Vascular Catastrophies including Acute Limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute Poisonings monkey/dogs and Snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/miliary tuberculosis.

(m) Acute Manifestation of Psychiatric disorders . (Refer Appx 'D' of Central Org letter No. B/49778/AG/ECHS/Policy dated 13 Nov 2007)/

(n) Dialysis treatment.

(o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with Empanelled hospital.

Corrupt and Fraudulent Practices

4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.

5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers designed to hike the bills or misguide the beneficiaries or any such practice adhered to.

6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

Interpretation of the Clauses in the Application Document

7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

Right to Accept any Application and to Reject any or All Applications

8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

Monitoring and Medical Audit

9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.

10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

Exit from the Panel

11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

Package Rates

12. Package rate as issued by CGHS/ECHS/AIIMS shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) :-

- (a) Registration charges.
- (b) Admission charges.
- (c) Accommodation charges including patients diet.
- (d) Operation charges.
- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges and blood processing charges.
- (l) Pre-anesthetic check up and anesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.

13. Package rates also include to preoperative consultation and two postoperative consultation.

14. Cost of implants/stents/grafts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/graft or as per actual, whichever is lower in case there is no CGHS prescribed ceiling rate. In case a beneficiary demands specific brand of stent / implant and gives his consent in writing, difference in cost over and above the ceiling rate may be charged from the beneficiary which is non reimbursable.

15. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

16. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

17. Package rates envisage upto a maximum duration of indoor treatment as follows :-

- (a) 12 days for Specialised (Super Specialities) treatment.
- (b) 7 days for other Major Surgeries.
- (c) 3 days for Laparoscopic surgeries/normal deliveries/elective angioplasty.
- (d) 1 day for day care/minor (OPD) surgeries.

18. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

19. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

20. **The package rates are for semi-private ward.** If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

21. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

22. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

23. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

Entitlement of Wards

24. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their rank at the time of retirement as per Gol/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017. The entitlement is as follows:-

| Ser No | Category | Ward Entitlement |
|---------------|--|-------------------------|
| (i) | Recruit to Havs & equivalent in Navy & Air Force | General |
| (ii) | Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt) | Semi Private |
| (iii) | All officers | Private |

Indemnity

25. The empanelled HCO shall at all times, indemnify and keep indemnified ECHS/the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Empanelled HCO as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct.

26. The empanelled HCO shall pay all indemnities arising from such incidents without any extra cost to ECHS and shall not hold the ECHS responsible or obligated. It shall always be entirely at the cost of the hospital defending such suits.

Documents to be Submitted

27. Summary of documents to be submitted along with the application as below:-

- (a) Copy of certificate or memo of State Health Authority, if any recognizing the Hospital.
- (b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).
- (c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.
- (d) A copy of partnership deed/memorandum and articles of association, if any.
- (e) Affidavit of sole proprietorship on non-judicial stamp paper if medical facility is owned by individual.
- (f) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (g) Photocopy of PAN Card.
- (h) Name and address of their bankers.
- (j) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (k) Registration Certificate under PNDDT Act in case of Centres applying for Ultrasonography facility.
- (l) Copy of the license for running Blood bank.
- (m) If NABH accredited facility, Copy of certificate of NABH Accreditation with Scope duly attested by Public Notary.
- (n) If NABL accredited facility, Copy of NABL Accreditation with Scope duly attested by Public Notary.

(o) If CGHS empanelled medical facility, Copy of CGHS Office Memorandum regarding the empanelment of the HCO with CGHS, Valid MoA with CGHS and QCI Report.

(p) If Non NABH Accredited Hospital, Copy of QCI report to be submitted along with the application.

Note : Applications not containing the above particulars shall not be considered for empanelment.

28. **Certificate of Undertaking.** In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.
10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature
Head of Institution/Authorized Signatory

29. **Certificate for Acceptance of Rates.** A certificate given below will also be rendered by the Head of the Institution and attached with the application:-

CERTIFICATE FOR ACCEPTANCE OF RATES

1. It is certified that _____ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature
Head of Institution/Authorized Signatory

30. Check list for documents must be filled, signed by authorised signatory of the medical facility, checked and countersigned by Director, Regional Centre where applicable be submitted with application form. Check list is enclosed as Annexure to empanelment application.

PART II: BACK GROUND INFORMATION

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Hospital</u> | <u>Remarks of BOO</u> |
|----------------------|---|---|------------------------------|
| 1. | Historical Background | | |
| | Date of Establishment | | |
| | Registered/Not Registered* (with State Health Authorities) | | |
| | Type-Govt/Private/Corporate | | |
| | Management (Individual/Corporate/Trust or any other – please specify) | | |
| | Recognition by other schemes – CGHS/Rlys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No | | |
| 2. | Location | | |
| | Distance from nearest ECHS Polyclinic | | |
| | Availability of public transport | | |
| | Distance from Railway station/Bus stand/Airport to Hospital | | |
| | Distance from nearest Military Hospital | | |
| | Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area | | |

(Note: Attach relevant documents/certificates for items marked *)

Signature of Presiding Offrs_____

PART III: HOSPITAL INFORMATION

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Hospital</u> | <u>Remarks of BOO</u> |
|--|---|---|------------------------------|
| 1. | Hospital Information | | |
| | Building | | |
| | Total Area | | |
| | Floor Area | | |
| | Total Number of Beds in Hospital | | |
| | Macro environments- | | |
| | External Ambience | | |
| | Parking Area | | |
| | Waiting Area | | |
| | Reception and waiting for Relatives (Specify approx area) | | |
| <p>(Notes: 1. <i>An outline diagram showing plan of Hospital/Nursing Home may be added, if available.</i> 2. <i>A Brochure, if available, may be included.</i></p> | | | |
| 2. | Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary. | | |
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Signature of Presiding Offrs_____

Remarks
of
BOO

3. Total number of beds
4. Categories of beds available with number of total beds in following wards :-
- (a) Casualty/Emergency ward
- (b) ICCU/ICU (4-12 beds)
- (c) Private Ward
- (d) Semi-Private ward (2-3 bedded)
- (e) General ward bed (4-10 bedded)
- (f) Total Area of the Hospital (1.5 Hectare or 4 Acres) :-
- (i) Area allotted to OPD
- (ii) Area allotted to IPD
- (iii) Area allotted to Wards

5. Specifications of beds with physical facilities/amenities :-

| Dimension of ward length breadth category | Number of bed in each | Sq Mt Furnishing floor area per patient | Amenities |
|---|---|---|---|
| <input type="text"/> <input type="text"/> |

(Seven Square Meter Floor area per bed required) (IS:12433-Part 2:2001)

| | | | |
|--|---|---|---|
| General Ward (4-8 beds) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Semi Private Ward (2-3 beds) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Private Ward (Single bed with attendant bed) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

6. Nursing Care :-

| | | |
|-----------------------------------|---|---|
| (a) Total number of Nurses | <input type="text"/> <input type="text"/> | |
| (b) No of para-medical staff | <input type="text"/> <input type="text"/> | |
| (c) <u>Category of Bed</u> | <u>Bed/Nurse Ratio (Acceptable Standard)</u> | <u>Actual Bed/Nurse Ratio</u> |
| ❖ General | 6 : 1 | <input type="text"/> <input type="text"/> |
| ❖ Semi-Private | 4 : 1 | <input type="text"/> <input type="text"/> |
| ❖ Private | 4 : 1 | <input type="text"/> <input type="text"/> |
| ❖ ICU/ICCU | 1 : 1 | <input type="text"/> <input type="text"/> |
| ❖ High Dependency Unit | 1 : 1 | <input type="text"/> <input type="text"/> |

Signature of Presiding Offrs _____

7. Alternate power source Yes No

8. **Bed occupancy rate (Norm 85%)** **Bed Turn Over rate**

(a) General Bed

(b) Semi-Private Bed

(c) Private Bed

Note : Bed Occupancy rate = $\frac{\text{Av daily census} * 100}{\text{Av No of bed available}}$
(i.e No of authorized bed)

Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment}}$
(No of authorized bed)

9. No of In house Doctors

10. No of In house Specialist/Consultant

11. No of visiting specialist/Consultant
(Names and qualifications)
Attach separate sheet if necessary

12. Laboratory facilities available :-

(a) Pathology

(b) Biochemistry

(c) Microbiology

(d) Any other
(Statistics for the last three years)

(Essential facility required for services being provided should be available)

13. Imaging facility available (Statistics for the last three years)
(Essential facility required for services being provided should be available)

14. Supportive Services :-

(a) Boilers/Sterilizers

(b) Ambulance (Basic Life Support System Ambulances)

(c) Laundry

Remarks
of
BOO

Signature of Presiding Offrs _____

- (d) Housekeeping
- (e) Canteen
- (f) Gas plant
- (g) Waste disposal system as per prescribed rule
- (h) Dietary
- 15. Others (Preferably) :-
 - (a) Blood Bank
 - (b) Pharmacy
 - (c) Physiotherapy
 - (d) No of Operation Theatre

| |
|-------------------------------------|
| <p><u>Remarks of BOO</u></p> |
|-------------------------------------|

Signature of Presiding Offrs_____

PART IV: FACILITIES APPLIED FOR

1. Application for Empanelment as :-

- General Purpose Hospital
- Speciality Hospital
- Super-Speciality Hospital
- Cancer Hospital
- Physiotherapy Centres
- Rehabilitative Centres and Hospices
- Private hospitals already on the panel of ECHS
- SHCO/Nursing Home/Allopathic Clinic

(Please select the appropriate columns)

2. Total number of beds

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

3. **Facilities Applied.**

(a) **General Purpose Hospital.**

- (i) General Medicine
- (ii) General Surgery
- (iii) Obstetrics and Gynecology
- (iv) Paediatrics
- (v) Orthopedics (excluding Joint Replacement)
- (vi) ICU and Critical Care units
- (vii) ENT
- (viii) Ophthalmology
- (ix) Imaging facilities
- (x) Blood Bank
- (xi) Dermatology
- (xii) Psychiatry
- (xiii) Dental**
- (xiv) Pathology (Biochemistry, Microbiology, Serology, Immunology, Haematology, Histopathology, etc)**
- (xv) Others (if any)**

**Remarks
of BOO**

Signature of Presiding Offrs_____

(b) **Specialty Hospitals.**

- | | |
|---|--------------------------|
| (i) Cardiology, Cardiovascular and Cardiothoracic surgery | <input type="checkbox"/> |
| (ii) Urology – including Dialysis and Lithotripsy | <input type="checkbox"/> |
| (iii) Orthopedic Surgery – including arthroscopic surgery and Joint Replacement | <input type="checkbox"/> |
| (iv) Endoscopic Surgery | <input type="checkbox"/> |
| (v) Neuro Surgery | <input type="checkbox"/> |
| (vi) Neuro Medicine | <input type="checkbox"/> |
| (vii) Gastro-enterology | <input type="checkbox"/> |
| (viii) Endocrinology | <input type="checkbox"/> |
| (ix) Rheumatology | <input type="checkbox"/> |
| (x) Clinical Haematology | <input type="checkbox"/> |
| (xi) Medical Oncology | <input type="checkbox"/> |
| (xii) Respiratory Diseases | <input type="checkbox"/> |
| (xiii) Critical Care Medicine | <input type="checkbox"/> |
| (xiv) Medical Genetics | <input type="checkbox"/> |
| (xv) Radiotherapy | <input type="checkbox"/> |
| (xvi) Nuclear Medicine | <input type="checkbox"/> |
| (xvii) Plastic and Reconstructive Surgery | <input type="checkbox"/> |
| (xviii) Vascular surgery | <input type="checkbox"/> |
| (xix) Paediatric surgery | <input type="checkbox"/> |
| (xx) Onco Surgery | <input type="checkbox"/> |
| (xxi) GI Surgery | <input type="checkbox"/> |
| (xxii) Traumatology | <input type="checkbox"/> |
| (xxiii) Prosthetic Surgery | <input type="checkbox"/> |
| (xxiv) Gynecological Oncology | <input type="checkbox"/> |

| |
|----------------------------------|
| <u>Remarks of BOO</u> |
|----------------------------------|

Signature of Presiding Offrs _____

| | | |
|---|--------------------------|----------------------------------|
| (xxv) Fertility and Assisted Reproduction | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (xxvi) Neonatology | <input type="checkbox"/> | |
| (xxvii) Paediatric Cardiology | <input type="checkbox"/> | |
| (xxviii) Haematology and Oncology | <input type="checkbox"/> | |
| (xxix) Onco-pathology | <input type="checkbox"/> | |
| (xxx) Transfusion Medicine | <input type="checkbox"/> | |
| (xxxi) Interventional and Vascular Radiology | <input type="checkbox"/> | |
| (xxxii) Specialised Dental Procedures (Oral Maxillo Facial Surgery, Orthodontia, Prosthodontia, Periodontia, Endodontia, Paedodontia, _____) | <input type="checkbox"/> | |
| (xxxiii) Others (if any) | <input type="checkbox"/> | |

(c) **Super Speciality Hospital.**

| | | |
|--|--------------------------|----------------------------------|
| (i) Cardiology | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (ii) Cardiothoracic Surgery | <input type="checkbox"/> | |
| (iii) Specialised Orthopedic Treatment facilities that include Joint Replacement surgery | <input type="checkbox"/> | |
| (iv) Nephrology and Urology | <input type="checkbox"/> | |
| (v) Endocrinology | <input type="checkbox"/> | |
| (vi) Neurosurgery | <input type="checkbox"/> | |
| (vii) Gastroenterology and GI surgery | <input type="checkbox"/> | |
| (viii) Oncology | <input type="checkbox"/> | |
| (ix) Organ Transplant (Liver/Kidney/Renal/Others) | <input type="checkbox"/> | |
| (x) Others (if any) | <input type="checkbox"/> | |

(These hospitals shall provide treatment/services in all disciplines available in the hospital)

(d) **Cancer Hospitals.**

Signature of Presiding Offrs_____

PART V: INFORMATION ON PROFESSIONAL SERVICES

1. EMERGENCY SERVICES: (Mandatory for all General/Multi Speciality Hospitals)

Remarks of BOO

(a) Emergency Services – Available/Not available
 (If available average number of emergencies per month

(b) Staffing

(i) Duty Doctors – Number on Duty

(ii) Nursing Staff – Nurses on Duty

(iii) Consultants – Present – If Present, then specialit

On call – If on call, time taken by
 Consultant

(c) Equipment available (indicate make, type & vintage of e

(i) Monitor defibrillators

(ii) Nebulisers

(iii) Infusion Pumps

(iv) Pulse Oximeter

(v) Oxygen supply (define arrangement)

(vi) Suction apparatus

(vii) Ventilator

(viii) Others specify

(d) Miscellaneous

Signature of Presiding Offrs _____

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

Remarks of BOO

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

- (i) Cardiac
- (ii) Neurological
- (ii) Others – give details

(b) Staffing

- (i) Duty Doctors – Number on Duty
- (ii) Nursing Staff – Number and Specialised Nurses
- (iii) Consultants – Present – If present, then specify

On call – if on call, time taken by Consultant

(c) Equipment available (Indicate make, type & vintage of eqpt)

- (i) Monitor defibrillators
- (ii) Nebulisers
- (iii) Infusion Pumps
- (iii) Pulse Oximeter
- (iv) Oxygen supply (piped and cylinders/concentrator)
- (v) Suction apparatus
- (vi) Ventilator
- (vii) Others specify

(d) Utilisation Indices

- (i) Bed occupancy
- (ii) Nurse Bed ratio

(e) ICU/ ICCU charges

- (i) Bed Charges of ICU (excluding consultation/treatment)
- (ii) Bed Charges for Specialised intensive care units

Signature of Presiding Offrs _____

3. **OPERATION THEATRES** (Mandatory for all hospital with Surgical facilities)

Remarks of BOO

(a) Operation Theatre – Available/Not available
Number of Operation Theatres-

- (i) General Surgery
- (ii) Specialised Procedures

(The specialized features for special OTs eg. Joint Replacement, Cardio thoracic & Neurosurgery Should be specified.

(b) Staffing

- (i) Number of Anaesthetists -Number present
(attach list with -Number on Duty
Qualifications) -Number on Call
-Number on Permanent Roll
-Number of Visiting Anaesthetists

- (ii) Operating Theatre Staff-OT Matrons and Nur
-OT Technicians

(c) Equipment- Specify major Equipment
(Indicate make, type & vintage of eqpt)

(d) OT Services

- (i) CSSD - Available/Not Available
Type of sterilization techniques

- (ii) Sterilisation of OT
 - Frequency
 - Method

(iii) Oxygen supply (piped/cylinders/concentrator etc)

- (iv) OT Environment
 - Air Conditioning - Type
 - Laminar Flow – Yes/No

(e) Utilisation Indices

- (i) Average Number of Surgeries under GA in last 4 months
- (ii) Type of Surgeries (Mention Speciality)

Signature of Presiding Offrs _____

PART VI - GENERAL SERVICES

(Note : For General Purpose Hospitals provide the following details. Please use separate sheets of paper for each General Speciality. Attach list of consultants, equipment and utilization indices pertaining to the specialised services alongwith the sheet). Emergency services, Intensive Care Unit and Operation Theatre details are mandatory to be filled in the same documents.

(a) Name of Speciality -

(b) Utilisation Indices & Statistics

(i) Out Patient Services

- Days and timing of OPD
- Appointment facility – Available/Not Available
- Workload per month -

(ii) In Patient Services

- Availability of Beds for the Speciality - Yes/No
(If Yes specify number of Beds)
- Nurse Patient ratio
- Resident Doctor Available - Yes/No
- Emergency Services for the Speciality - Available/Not Available

(iii) Surgeries/Procedures

- Number of Surgeries under GA per month
- Minor procedures/Surgery per month

(c) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Nursing Staff - Total number of staff nurses
- Specialty trained nurses

(iii) Others (Specify) – Special Technical Staff

(d) Equipment – Specify major equipment if present. (Indicate make, type & vintage of eqpt

- (i)
- (ii)

(e) Package Rate – (Specify)

Signature of presiding Offrs_____

PART VII – SPECIALISED SERVICES

(Note : For every Specialised Services offered for empanelment provide the following details. Please use separate sheet of paper for each Specialised Service. Attach list of consultants, equipment and utilisation indices pertaining services alongwith the sheet.)

- (a) Type of Specialised Service -
- (b) Utilisation Indices & Statistics
- (i) Out Patient Services
- Days and timing of OPD -
 - Appointment facility – Available / Not Available.
 - Workload per month -
- (ii) Inpatient Services
- Availability of Beds for the Speciality – Yes/No
 - Nurse Patient ratio
 - Resident Doctor available – Yes / No
 - Emergency Services for the Speciality – Available/Not Available
- (iii) Surgeries / Procedures
- Number of Surgeries under GA per month
 - Minor procedures / Surgeries per month
- (c) Staffing
- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility
- (Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)**
- (ii) Nursing Staff - Total number of staff nurses.
- Speciality trained nurses.
- (iii) Others (Specify) - Special Technical Staff
- (e) Major Specialised Tests/Procedures Available (attach list)
- (f) Package Rates – (Specify)

Signature of presiding Offrs _____

PART VIII: ADDITIONAL INFORMATION
SPECIALISED TESTS/TREATMENT

(AS APPLICABLE)

| | To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|--|----------------------------------|
| 1. <u>MRI</u> | | |
| (a) Equipment particulars | | |
| Model | | |
| Name of Manufacturers | | |
| Date of Installation | | |
| Tesla | | |
| (b) Utilisation Statistics | | |
| Number of MRI done in last year | | |
| Total Billing on MRI during last one year | | |
| (c) Qualification | | |
| (i) Qualified Radiologist with minimum 3 years post degree experience. | | |
| (ii) Technicians – Full Time, holding degree/ diploma (2 years) from recognized institutions. | | |

| | To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|--|----------------------------------|
| 2. <u>CT SCAN</u> | | |
| (a) Equipment Particulars :- | | |
| (i) Model | | |
| (ii) Name of manufactures | | |
| (iii) Date of Installation | | |
| (iv) Vintage of CT Scan Machine | | |
| (b) Slices per second Equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs to combat any allergic reactions due to contrast medium. | | |
| (c) Utilisation Statistics | | |
| (i) No of CT scan done in last year | | |
| (ii) Total billing on CT Scan during last one year | | |

Signature of Presiding Offrs _____

8. **JOINT REPLACEMENT SURGERY**

- (a) Number of major Joint Replacement surgeries done in last one year.
- (b) Are qualified Orthopaedic Surgeon with MCH/MSc (Liverpool/MSc London) or specialised training in recognised centres for joint replacement available on regular employment.
- (c) Aseptic Operation Theatre Present (Yes/No)
- (d) Required instrumentation for Knee/Hip Replacement
- (e) Nursing barrier for isolation of patient

| To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|------------------------------|
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9. **LAPAROSCOPIC SURGERY**

- (a) Number of Laparoscopic Surgery in last one year
- (b) Percentage of patients requiring conventional surgery due to failure of laparoscopic surgery
- (c) Are qualified Surgeon trained in Laparoscopic surgery with sufficient experience available
- (d) Aseptic Operation Theatre Present
- (e) The hospital has at least one complete set of Laparoscopic/Endoscopic equipment and instruments with accessories and should have facilities for open surgery i.e after conversion from Laparoscopic/Endoscopic surgery

| To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|------------------------------|
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Signature of Presiding Offrs_____

10. **LITHOTRIPSY/TURP, OTHER NEPHROLOGY/UROLOGY PROCEDURES**

| | To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|--|------------------------------|
| (a) Number of major surgeries in last one year | | |
| (b) Number of cases treated by Lithotripsy in last one year | | |
| (c) Percentage of cases selected for lithotripsy which required conventional surgery | | |
| (d) Qualified Uro Surgeon with MCH degree available | | |
| (e) Aseptic Operation Theatre Present | | |

11. **RENAL TRANSPLANTATION, HEMODIALYSIS**

| | To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|--|------------------------------|
| (a) Renal Transplantation | | |
| (i) Number of Renal Transplant in last one year | | |
| (ii) Qualified Uro Surgeon with MCH degree available | | |
| (iii) If the Hospital is recognised by Indian Society of Nephrology. | | |
| (iv) Immunology lab present or not | | |
| (v) Blood transfusion facilities Present or not | | |
| (vi) Tissue typing unit DTPA/IMSA/DRCG present or not | | |
| (vii) Scan facility available/not available | | |
| (viii) Radiology facility available/not available | | |

| | To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|--|--|------------------------------|
| (b) Haemodialysis unit | | |
| (i) Number of Dialysis carried out per month | | |
| (ii) Centre has trained Dialysis Technical and Sisters and full time Nephrologists and Resident Doctors available to combat the complications during the Dialysis. | | |
| (iii) Number of Dialysis machine in unit | | |
| (iv) Date of establishment of unit | | |

Signature of Presiding Offrs_____

13. **RADIOTHERAPY**

| | | To be filled by the Hosp/Diagnostic Centre | <u>Remarks of BOO</u> |
|-----|---|--|------------------------------|
| (a) | Number of Liver Transplant done in last one year | | |
| (b) | Qualified Radiotherapist with MD degree in radiotherapy and 3 years experience. | | |
| (c) | Medical Physician | | |
| (d) | Cobalt Unit | | |
| | Date of installation of unit | | |
| | Patient load per day | | |
| (e) | Linear Accelerator | | |
| | Date of installation of unit | | |
| | Patient load per day | | |
| (f) | Brachytherapy | | |
| | Date of installation of unit | | |
| | Patient load per day | | |
| (g) | IMRT | | |
| | Date of installation of unit | | |
| | Patient load per day | | |

Signature of Presiding Offrs_____

PART IX – LABORATORY SERVICES

(For every Laboratory Service offered for empanelment provide the following details).

1. Type of Laboratory Service -

.....
 (Specify services for Hematology, Biochemistry, Microbiology, Immunology etc)

2. Services - Inhouse/Outsourced

3. Laboratory Statistics

(a) Timing of sample collection -

(b) Workload

- Clinical Path -
- Biochemistry -
- Micro biology -
- Others (specify) -

| |
|--|
| |
| |
| |
| |

(c) Emergency Services - Available/Not Available

(d) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent R
- Number of Visiting Consultants to facility

| |
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| |

(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Lab Technicians - Total number
- Specialty trained nurses
- (iii) Others (specify) - Special Technical Staff

| |
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| |
| |
| |

(e) Equipment- Specify major equipment if present (attach list) **(Indicate make, type & vintage of eqpt)**

- (i)
- (ii)

(f) Quality Audits

- (i) Internal Audit.
- (ii) External Audit.

| |
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| |
| |

(g) Package Rate- (Specify)

Signature of the Presiding Offr _____

PART X – RADIO DIAGNOSIS & IMAGING SERVICES

(For every Radio Diagnosis and Imaging Services offered for empanelment provide the following details. Use separate sheets for each service viz X ray, CT scan, MRI etc)

1. Type of Radio Diagnosis and Imaging Services-
 (Specify services for X Ray, Contrast studies, Ultrasound, CT Scan and MRI etc)

2. Services - Inhouse/Outsourced

3. Statistics

(a) Working Hours -

(b) Workload per day

- X-ray -
- Ultrasound -
- Mammography -
- CT Scan -
- MRI -
- Others (specify) -

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(c) Emergency Services - Available/ Not Available

(d) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

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(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Lab Technicians - Total number
- Specialty trained nurses
- (iii) Others (specify) - Special Technical Staff

| |
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| |

(e) Equipment- Specify major equipment if present (attach list) **(Indicate make, type & vintage of eqpt) (For MRI- mention Tesla grading)**

- (i).....
- (ii).....

(f) Misc Issues

- (i) Radiological safety measures.
- (ii) Ultrasound registration (Attached copy of PNDT Certificate).

| |
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| |
| |

(g) Package Rate- (Specify)

Signature of Presiding Offrs_____

PART XI – BLOOD BANK

(For Blood Bank Services offered for empanelment provided the following details)

1. Services - In-house/Outsourced.

It outsourced, to whom outsourced -

.....

.....
(Columns below are to be filled for in house or outsourced facility)

2. Statistics

(a) Blood Testing facility - Available/ Not available

(b) Workload

Per day -

Per month -

(c) Emergency Services – Available/Not Available

3. Staffing

(a)

(b)

(c)

4. Equipment – Specify major equipment if present (attach list) (Indicate make, type & vintage of eqpt)

(a)

(b)

5. Misc Issues

(a) Registration number/License number (attach copy of authority)

6. Package Rate – (Specify)

.....
.....

Sig of Presiding Officers _____

PART XII – ANCLILLARY SERVICES

- 1. House keeping services
 - (a) General cleanliness of hospital OPD wards.
 - (b) Cleanliness of rooms.
 - (c) Cleanliness of toilets.
 - (d) Number of Staff available.
 - (e) Frequency of cleaning.
- 2. Hospital waste Management
 - (a) Conformity of Rules
 - (b) Availability of adequate collection and disposal system.
- 3. CSSD – Available/Not Available
 - (a) Method of sterilisation
- 4. Pharmacy
 - (a) In house/contract
 - (b) Medicines available in hospital/procured from outside
 - (c) Billing system – Computerised/Manual.
 - (d) Responsibility for procuring medicines under package deal
 - Hospital
 - Patient

Remarks of BOO

Sig of Presiding Officers_____

5. Legal Issues

- (a) Conformity to various Acts/Rules & Regulations
- (b) Past history of cases (03 years) under COPRA/Medical Negligence/Criminal Law
- (i) Pending in courts
- (ii) Judgment in favour of Hospital
- (iii) Judgment against Hospital
- (c) Additional Acts/Rules where applicable
- (iv) MTP Act
- (v) Organ transplant Act
- (vi) Drug and Cosmetic Act
- (vii) Ultrasound registration
- (viii) Blood Bank Regn
- (ix) Others (Specify)

6. Hospital Utilisation Indices

- (a) Bed occupancy Rate
- (b) Average length of stay
- (c) Average daily OPD attendances
- (d) Gross death rate
- (e) Net death rate
- (f) Post operation Mortality rate
- (g) Caesarian rate

7. Does the facility accept HIV/AIDS patients – Yes / No

Sig of Presiding Officers_____

SECTION III**INSPECTION REPORT AND RECOMMENDATIONS OF BOARD OF OFFRS****Recommendations of the BOO**

1.(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital / Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

(a) General Services

| Type of Speciality | | Type of Speciality | | Type of Speciality |
|---------------------------|--|--------------------------------|--|----------------------------|
| General Medicine | | General Surgery | | Obstetrics and Gynaecology |
| ENT | | Ophthalmology | | Paediatrics |
| Dental | | Psychiatry | | Dermatology |
| Microbiology | | Blood Bank (Blood transfusion) | | Pathology |
| Orthopaedics | | | | Radio Diagnosis |

(b) Specialised Services

| Specialised Services | | Specialised Services | | Specialised Services |
|---|--|---|--|--|
| <u>Surgery</u> | | <u>Medicine</u> | | <u>Obstetrics and Gynaecology</u> |
| Neuro Surgery | | Neuro Medicine | | Gynaecological Oncology |
| Plastic and Reconstructive Surgery | | Cardiology (consultation and diagnostics) | | Infertility and Assisted Reproduction |
| Cardio Thoracic Surgery | | Interventional Cardiology | | |
| Vascular Surgery | | Gastro enterology | | |
| Genito Urinary Surgery | | Endocrinology | | <u>Paediatrics</u> |
| Paediatric Surgery | | Nephrology | | Neonatology |
| Oncology (Surgery) | | Rheumatology | | Cardiology |
| Gastro Intestinal Surgery | | Clinical Haematology | | Haematology |
| Traumatology | | Oncology (Medical) | | Oncology |
| Joint Replacement Surgery | | Critical Care Medicine | | |
| Prosthetic Surgery | | Respiratory Diseases | | <u>Pathology</u> |
| Laparoscopic Surgery | | Medical Genetics | | Onco pathology |
| | | Radiotherapy | | Transfusion Medicine |
| | | Nuclear Medicine | | Transplant Pathology |
| <u>Radio Diagnosis & Imaging</u> | | <u>6</u> | | <u>Others (Specify)</u> |
| CT Scan | | | | |
| MRI | | | | |
| Interventional and Vascular Radiology | | | | |

Sig of Presiding Officers_____.

CHECK LIST FOR DOCUMENTS FOR EMPANELMENT APPLICATION OF _____

TELE

RC

| Ser. No. | Name of Documents | Applicable (Yes/No) | Attached (Yes/No) | Date of Validity of Certificates | If attached then page number | | Remarks |
|--------------------------------------|--|---------------------|-------------------|----------------------------------|------------------------------|----|---------|
| | | | | | From | To | |
| 1 | CD CONTAINING SCANNED COPY OF APPLICATION | | | | | | |
| 2 | HARD COPY AND CD TO TALLY | | | | | | |
| 3 | PAGES OF APPLICATION/ANNEXURE TO BE SERIALY NUMBERED | | | | | | |
| 4 | AUTHENTICATION OF EVERY PAGE BY AUTHORIZED PERSON | | | | | | |
| 5 | DD FOR INSPECTION FEE- DD IN FAVOUR OF QCI (FOR NON NABH)/QCI REPORT | | | | | | |
| APPLICATION : PAGE 15 ONWARDS | | | | | | | |
| 6 | COPY OF MRO AND EMD (BANK GUARANTEE ONLY) | | | | | | |
| 7 | LEGAL STATUS (OWNERSHIP CLARIFICATION) | | | | | | |
| | SOLE PROPRIETOR - SELF AFFIDAVIT | | | | | | |
| | PARTNERSHIP - AGREEMENT/DEED | | | | | | |
| | PVT LTD - MEMO OF ASSOCIATION - CERTIFICATE OF INCORPORATION | | | | | | |
| | TRUST - DEED + INCOME TAX REGN | | | | | | |
| | SOCIETY - DEED + INCOME TAX REGN | | | | | | |
| 8 | VALID COPY OF REGISTRATION UNDER SHOPS ACT | | | | | | |
| 9 | COPY OF SUBSIDIARY STATUS FROM PARENT COMPANY, IF APPLICABLE. | | | | | | |
| 10 | STATE HEALTH AUTH REGISTRATION OF HOSPITAL (I) MUNICIPALITY (II) CMO OF DISTRICT (III) CLINICAL EST ACT (III) NURSING HOMES ACT | | | | | | |
| 11 | COPY OF CUSTOMS DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTION | | | | | | |
| 12 | VALID COPY OF BLOOD BANK LICENSE – OWN BANK OR OUTSOURCED BANK WITH UNDERTAKING | | | | | | |
| 13 | COPY OF EXISTING LIST OF RATES APPROVED BY HOSPITAL | | | | | | |
| 14 | REGISTRATION CERTIFICATE UNDER PNDDT ACT (FOR USE OF USG FACILITY) | | | | | | |

| <u>Ser. No.</u> | <u>Name of documents</u> | <u>Applicable (yes/No)</u> | <u>Attached (yes/No)</u> | <u>Date of validity of certificates</u> | <u>If attached then page number</u> | | <u>Remarks</u> |
|-----------------|---|----------------------------|--------------------------|---|-------------------------------------|-----------|----------------|
| | | | | | <u>From</u> | <u>To</u> | |
| 15 | COPY OF AERB CERTIFICATE FOR X-RAY, CT SCAN, C-ARM INCLUDING DENTAL X-RAY | | | | | | |
| 16 | COPY OF CERTIFICATE OF BMW AND AIR & WATER CLEARANCE FROM STATE POLLUTION CONTROL BOARD | | | | | | |
| 17 | COPY OF FIRE NOC | | | | | | |
| 18 | COPY OF REGISTRATION UNDER MTP ACT WITH DISTRICT/STATE GOVT AUTHORITES | | | | | | |
| 19 | CGHS | | | | | | |
| | (i) COPY OF COMPLETE MOA WITH CGHS | | | | | | |
| | (ii) COPY OF OFFICE MEMORANDUM WITH CGHS | | | | | | |
| | (iii) QCI INSPECTION REPORT | | | | | | |
| 20 | NABH/NABL | | | | | | |
| | COPY OF NABH ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION | | | | | | |
| | COPY OF NABL ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION | | | | | | |
| 21 | FINANCIAL STATUS | | | | | | |
| | 3 YEARS AUDITED BALANCE SHEETS/IT RETURN | | | | | | |
| | PAN CARD | | | | | | |
| | BANK DETAILS (Bank Mandate as per Prescribed format) | | | | | | |
| 22 | CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM | | | | | | |
| 23 | CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM | | | | | | |

Note:-

1. If any of the certificates mentioned in Sl. No 01 to 23 is not applicable to any applicant medical facility, a certificate to that effect needs to be attached. The check list & certificate to be countersigned by authorized signatory.
2. Director, Regional Centres ECHS to scrutinize the Check list with the application and authenticate it. Remedial action, if any, to be taken before forwarding to Central Organisation ECHS.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME



APPLICATION FORM (ECHS-04)
FOR
EMPANELMENT OF DENTAL CLINIC

Registration No

Date of Receipt

Regional Centre

INTRODUCTION

On behalf of the President of India, the Ex-servicemen Contributory Health Scheme (ECHS) invites applications for the purpose of Empanelment of Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc for specific treatment and diagnostic procedures of specialised nature, under the Ex-servicemen Contributory Health Scheme (ECHS).

Interested Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc. may submit the completed application forms at the nearest Regional Centre, ECHS. The terms/conditions and requirements of empanelment for ECHS requirements are detailed in this application form.

SECTION I

- Chapter 1 - General Information on ECHS.
- Chapter 2 - General Instructions and Eligibility Criteria.
- Chapter 3 - Terms and Conditions.

SECTION II

- Application format for Eye Care Centre.

SECTION III

- Inspection Report and Recommendations of QCI (NABH).

SECTION I

CHAPTER 1

GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

Introduction

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was approved by the Government on 30 Dec 2002 and was launched on 01 April 2003, ECHS shall also be referred to as the "Scheme" in the text of this Brochure.

Aim

2. The aim of the Scheme is to provide **quality medical care** to Ex-Servicemen pensioners and their dependents for all known diseases.

ECHS Membership Cards

3. A 'Smart card' called "ECHS membership card" with inbuilt security features is issued to all members of the ECHS. The smart cards have the particulars of the pensioner in the front of the card and the particulars of the dependents on the reverse side. It contains a 64 Kb chip which will carry the details of the Ex-servicemen and dependents including their medical history. Production of this card is a mandatory requirement when availing medicare either at the ECHS Polyclinic or at Empanelled Hospital/Nursing Homes and Diagnostic centres. A person NOT producing his card for identification cannot be provided treatment.

4. An integrated software has been developed as a Management Information System for running the Scheme. In the first phase the information system will be networked between the ECHS Polyclinics, Station Headquarters, Regional Centre ECHS and Central Organisation ECHS.

Procedure for Availing Treatment

5. ECHS beneficiaries (An ESM or his dependants or a widow) who has enrolled into the ECHS scheme, can go to the nearest ECHS Polyclinic carrying his/her ECHS membership card. The doctors in the polyclinic will provide the required initial treatment and medicines. Should the disease require further/advanced treatment in a hospital, the patient will be referred to the nearest Service hospital/Empanelled facility.

6. At the Empanelled Hospital/Nursing Homes or Diagnostic Centre/Hospices, the ECHS member is mandatorily required to present his ECHS membership card or receipt of membership application and referral slip, before he/ she can avail treatment facilities. The ESM or his dependant does not have to clear any bills; this will be done by the ECHS.

7. Referrals except in Emergencies will always be made by ECHS Polyclinic. Empanelled Hospitals/Nursing Homes and Diagnostic centres/Hospices will forward their bills directly to the referring Polyclinic. The local/ Army/Navy/Air Force Station Commander in the town / city, under whose jurisdiction the ECHS Polyclinic is located will pay the Empanelled facility after approval of competent financial authority.

8. In Emergencies an ECHS member may be directly admitted to an Empanelled facility. However in all such cases the ECHS Polyclinic will be informed within a period of 48 hours and a formal referral done depending on the condition. Bills in such cases will be processed as above. The onus of providing the information shall be on the Empanelled Hospital/Nursing Home/Diagnostic Centre.

Organisation Structure

9. The scheme is executed through the existing command and control structure of the Armed Forces. Polyclinics are administered by concerned Armed Forces Station Headquarters in the city under supervision of respective Sub-Area/Area/Command HQs of the respective service/nearest city.

10. The Central Organisation ECHS is located at Delhi for laying down policy, planning, provisioning of funds and monitoring the scheme. There are 28 Regional Centres located across the country to ensure implementation of the scheme. The detailed addresses and location of the Central Organisation and Regional Centres located across the country is given below :-

(a) **Central Organisation ECHS**

- (i) Postal Address : Central Organisation ECHS
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 10
- (ii) Web site : URL www.indianarmy.gov.in/arechs/echs.htm
- (iii) Contact Telephone Number and E-mail :-
- (aa) Managing Director : 011-25684846 and mdechs-mod@nic.in.
- (ab) Dy MD : -01125683719 and dymdechs-mod@nic.in.
- (ac) Director (Operation & Coordination) :011-25684946 & dirops-mod@nic.in.
- (ad) Director (Complaint & Litigation): 011-20892332 & dircomplaints-mod@nic.in.
- (ae) Director (Medical): 011-25684945 and dirmedechs-mod@nic.in.
- (af) Director (Stats & Automation) : 011-25684645 & diritechs-mod@nic.in.
- (ag) Director (Procurement & Fund Control : 011-25682392 and dirpfcechs-mod@nic.in.
- (ah) Director Vigilance: 011-20892594 & dirvigilance@echs.gov.in.

(b) **Regional Centres**

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------|-----------|---|--------------|
| (i) | Allahabad | Regional Centre ECHS, Allahabad, PIN – 900 479, C/O 56 APO | 0532-2420699 |
| (ii) | Ahmedabad | Regional Centre ECHS Ahmedabad, PIN – 936176, C/O 56 APO | 07923-241310 |
| (iii) | Ambala | Regional Centre ECHS Ambala, PIN – 900 241 | 0171-2600103 |
| (iv) | Bangalore | Regional Centre ECHS Bangalore, PIN – 937 410, C/O 56 APO | 080-28392178 |
| (v) | Bareilly | Regional Centre ECHS Bareilly, PIN – 900 469, C/O 56 APO | 0581-2511157 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|---------|--------------|--|--------------|
| (vi) | Chandimandir | Regional Centre ECHS C/O HQ Western Command Chandimandir | 0172-2589757 |
| (vii) | Chennai | Regional Centre ECHS Chennai Fort Saint George Chennai-600009 | 044-25673092 |
| (viii) | Coimbatore | Regional Centre ECHS Coimbatore PIN – 900 123 C/O 56 APO | 0422-2684331 |
| (ix) | Dehradun | Regional Centre ECHS Dehradun, PIN – 900 469 C/O 56 APO | 0135-2751676 |
| (x) | Delhi – 1 | Regional Centre ECHS Thimayya Marg Near Gopinath Circle New Delhi -110010 | 011-20892596 |
| (xi) | Delhi – 2 | Regional Centre ECHS Delhi Cantt Maude Lines New Delhi -110010 | 011-25672154 |
| (xii) | Guwahati | Regional Centre ECHS Guwahati , C/O HQ 51 Sub Area PIN 900328, c/o 99 APO | 0361-2642727 |
| (xiii) | Hisar | Regional Centre ECHS HisarPIN – 900 383, C/O 56 APO | 01662-223769 |
| (xiv) | Hyderabad | Regional Centre ECHS Golden Palm Sainik Bhawan (GPSB), Near Monda Market Secunderabad-500003 Telengana | 040-27797836 |
| (xv) | Jabalpur | Regional Centre ECHS 132 Robert Lines Near Manas Mandir Jabalpur-482001 | 0761-2608177 |
| (xvi) | Jaipur | Regional Centre ECHS Chinkara Marg Jaipur Cantt-302012 | 0141-2249159 |
| (xvii) | Jalandhar | Regional Centre ECHS Jalandhar, PIN – 908691 C/O 56 APO | 0181-2661920 |
| (xviii) | Jammu | Regional Centre ECHS Jammu Cantt, Jammu - 180 003 | 0191-2433139 |
| (xix) | Kochi | Regional Centre ECHS C/O Fleet Mail Office Naval Base, Kochi-682004 | 0484-2667285 |
| (xx) | Kolkata | Regional Centre ECHS C/O HQ Eastern Command Kolkata-700021 | 033-22130009 |
| (xxi) | Lucknow | Regional Centre ECHS C/O HQ Central Command Lucknow – 226002 | 0522-2296630 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------------|------------------|---|---------------------|
| (xxii) | Mumbai | Regional Centre ECHS Mumbai, C/O FMO Mumbai - 400001 | 022-27238701 |
| (xxiii) | Nagpur | Regional Centre ECHS Nagpur PIN – 900 419 C/O 56 APO | 0712-2510135 |
| (xxiv) | Patna | Regional Centre ECHS C/O HQ JOB Sub Area Danapur Cantt Patna – 801503 | 06115-222276 |
| (xxv) | Pune | Regional Centre ECHS C/O HQ Pune Sub Area Pune-410001 | 020-26344459 |
| (xxvi) | Ranchi | Regional Centre ECHS Ranchi C/O 56 APO PIN 900200 | 0651-2360330 |
| (xxvii) | Trivandrum | Regional Centre ECHS Trivandrum C/O 56 APO PIN 900 113 | 0471-2352355 |
| (xxviii) | Visakhapatnam | Regional Centre ECHS, Visakhapatnam, C/O 56 APO PIN 900 455 | 0891-2813131 |

CHAPTER 2

GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA

General Instructions

1. **Collection of Application Forms.** Application form be downloaded from the website of Ex-Servicemen Contributory Health Scheme (ECHS). The form along with scanned copy in a CD should be submitted with an application fee of Rs 1000/- (Rupees One Thousand only) in favor of Regional CDA through MRO (Military Receivable Order) at any SBI Branch conducting Treasury business or the RBI under the Code Head 405/03(Misc Receipt) towards application fee. Original to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

2. **Categories of Cities.** As per the concentration of patients the country may be divided into 4 regions as follows:

(a) The Tri city (Chandigarh, Panchkula and Mohali) that covers patients from entire Punjab most of Haryana, entire Jammu and Kashmir, and entire Himachal Pradesh.

(b) Delhi & NCR where the number of beneficiaries taking treatment include a very large number of temporary / transitory ECHS beneficiaries from all over the country who prefer to take treatment in Delhi / NCR in view of the best medical facilities available here and also because of their kith & kin / acquaintances being located in Delhi/NCR.

(c) Other metros like Chennai, Kolkata and Mumbai and big cities like Bangalore, Hyderabad, and State Capitals where the patients from entire state, and neighboring areas/states come for taking treatment.

(d) Other cities and towns.

(e) The categories of hospitals would be general hospitals, and other centres viz., eye hospitals\ dental hospitals, diagnostic centres, physiotherapy centres and prosthesis centres.

3. **Categories of Health Care Facilities.** ECHS would consider the following categories of health care facilities for empanelment :-

(a) Hospital.

(b) Cancer Hospitals.

(c) Diagnostic Centre.

(d) Dental Centre/Lab.

(e) Imaging Centre.

(f) Exclusive Eye Centre.

(g) Nursing Home.

(h) Hospices.

(j) Rehab Centre.

(k) Physiotherapy Centre.

Eligibility Criteria For Hospitals/Cancer Centres/Exclusive Eye Centres/Exclusive Dental Clinics/Stand Alone Dialysis Centre.

4. Hospitals/Cancer Hospitals/Exclusive Eye Centres/Exclusive Dental Centres/Stand Alone Dialysis will adhere to the following guidelines:-

- (a) The Health Care Organizations must fulfill the requirements as detailed in the following paragraphs depending on the category under which the hospital/exclusive eye hospital/centre, exclusive dental clinic, cancer hospital/unit/ is seeking empanelment and submit copies of the required documents.
- (b) The Health Care Organization must have been in operation for at least one year, Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet).
- (c) Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
- (d) Copy of QCI recommendation in case of Non-NABH accredited Health Care Organization.
- (e) List of treatment procedures/investigations/facilities available in the applicant Health Care Organization.
- (f) State registration certificate/Registration with Local bodies, wherever applicable.
- (g) Compliance with all statutory requirements including that of Waste Management.
- (h) Fire Clearance certificate and details of Fire safety mechanism as in place in the Health Care Organization. Exclusive Eye Centres, exclusive Dental Clinics, have to enclose a certificate regarding fire safety of their premises issued by State Fire Department.
- (j) Registration under PNDT Act, if Ultrasonography facility is available.
- (k) AERB approval for imaging facilities/Radiotherapy, wherever applicable.
- (l) An Applicant Health Care Organization must have the capacity to submit all claims/bills in electronic format to the bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (m) An applicant Health Care Organization must submit the rates for all treatment procedures/investigations/facilities available with them and as charged by them.
- (n) Applicant Health Care Organizations must certify that they shall charge as per existing CGHS rates. They shall also certify that in case lower rates are charged to any Government/private organization in future, they shall also charge the reduced rates from ECHS beneficiaries.
- (o) Applicant Health Care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

- (p) Applicant Hospitals, Cancer Hospital/unit must have minimum annual turnover of Rs 2.00 Crores for Metro cities and Rs 1.00 Crore for Non-Metro cities. Exclusive Eye Hospitals/Centres. Exclusive Dental Clinics, must have a minimum annual turnover of Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.
- (q) Photo copy of PAN Card.
- (r) Name and address of the bankers.
5. A minimum of 100 beds are required for multispeciality hospitals (for single speciality there is no restriction on bed strength) in all major cities to include Delhi & NCR, Tri city Chandigarh, Metro and State capitals. Screening Committee may waive off / review this stipulation on case to case basis depending on factors such as remoteness of a place, non availability of sufficient multispeciality Hospitals for consideration etc.
6. **NABH Accredited Hospitals.** The hospitals applying under **this category** must be accredited by **National Accreditation Board for Hospital and Health care providers (NABH)** or its equivalent such as **Joint Commission International(JCI) /AHCS (Australia)/International Society for Quality in Health Care (ISQua).**
7. **Non-NABH Accredited Hospitals.** All eligible Non NABH/Non NABL new HCOs shall be inspected by QCI and they shall be consider for empanelment only after receiving recommendation from QCI. Application form alongwith QCI report to be submitted at respective Regional Centre, ECHS.
8. **CGHS Empanelled Hospitals.** Hospitals/ Eye Centres/Dental Clinics/Diagnostic Labs/Prosthesis Centres which are empanelled with CGHS are eligible to apply for ECHS empanelment. Following documents will be required to be submitted along with the application:-
- (a) Valid Office Memorandum issued by CGHS.
- (b) QCI Report as undertaken for CGHS empanelment.
- (c) Memorandum of Understanding as signed between CGHS and Hospital.
9. **Cancer Hospitals.** Cancer Hospitals/Units (NABH/Non-NABH) having all treatment facilities for cancer surgery, chemotherapy and radiotherapy approved by AERB.
10. **Exclusive Eye Hospitals/Eye Centres.** Exclusive Eye Hospitals/Eye Centres (NABH/Non NABH) are eligible for ECHS empanelment. No minimum bed strength for Eye Hospitals/ Eye Centres.
11. **Exclusive Dental Clinics.** Exclusive Dental clinics (NABH/Non-NABH) are eligible for ECHS empanelment. No minimum bed strength is specified. However, there shall be a minimum of '2' Dental Chairs for Dental Clinics applying for ECHS empanelment.

Eligibility Criteria for Diagnostic Laboratories/Imaging Centres.

12. ECHS would consider the following categories of Diagnostic Laboratories and Imaging Centres for empanelment :-

- (a) The Diagnostic Laboratory/Imaging Centres must fulfill the Criteria as specified above and must submit the copies of the required documents.
- (b) The Diagnostic Laboratory/Imaging Centre must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet) are to be submitted.
- (c) Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims/bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (d) Copy of NABL/NABH Accreditation in case of NABL/NABH Accredited Diagnostic Laboratory/Imaging Centres.
- (e) Copy of QCI recommendation in case of Non-NABH/Non-NABL Accredited Laboratories/Imaging Centres
- (f) Lists of investigation facilities available with Diagnostic Lab/Imaging Centre are to be submitted.
- (g) Diagnostic Lab/Imaging Centre must have been registered with State Government/Local bodies, wherever applicable.
- (h) Compliance with all statutory requirements including that of Waste Management.
- (j) Documents to establish that fire safety mechanism is in place issued by State Fire Department.
- (k) Registration under PNDDT Act, if Ultrasonography facility is available.
- (l) AERB approval for imaging facilities wherever applicable.
- (m) Diagnostic Lab/Imaging Centre must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
- (n) Minimum annual turnover of Diagnostic lab/imaging centre must be Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Diagnostic Lab/imaging centre.
- (o) Photo copy of PAN Card.
- (p) Name and address of the bankers.
- (q) In addition, the Imaging Centres shall meet the following criteria:-
 - (i) **MRI Centre.** Must have MRI machine with magnet strength of 1.0 Tesla and above.

(ii) **CT Scan Centre.** Whole Body CT Scanner with scan cycle of less than one second (sub-second). Must have been approved by **AERB**.

(iii) **X-ray Centre/Dental X-ray/OPG Centre.**

(aa) X-Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.

(ab) Portable X-ray machine must have a minimum current rating of 60 MA.

(ac) Dental X-ray machine must have a minimum current rating of 6 MA.

(ad) OPG X-ray machine must have a current rating of 4.5-10 MA.

(ae) Must have been approved by AERB.

(iv) **Mammography Centre.** Standard quality mammography machine with low radiations and biopsy attachment.

(v) **USG/ Colour Doppler Centre.** It should be of high resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz. Should have minimum three probes and provision/facilities of Trans Vaginal/Trans Rectal Probes. Must have been registered under PNDT Act.

(vi) **Bone Densitometry Centre.** Must be capable of scanning 3 sites (that includes Spine) and whole body.

(vii) **Nuclear Medicine Centre.** Must have been approved by AERB/BARC.

Instructions to Applicants

13. Hospitals must agree to accept and abide by the terms and conditions spelt out in the Memorandum of Agreement.

Last Date for Applying

14. There is no cut off date prescribed for filling of empanelment applications. The application can be submitted at ECHS Regional Centre any time on a working day.

Earnest Money Deposit

15. All the hospitals applying for empanelment will deposit Rs 1,00,000/- (Rupees one lac only) as EMD in the form of EMD Bank Guarantee in favour of respective Regional Centre, ECHS. The EMD is surety to sign MoA and will be refunded at the time of signing of MoA. Original Bank Guarantee to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

Earnest Money Refund

16. In case the application is rejected on technical grounds, Earnest Money would be refunded in full.
17. In case, the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the Earnest Money would be forfeited and the balance would be refunded in due course.
18. In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50 % of the Earnest Money would be forfeited. Authority to order for forfeiture of the EMD is MD, ECHS.

Submission of Application Forms

19. The application must be submitted at the following places :-
- (a) **NABH Accredited Hospitals.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application.
- (b) **CGHS Empanelled Hospital.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application. These hospitals must submit the copy of Office Memorandum issued by CGHS along with a copy of valid MoA and QCI report undertaken for CGHS Empanelment.
- (c) **Non NABH Accredited Hospitals.** At Concerned Regional Centre after the QCI inspection has been undertaken by the Hospital.
20. Hospitals which have successfully underwent QCI inspection will submit their Application forms in one sealed envelope superscribed as 'Application for empanelment of hospital' with respective Regional Centres, ECHS.
21. All the pages of Application and Annexures (each set) shall be serially numbered and spiral binded.
22. Every page of application form and Annexures need to be signed by the authorised signatory of medical facility. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
23. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as '**not available**'; it should not be mentioned as '**not applicable**'.
24. The application is liable to be ignored if the information given on eligibility criteria is not complete.

Scrutiny of Applications

25. The Director/Joint Director, Regional Centre will examine the application to determine the following:-

- (a) They are complete.
- (b) Whether any computational errors have been made.
- (c) Whether Earnest Money Deposit and MRO has been furnished. Retain originals and attach photocopies duly authenticated by Director, Regional Centre with application.
- (d) Whether the documents have been properly signed and serially numbered.
- (f) Whether the application is generally in order.
- (g) Check list to be filled up, signed by authorised signatory of applicant and countersigned by Director, Regional Centre.

26. Defects / shortcomings will be corrected/ authenticated on the spot and the application processed further. Specific advice would be rendered by the Director, Regional Centres for rectification of incomplete applications. If the hospital wishes to submit fresh application, the MRO of Rs 1000/- (Rupees one thousand only) can be reused.

27. Applications that are found to be complete in all respects shall be forwarded to Central Organisation ECHS for consideration for empanelment.

Acceptance of Rates

28. Hospitals shall have to furnish an undertaking to ECHS accepting the rates notified by CGHS or the negotiated rates which under no circumstances will exceed the applicable CGHS rates or the rates being charged by the hospital from their normal patients who are not ECHS beneficiaries.

Screening Committee

29. The Screening Committee Meeting under the Chairmanship of MD ECHS shall examine the applications for their eligibility and subsequently will be forwarded to MoD (DoESW) for further issue of Govt Letter Note.

Memorandum of Agreement

30. The Private hospitals which are selected for empanelment after the issue Govt Letter Note will have to enter into an agreement with ECHS Regional Centre for providing services at rates notified by ECHS or lower negotiated rates. This MOA has to be executed on Rs.100/- (Rupees One hundred only) non judicial stamp paper.

Performance Bank Guarantee

31. HCO's on signing the MoA with Regional Centre, ECHS shall furnish a Performance Bank Guarantee valid for a period of 30 months i.e. six months beyond empanelment period at the time of signing MoA with the Regional Centres to ensure efficient service and to safeguard against any default :-

| | | |
|-----|---|------------------|
| (a) | Empanelled Hospitals/Cancer units | - Rs 10.00 Lakhs |
| (b) | Eye Centre | - Rs 2.00 Lakhs |
| (c) | Dental Clinics | - Rs 2.00 Lakhs |
| (d) | Physiotherapy Centres | - Rs 2.00 Lakhs |
| (e) | Rehabilitative Centres and Hospices | - Rs 2.00 Lakhs |
| (f) | Diagnostic Laboratories / Imaging Centres | - Rs 2.00 Lakhs |

The value of PBG can be enhanced as approved by MoD. PBG for charitable hospital, will be 50% of normal rates.

32. In case of hospitals already empanelled under ECHS, on renewal of MoA they shall prepare a new Performance Bank Guarantee for the period of next 30 months. The old performance bank guarantee will be discharged after its validity is over.

CHAPTER 3

TERMS AND CONDITIONS

Cashless Services

1. The Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.
2. The Hospital will not be at liberty to revise the rate suo moto.

Treatment in Emergency

3. In grave emergency, patient shall be admitted and life & limb saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic and BPA about the admission within 02 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection of Aorta etc.
- (b) Vascular Catastrophies including Acute Limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute Poisonings monkey/dogs and Snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/miliary tuberculosis.

(m) Acute Manifestation of Psychiatric disorders . (Refer Appx 'D' of Central Org letter No. B/49778/AG/ECHS/Policy dated 13 Nov 2007)/

(n) Dialysis treatment.

(o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with Empanelled hospital.

Corrupt and Fraudulent Practices

4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.

5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers designed to hike the bills or misguide the beneficiaries or any such practice adhered to.

6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

Interpretation of the Clauses in the Application Document

7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

Right to Accept any Application and to Reject any or All Applications

8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

Monitoring and Medical Audit

9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.

10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

Exit from the Panel

11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

Package Rates

12. Package rate as issued by CGHS/ECHS/AIIMS shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) :-

- (a) Registration charges.
- (b) Admission charges.
- (c) Accommodation charges including patients diet.
- (d) Operation charges.
- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges and blood processing charges.
- (l) Pre-anesthetic check up and anesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.

13. Package rates also include to preoperative consultation and two postoperative consultation.

14. Cost of implants/stents/grafts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/graft or as per actual, whichever is lower in case there is no CGHS prescribed ceiling rate. In case a beneficiary demands specific brand of stent / implant and gives his consent in writing, difference in cost over and above the ceiling rate may be charged from the beneficiary which is non reimbursable.

15. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

16. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

17. Package rates envisage upto a maximum duration of indoor treatment as follows :-

- (a) 12 days for Specialised (Super Specialities) treatment.
- (b) 7 days for other Major Surgeries.
- (c) 3 days for Laparoscopic surgeries/normal deliveries/elective angioplasty.
- (d) 1 day for day care/minor (OPD) surgeries.

18. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

19. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

20. **The package rates are for semi-private ward.** If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

21. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

22. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

23. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

Entitlement of Wards

24. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their rank at the time of retirement as per Gol/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017. The entitlement is as follows:-

| Ser No | Category | Ward Entitlement |
|---------------|--|-------------------------|
| (i) | Recruit to Havs & equivalent in Navy & Air Force | General |
| (ii) | Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt) | Semi Private |
| (iii) | All officers | Private |

Indemnity

25. The empanelled HCO shall at all times, indemnify and keep indemnified ECHS/the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Empanelled HCO as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct.

26. The empanelled HCO shall pay all indemnities arising from such incidents without any extra cost to ECHS and shall not hold the ECHS responsible or obligated. It shall always be entirely at the cost of the hospital defending such suits.

Documents to be Submitted

27. Summary of documents to be submitted along with the application as below:-

- (a) Copy of certificate or memo of State Health Authority, if any recognizing the Hospital.
- (b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).
- (c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.
- (d) A copy of partnership deed/memorandum and articles of association, if any.
- (e) Affidavit of sole proprietorship on non-judicial stamp paper if medical facility is owned by individual.
- (f) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (g) Photocopy of PAN Card.
- (h) Name and address of their bankers.
- (j) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (k) Registration Certificate under PNDDT Act in case of Centres applying for Ultrasonography facility.
- (l) Copy of the license for running Blood bank.
- (m) If NABH accredited facility, Copy of certificate of NABH Accreditation with Scope duly attested by Public Notary.
- (n) If NABL accredited facility, Copy of NABL Accreditation with Scope duly attested by Public Notary.

(o) If CGHS empanelled medical facility, Copy of CGHS Office Memorandum regarding the empanelment of the HCO with CGHS, Valid MoA with CGHS and QCI Report.

(p) If Non NABH Accredited Hospital, Copy of QCI report to be submitted along with the application.

Note : Applications not containing the above particulars shall not be considered for empanelment.

28. **Certificate of Undertaking.** In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.
10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature
Head of Institution/Authorized Signatory

29. **Certificate for Acceptance of Rates.** A certificate given below will also be rendered by the Head of the Institution and attached with the application :-

CERTIFICATE FOR ACCEPTANCE OF RATES

1. It is certified that _____ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature
Head of Institution/Authorized Signatory

30. Check list for documents must be filled, signed by authorised signatory of the medical facility, checked and countersigned by Director, Regional Centre where applicable be submitted with application form. Check list is enclosed as Annexure to empanelment application.

PART II: BACK GROUND INFORMATION

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Dental Clinic</u> | <u>Remarks of BOO</u> |
|----------------------|--|--|------------------------------|
| 1. | Historical Background | | |
| | Date of Establishment | | |
| | Registered/Not Registered* (with State Health Authorities) | | |
| | Type-Govt/Private/Corporate | | |
| | Management (Individual/Corporate/Trust or any other – please specify) | | |
| | Recognition by other schemes – CGHS/KBS/AGIF/Rlys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No | | |
| 2. | Location | | |
| | Distance from nearest ECHS Polyclinic | | |
| | Availability of public transport | | |
| | Distance from Railway station/Bus stand/Air port to Hospital | | |
| | Distance from nearest Military Hospital | | |
| | Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area | | |

(Note: Attach relevant documents/certificates for items marked *)

PART III: HOSPITAL INFORMATION

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Dental Clinic</u> | <u>Remarks of BOO</u> |
|--|---|--|------------------------------|
| 1. | Building | | |
| | Total Area | | |
| | Floor Area | | |
| | Number of Dental Chairs | | |
| | Macro environments- | | |
| | External Ambience | | |
| | Parking Area | | |
| | Waiting Area | | |
| | Reception and waiting for Relatives (Specify approx area) | | |
| <p>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may please be included.</p> | | | |
| 2. | Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary. | | |
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Signature of Presiding Offrs_____

PART IV: FACILITIES APPLIED FOR

1. Applied for Empanelment as

| | |
|---|--------------------------|
| General Dentistry | <input type="checkbox"/> |
| Special Dental procedures – specially specified | <input type="checkbox"/> |
| Diagnostic procedures/investigations for Dental | <input type="checkbox"/> |

2. **Dental Care Centre (Infrastructure and technical specifications).**

(a) (i) **For General Dental Clinic**

| | | |
|--|--------------------------|--------------------------|
| (Availability of recovery bed for Dental Clinic) (if available, specify the number of beds) | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

(ii) **For Specialized Dental Clinic**

| | | |
|--|------------------------------|-----------------------------|
| (Whether beds are available for Specialized Dental Clinic) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If, yes Number | <input type="checkbox"/> | |

| | | |
|---|------------------------------|-----------------------------|
| (b) Whether separate O.T available for aseptic/septic cases (for Specialized Dental Clinics) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| (c) Alternative Power supply Give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| (d) (i) Laboratory facilities for routine Clinical Pathology, Biochemistry, Microbiology | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| (ii) Routine facilities for X-ray OPG Dental X-ray | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| | | |
|--|--------------------------|--------------------------|
| (e) No of visiting Specialists/Consultants | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

(For Dental Care Centre)
(Name and Qualifications Specialty wise)

(i) **Oral & Maxillo facial Surgeon**

| | | | | | | | | | | | | | | | | | | | |
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(ii) **Periodontist**

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(iii) **Prosthodontist**

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(iv) **Endodontist**

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Signature of Presiding Offrs _____

(v) Orthodontist

| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
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(vi) Paedodontist

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- (f) Dental X-ray Machine
- IOPA 60-70 Kv, 8MA, Exposure Yes No
 (with minimum radiation leakage) time selection 0.01 to 3 seconds
- O.P.G. Machine 60-70 Kv8 MA Yes No

* All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each speciality.

Signature of Presiding Offrs_____

SECTION III

INSPECTION REPORT AND RECOMMENDATIONS OF BOARD OF OFFERS

Recommendations of the BOO

1.(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

(a) **General Services**

(i) Dental

(b) **Specialised Services**

(i) Oral & Maxillo Facial Surgery

(ii) Periodontia

(iii) Prosthodontia

(iv) Endodontia

(v) Orthodontia

(vi) Paedodontia

| <u>Remarks of BOO</u> |
|------------------------------|
| |

Signature of Board of Officers _____

CHECK LIST FOR DOCUMENTS FOR EMPANELMENT APPLICATION OF _____

TELE

RC

| <u>Ser. No.</u> | <u>Name of Documents</u> | <u>Applicable (Yes/No)</u> | <u>Attached (Yes/No)</u> | <u>Date of Validity of Certificates</u> | <u>If attached then page number</u> | | <u>Remarks</u> |
|--------------------------------------|--|----------------------------|--------------------------|---|-------------------------------------|-----------|----------------|
| | | | | | <u>From</u> | <u>To</u> | |
| 1 | CD CONTAINING SCANNED COPY OF APPLICATION | | | | | | |
| 2 | HARD COPY AND CD TO TALLY | | | | | | |
| 3 | PAGES OF APPLICATION/ANNEXURE TO BE SERIALLY NUMBERED | | | | | | |
| 4 | AUTHENTICATION OF EVERY PAGE BY AUTHORIZED PERSON | | | | | | |
| 5 | DD FOR INSPECTION FEE- DD IN FAVOUR OF QCI (FOR NON NABH)/QCI REPORT | | | | | | |
| APPLICATION : PAGE 15 ONWARDS | | | | | | | |
| 6 | COPY OF MRO AND EMD (BANK GUARANTEE ONLY) | | | | | | |
| 7 | LEGAL STATUS (OWNERSHIP CLARIFICATION) | | | | | | |
| | SOLE PROPRIETOR - SELF AFFIDAVIT | | | | | | |
| | PARTNERSHIP - AGREEMENT/DEED | | | | | | |
| | PVT LTD - MEMO OF ASSOCIATION - CERTIFICATE OF INCORPORATION | | | | | | |
| | TRUST - DEED + INCOME TAX REGN | | | | | | |
| | SOCIETY - DEED + INCOME TAX REGN | | | | | | |
| 8 | VALID COPY OF REGISTRATION UNDER SHOPS ACT | | | | | | |
| 9 | COPY OF SUBSIDIARY STATUS FROM PARENT COMPANY, IF APPLICABLE. | | | | | | |
| 10 | STATE HEALTH AUTH REGISTRATION OF HOSPITAL (I) MUNICIPALITY (II) CMO OF DISTRICT (III) CLINICAL EST ACT (III) NURSING HOMES ACT | | | | | | |
| 11 | COPY OF CUSTOMS DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTION | | | | | | |
| 12 | VALID COPY OF BLOOD BANK LICENSE – OWN BANK OR OUTSOURCED BANK WITH UNDERTAKING | | | | | | |
| 13 | COPY OF EXISTING LIST OF RATES APPROVED BY HOSPITAL | | | | | | |
| 14 | REGISTRATION CERTIFICATE UNDER PNDT ACT (FOR USE OF USG FACILITY) | | | | | | |

| <u>Ser. No.</u> | <u>Name of documents</u> | <u>Applicable (yes/No)</u> | <u>Attached (yes/No)</u> | <u>Date of validity of certificates</u> | <u>If attached then page number</u> | | <u>Remarks</u> |
|-----------------|---|----------------------------|--------------------------|---|-------------------------------------|-----------|----------------|
| | | | | | <u>From</u> | <u>To</u> | |
| 15 | COPY OF AERB CERTIFICATE FOR X-RAY, CT SCAN, C-ARM INCLUDING DENTAL X-RAY | | | | | | |
| 16 | COPY OF CERTIFICATE OF BMW AND AIR & WATER CLEARANCE FROM STATE POLLUTION CONTROL BOARD | | | | | | |
| 17 | COPY OF FIRE NOC | | | | | | |
| 18 | COPY OF REGISTRATION UNDER MTP ACT WITH DISTRICT/STATE GOVT AUTHORITES | | | | | | |
| 19 | CGHS | | | | | | |
| | (i) COPY OF COMPLETE MOA WITH CGHS | | | | | | |
| | (ii) COPY OF OFFICE MEMORANDUM WITH CGHS | | | | | | |
| | (iii) QCI INSPECTION REPORT | | | | | | |
| 20 | NABH/NABL | | | | | | |
| | COPY OF NABH ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION | | | | | | |
| | COPY OF NABL ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION | | | | | | |
| 21 | FINANCIAL STATUS | | | | | | |
| | 3 YEARS AUDITED BALANCE SHEETS/IT RETURN | | | | | | |
| | PAN CARD | | | | | | |
| | BANK DETAILS | | | | | | |
| 22 | CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM | | | | | | |
| 23 | CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM | | | | | | |

Note:-

1. If any of the certificates mentioned in Sl. No 01 to 23 is not applicable to any applicant medical facility, a certificate to that effect needs to be attached. The check list & certificate to be countersigned by authorized signatory.
2. Director, Regional Centres ECHS to scrutinize the Check list with the application and authenticate it. Remedial action, if any, to be taken before forwarding to Central Organisation ECHS.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME



APPLICATION FORM (ECHS-02)

FOR

EMPANELMENT OF EYE CARE CENTRES

Registration No

Date of Receipt

Regional Centre

INTRODUCTION

On behalf of the President of India, the Ex-servicemen Contributory Health Scheme (ECHS) invites applications for the purpose of Empanelment of Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc for specific treatment and diagnostic procedures of specialised nature, under the Ex-servicemen Contributory Health Scheme (ECHS).

Interested Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc. may submit the completed application forms at the nearest Regional Centre, ECHS. The terms/conditions and requirements of empanelment for ECHS requirements are detailed in this application form.

CONTENTS

SECTION I

- Chapter 1 - General Information on ECHS.
- Chapter 2 - General Instructions and Eligibility Criteria.
- Chapter 3 - Terms and Conditions.

SECTION II

- Application format for Eye Care Centre.

SECTION III

- Inspection Report and Recommendations of QCI (NABH).

SECTION I

CHAPTER 1

GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

Introduction

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was approved by the Government on 30 Dec 2002 and was launched on 01 April 2003, ECHS shall also be referred to as the “Scheme” in the text of this Brochure.

Aim

2. The aim of the Scheme is to provide **quality medical care** to Ex-Servicemen pensioners and their dependents for all known diseases.

ECHS Membership Cards

3. A ‘Smart card’ called “ECHS membership card” with inbuilt security features is issued to all members of the ECHS. The smart cards have the particulars of the pensioner in the front of the card and the particulars of the dependents on the reverse side. It contains a 64 Kb chip which will carry the details of the Ex-servicemen and dependents including their medical history. Production of this card is a mandatory requirement when availing medicare either at the ECHS Polyclinic or at Empanelled Hospital/Nursing Homes and Diagnostic centres. A person NOT producing his card for identification cannot be provided treatment.

4. An integrated software has been developed as a Management Information System for running the Scheme. In the first phase the information system will be networked between the ECHS Polyclinics, Station Headquarters, Regional Centre ECHS and Central Organisation ECHS.

Procedure for Availing Treatment

5. ECHS beneficiaries (An ESM or his dependants or a widow) who has enrolled into the ECHS scheme, can go to the nearest ECHS Polyclinic carrying his/her ECHS membership card. The doctors in the polyclinic will provide the required initial treatment and medicines. Should the disease require further/advanced treatment in a hospital, the patient will be referred to the nearest Service hospital/Empanelled facility.

6. At the Empanelled Hospital/Nursing Homes or Diagnostic Centre/Hospices, the ECHS member is mandatorily required to present his ECHS membership card or receipt of membership application and referral slip, before he/ she can avail treatment facilities. The ESM or his dependant does not have to clear any bills; this will be done by the ECHS.

7. Referrals except in Emergencies will always be made by ECHS Polyclinic. Empanelled Hospitals/Nursing Homes and Diagnostic centres/Hospices will forward their bills directly to the referring Polyclinic. The local/ Army/Navy/Air Force Station Commander in the town / city, under whose jurisdiction the ECHS Polyclinic is located will pay the Empanelled facility after approval of competent financial authority.

8. In Emergencies an ECHS member may be directly admitted to an Empanelled facility. However in all such cases the ECHS Polyclinic will be informed within a period of 48 hours and a formal referral done depending on the condition. Bills in such cases will be processed as above. The onus of providing the information shall be on the Empanelled Hospital/Nursing Home/Diagnostic Centre.

Organisation Structure

9. The scheme is executed through the existing command and control structure of the Armed Forces. Polyclinics are administered by concerned Armed Forces Station Headquarters in the city under supervision of respective Sub-Area/Area/Command HQs of the respective service/nearest city.

10. The Central Organisation ECHS is located at Delhi for laying down policy, planning, provisioning of funds and monitoring the scheme. There are 28 Regional Centres located across the country to ensure implementation of the scheme. The detailed addresses and location of the Central Organisation and Regional Centres located across the country is given below :-

(a) **Central Organisation ECHS**

- (i) Postal Address : Central Organisation ECHS
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 10
- (ii) Web site : URL www.indianarmy.gov.in/arechs/echs.htm
- (iii) Contact Telephone Number and E-mail :-
- (aa) Managing Director : 011-25684846 and mdechs-mod@nic.in.
- (ab) Dy MD : -01125683719 and dymdechs-mod@nic.in.
- (ac) Director (Operation & Coordination) :011-25684946 & dirops-mod@nic.in.
- (ad) Director (Complaint & Litigation): 011-20892332 & dircomplaints-mod@nic.in.
- (ae) Director (Medical): 011-25684945 and dirmedechs-mod@nic.in.
- (af) Director (Stats & Automation) : 011-25684645 & diritechs-mod@nic.in.
- (ag) Director (Procurement & Fund Control : 011-25682392 and dirpfcechs-mod@nic.in.
- (ah) Director Vigilance: 011-20892594 & dirvigilance@echs.gov.in.

(b) **Regional Centres**

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------|-----------|---|--------------|
| (i) | Allahabad | Regional Centre ECHS, Allahabad, PIN – 900 479, C/O 56 APO | 0532-2420699 |
| (ii) | Ahmedabad | Regional Centre ECHS Ahmedabad, PIN – 936176, C/O 56 APO | 07923-241310 |
| (iii) | Ambala | Regional Centre ECHS Ambala, PIN – 900 241 | 0171-2600103 |
| (iv) | Bangalore | Regional Centre ECHS Bangalore, PIN – 937 410, C/O 56 APO | 080-28392178 |
| (v) | Bareilly | Regional Centre ECHS Bareilly, PIN – 900 469, C/O 56 APO | 0581-2511157 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|---------|--------------|--|--------------|
| (vi) | Chandimandir | Regional Centre ECHS C/O HQ Western Command Chandimandir | 0172-2589757 |
| (vii) | Chennai | Regional Centre ECHS Chennai Fort Saint George Chennai-600009 | 044-25673092 |
| (viii) | Coimbatore | Regional Centre ECHS Coimbatore PIN – 900 123 C/O 56 APO | 0422-2684331 |
| (ix) | Dehradun | Regional Centre ECHS Dehradun, PIN – 900 469 C/O 56 APO | 0135-2751676 |
| (x) | Delhi – 1 | Regional Centre ECHS Thimayya Marg Near Gopinath Circle New Delhi -110010 | 011-20892596 |
| (xi) | Delhi – 2 | Regional Centre ECHS Delhi Cantt Maude Lines New Delhi -110010 | 011-25672154 |
| (xii) | Guwahati | Regional Centre ECHS Guwahati , C/O HQ 51 Sub Area PIN 900328, c/o 99 APO | 0361-2642727 |
| (xiii) | Hisar | Regional Centre ECHS HisarPIN – 900 383, C/O 56 APO | 01662-223769 |
| (xiv) | Hyderabad | Regional Centre ECHS Golden Palm Sainik Bhawan (GPSB), Near Monda Market Secunderabad-500003 Telengana | 040-27797836 |
| (xv) | Jabalpur | Regional Centre ECHS 132 Robert Lines Near Manas Mandir Jabalpur-482001 | 0761-2608177 |
| (xvi) | Jaipur | Regional Centre ECHS Chinkara Marg Jaipur Cantt-302012 | 0141-2249159 |
| (xvii) | Jalandhar | Regional Centre ECHS Jalandhar, PIN – 908691 C/O 56 APO | 0181-2661920 |
| (xviii) | Jammu | Regional Centre ECHS Jammu Cantt, Jammu - 180 003 | 0191-2433139 |
| (xix) | Kochi | Regional Centre ECHS C/O Fleet Mail Office Naval Base, Kochi-682004 | 0484-2667285 |
| (xx) | Kolkata | Regional Centre ECHS C/O HQ Eastern Command Kolkata-700021 | 033-22130009 |
| (xxi) | Lucknow | Regional Centre ECHS C/O HQ Central Command Lucknow – 226002 | 0522-2296630 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------------|------------------|---|---------------------|
| (xxii) | Mumbai | Regional Centre ECHS Mumbai, C/O FMO Mumbai - 400001 | 022-27238701 |
| (xxiii) | Nagpur | Regional Centre ECHS Nagpur PIN – 900 419 C/O 56 APO | 0712-2510135 |
| (xxiv) | Patna | Regional Centre ECHS C/O HQ JOB Sub Area Danapur Cantt Patna – 801503 | 06115-222276 |
| (xxv) | Pune | Regional Centre ECHS C/O HQ Pune Sub Area Pune-410001 | 020-26344459 |
| (xxvi) | Ranchi | Regional Centre ECHS Ranchi C/O 56 APO PIN 900200 | 0651-2360330 |
| (xxvii) | Trivandrum | Regional Centre ECHS Trivandrum C/O 56 APO PIN 900 113 | 0471-2352355 |
| (xxviii) | Visakhapatnam | Regional Centre ECHS, Visakhapatnam, C/O 56 APO PIN 900 455 | 0891-2813131 |

CHAPTER 2

GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA

General Instructions

1. **Collection of Application Forms.** Application form be downloaded from the website of Ex-Servicemen Contributory Health Scheme (ECHS). The form along with scanned copy in a CD should be submitted with an application fee of Rs 1000/- (Rupees One Thousand only) in favor of Regional CDA through MRO (Military Receivable Order) at any SBI Branch conducting Treasury business or the RBI under the Code Head 405/03(Misc Receipt) towards application fee. Original to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

2. **Categories of Cities.** As per the concentration of patients the country may be divided into 4 regions as follows:

(a) The Tri city (Chandigarh, Panchkula and Mohali) that covers patients from entire Punjab most of Haryana, entire Jammu and Kashmir, and entire Himachal Pradesh.

(b) Delhi & NCR where the number of beneficiaries taking treatment include a very large number of temporary / transitory ECHS beneficiaries from all over the country who prefer to take treatment in Delhi / NCR in view of the best medical facilities available here and also because of their kith & kin / acquaintances being located in Delhi/NCR.

(c) Other metros like Chennai, Kolkata and Mumbai and big cities like Bangalore, Hyderabad, and State Capitals where the patients from entire state, and neighboring areas/states come for taking treatment.

(d) Other cities and towns.

(e) The categories of hospitals would be general hospitals, and other centres viz., eye hospitals\ dental hospitals, diagnostic centres, physiotherapy centres and prosthesis centres.

3. **Categories of Health Care Facilities.** ECHS would consider the following categories of health care facilities for empanelment :-

(a) Hospital.

(b) Cancer Hospitals.

(c) Diagnostic Centre.

(d) Dental Centre/Lab.

(e) Imaging Centre.

(f) Exclusive Eye Centre.

(g) Nursing Home.

(h) Hospices.

(j) Rehab Centre.

(k) Physiotherapy Centre.

Eligibility Criteria For Hospitals/Cancer Centres/Exclusive Eye Centres/Exclusive Dental Clinics/Stand Alone Dialysis Centre.

4. Hospitals/Cancer Hospitals/Exclusive Eye Centres/Exclusive Dental Centres/Stand Alone Dialysis will adhere to the following guidelines:-

- (a) The Health Care Organizations must fulfill the requirements as detailed in the following paragraphs depending on the category under which the hospital/exclusive eye hospital/centre, exclusive dental clinic, cancer hospital/unit/ is seeking empanelment and submit copies of the required documents.
- (b) The Health Care Organization must have been in operation for at least one year, Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet).
- (c) Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
- (d) Copy of QCI recommendation in case of Non-NABH accredited Health Care Organization.
- (e) List of treatment procedures/investigations/facilities available in the applicant Health Care Organization.
- (f) State registration certificate/Registration with Local bodies, wherever applicable.
- (g) Compliance with all statutory requirements including that of Waste Management.
- (h) Fire Clearance certificate and details of Fire safety mechanism as in place in the Health Care Organization. Exclusive Eye Centres, exclusive Dental Clinics, have to enclose a certificate regarding fire safety of their premises issued by State Fire Department.
- (j) Registration under PNDT Act, if Ultrasonography facility is available.
- (k) AERB approval for imaging facilities/Radiotherapy, wherever applicable.
- (l) An Applicant Health Care Organization must have the capacity to submit all claims/bills in electronic format to the bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (m) An applicant Health Care Organization must submit the rates for all treatment procedures/investigations/facilities available with them and as charged by them.
- (n) Applicant Health Care Organizations must certify that they shall charge as per existing CGHS rates. They shall also certify that in case lower rates are charged to any Government/private organization in future, they shall also charge the reduced rates from ECHS beneficiaries.
- (o) Applicant Health Care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

- (p) Applicant Hospitals, Cancer Hospital/unit must have minimum annual turnover of Rs 2.00 Crores for Metro cities and Rs 1.00 Crore for Non-Metro cities. Exclusive Eye Hospitals/Centres. Exclusive Dental Clinics, must have a minimum annual turnover of Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.
- (q) Photo copy of PAN Card.
- (r) Name and address of the bankers.
5. A minimum of 100 beds are required for multispeciality hospitals (for single speciality there is no restriction on bed strength) in all major cities to include Delhi & NCR, Tri city Chandigarh, Metro and State capitals. Screening Committee may waive off / review this stipulation on case to case basis depending on factors such as remoteness of a place, non availability of sufficient multispeciality Hospitals for consideration etc.
6. **NABH Accredited Hospitals.** The hospitals applying under **this category** must be accredited by **National Accreditation Board for Hospital and Health care providers (NABH)** or its equivalent such as **Joint Commission International(JCI) /AHCS (Australia)/International Society for Quality in Health Care (ISQua).**
7. **Non-NABH Accredited Hospitals.** All eligible Non NABH/Non NABL new HCOs shall be inspected by QCI and they shall be consider for empanelment only after receiving recommendation from QCI. Application form alongwith QCI report to be submitted at respective Regional Centre, ECHS.
8. **CGHS Empanelled Hospitals.** Hospitals/ Eye Centres/Dental Clinics/Diagnostic Labs/Prosthesis Centres which are empanelled with CGHS are eligible to apply for ECHS empanelment. Following documents will be required to be submitted along with the application:-
- (a) Valid Office Memorandum issued by CGHS.
- (b) QCI Report as undertaken for CGHS empanelment.
- (c) Memorandum of Understanding as signed between CGHS and Hospital.
9. **Cancer Hospitals.** Cancer Hospitals/Units (NABH/Non-NABH) having all treatment facilities for cancer surgery, chemotherapy and radiotherapy approved by AERB.
10. **Exclusive Eye Hospitals/Eye Centres.** Exclusive Eye Hospitals/Eye Centres (NABH/Non NABH) are eligible for ECHS empanelment. No minimum bed strength for Eye Hospitals/ Eye Centres.
11. **Exclusive Dental Clinics.** Exclusive Dental clinics (NABH/Non-NABH) are eligible for ECHS empanelment. No minimum bed strength is specified. However, there shall be a minimum of '2' Dental Chairs for Dental Clinics applying for ECHS empanelment.

Eligibility Criteria for Diagnostic Laboratories/Imaging Centres.

12. ECHS would consider the following categories of Diagnostic Laboratories and Imaging Centres for empanelment :-

- (a) The Diagnostic Laboratory/Imaging Centres must fulfill the Criteria as specified above and must submit the copies of the required documents.
- (b) The Diagnostic Laboratory/Imaging Centre must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet) are to be submitted.
- (c) Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims/bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (d) Copy of NABL/NABH Accreditation in case of NABL/NABH Accredited Diagnostic Laboratory/Imaging Centres.
- (e) Copy of QCI recommendation in case of Non-NABH/Non-NABL Accredited Laboratories/Imaging Centres
- (f) Lists of investigation facilities available with Diagnostic Lab/Imaging Centre are to be submitted.
- (g) Diagnostic Lab/Imaging Centre must have been registered with State Government/Local bodies, wherever applicable.
- (h) Compliance with all statutory requirements including that of Waste Management.
- (j) Documents to establish that fire safety mechanism is in place issued by State Fire Department.
- (k) Registration under PNDT Act, if Ultrasonography facility is available.
- (l) AERB approval for imaging facilities wherever applicable.
- (m) Diagnostic Lab/Imaging Centre must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
- (n) Minimum annual turnover of Diagnostic lab/imaging centre must be Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Diagnostic Lab/imaging centre.
- (o) Photo copy of PAN Card.
- (p) Name and address of the bankers.
- (q) In addition, the Imaging Centres shall meet the following criteria:-
 - (i) **MRI Centre.** Must have MRI machine with magnet strength of 1.0 Tesla and above.

(ii) **CT Scan Centre.** Whole Body CT Scanner with scan cycle of less than one second (sub-second). Must have been approved by **AERB**.

(iii) **X-ray Centre/Dental X-ray/OPG Centre.**

(aa) X-Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.

(ab) Portable X-ray machine must have a minimum current rating of 60 MA.

(ac) Dental X-ray machine must have a minimum current rating of 6 MA.

(ad) OPG X-ray machine must have a current rating of 4.5-10 MA.

(ae) Must have been approved by AERB.

(iv) **Mammography Centre.** Standard quality mammography machine with low radiations and biopsy attachment.

(v) **USG/ Colour Doppler Centre.** It should be of high resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz. Should have minimum three probes and provision/facilities of Trans Vaginal/Trans Rectal Probes. Must have been registered under PNDT Act.

(vi) **Bone Densitometry Centre.** Must be capable of scanning 3 sites (that includes Spine) and whole body.

(vii) **Nuclear Medicine Centre.** Must have been approved by AERB/BARC.

Instructions to Applicants

13. Hospitals must agree to accept and abide by the terms and conditions spelt out in the Memorandum of Agreement.

Last Date for Applying

14. There is no cut off date prescribed for filling of empanelment applications. The application can be submitted at ECHS Regional Centre any time on a working day.

Earnest Money Deposit

15. All the hospitals applying for empanelment will deposit Rs 1,00,000/- (Rupees one lac only) as EMD in the form of EMD Bank Guarantee in favour of respective Regional Centre, ECHS. The EMD is surety to sign MoA and will be refunded at the time of signing of MoA. Original Bank Guarantee to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

Earnest Money Refund

16. In case the application is rejected on technical grounds, Earnest Money would be refunded in full.
17. In case, the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the Earnest Money would be forfeited and the balance would be refunded in due course.
18. In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50 % of the Earnest Money would be forfeited. Authority to order for forfeiture of the EMD is MD, ECHS.

Submission of Application Forms

19. The application must be submitted at the following places :-
- (a) **NABH Accredited Hospitals**. At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application.
 - (b) **CGHS Empanelled Hospital**. At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application. These hospitals must submit the copy of Office Memorandum issued by CGHS along with a copy of valid MoA and QCI report undertaken for CGHS Empanelment.
 - (c) **Non NABH Accredited Hospitals**. At Concerned Regional Centre after the QCI inspection has been undertaken by the Hospital.
20. Hospitals which have successfully underwent QCI inspection will submit their Application forms in one sealed envelope superscribed as 'Application for empanelment of hospital' with respective Regional Centres, ECHS.
21. All the pages of Application and Annexures (each set) shall be serially numbered and spiral binded.
22. Every page of application form and Annexures need to be signed by the authorised signatory of medical facility. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
23. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as '**not available**'; it should not be mentioned as '**not applicable**'.
24. The application is liable to be ignored if the information given on eligibility criteria is not complete.

Scrutiny of Applications

25. The Director/Joint Director, Regional Centre will examine the application to determine the following:-

- (a) They are complete.
- (b) Whether any computational errors have been made.
- (c) Whether Earnest Money Deposit and MRO has been furnished. Retain originals and attach photocopies duly authenticated by Director, Regional Centre with application.
- (d) Whether the documents have been properly signed and serially numbered.
- (f) Whether the application is generally in order.
- (g) Check list to be filled up, signed by authorised signatory of applicant and countersigned by Director, Regional Centre.

26. Defects / shortcomings will be corrected/ authenticated on the spot and the application processed further. Specific advice would be rendered by the Director, Regional Centres for rectification of incomplete applications. If the hospital wishes to submit fresh application, the MRO of Rs 1000/- (Rupees one thousand only) can be reused.

27. Applications that are found to be complete in all respects shall be forwarded to Central Organisation ECHS for consideration for empanelment.

Acceptance of Rates

28. Hospitals shall have to furnish an undertaking to ECHS accepting the rates notified by CGHS or the negotiated rates which under no circumstances will exceed the applicable CGHS rates or the rates being charged by the hospital from their normal patients who are not ECHS beneficiaries.

Screening Committee

29. The Screening Committee Meeting under the Chairmanship of MD ECHS shall examine the applications for their eligibility and subsequently will be forwarded to MoD (DoESW) for further issue of Govt Letter Note.

Memorandum of Agreement

30. The Private hospitals which are selected for empanelment after the issue Govt Letter Note will have to enter into an agreement with ECHS Regional Centre for providing services at rates notified by ECHS or lower negotiated rates. This MOA has to be executed on Rs.100/- (Rupees One hundred only) non judicial stamp paper.

Performance Bank Guarantee

31. HCO's on signing the MoA with Regional Centre, ECHS shall furnish a Performance Bank Guarantee valid for a period of 30 months i.e. six months beyond empanelment period at the time of signing MoA with the Regional Centres to ensure efficient service and to safeguard against any default :-

| | | |
|-----|---|------------------|
| (a) | Empanelled Hospitals/Cancer units | - Rs 10.00 Lakhs |
| (b) | Eye Centre | - Rs 2.00 Lakhs |
| (c) | Dental Clinics | - Rs 2.00 Lakhs |
| (d) | Physiotherapy Centres | - Rs 2.00 Lakhs |
| (e) | Rehabilitative Centres and Hospices | - Rs 2.00 Lakhs |
| (f) | Diagnostic Laboratories / Imaging Centres | - Rs 2.00 Lakhs |

The value of PBG can be enhanced as approved by MoD. PBG for charitable hospital, will be 50% of normal rates.

32. In case of hospitals already empanelled under ECHS, on renewal of MoA they shall prepare a new Performance Bank Guarantee for the period of next 30 months. The old performance bank guarantee will be discharged after its validity is over.

CHAPTER 3

TERMS AND CONDITIONS

Cashless Services

1. The Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.
2. The Hospital will not be at liberty to revise the rate suo moto.

Treatment in Emergency

3. In grave emergency, patient shall be admitted and life & limb saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic and BPA about the admission within 02 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection of Aorta etc.
- (b) Vascular Catastrophies including Acute Limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute Poisonings monkey/dogs and Snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/miliary tuberculosis.

(m) Acute Manifestation of Psychiatric disorders . (Refer Appx 'D' of Central Org letter No. B/49778/AG/ECHS/Policy dated 13 Nov 2007)/

(n) Dialysis treatment.

(o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with Empanelled hospital.

Corrupt and Fraudulent Practices

4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.

5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers designed to hike the bills or misguide the beneficiaries or any such practice adhered to.

6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

Interpretation of the Clauses in the Application Document

7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

Right to Accept any Application and to Reject any or All Applications

8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

Monitoring and Medical Audit

9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.

10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

Exit from the Panel

11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

Package Rates

12. Package rate as issued by CGHS/ECHS/AIIMS shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) :-

- (a) Registration charges.
- (b) Admission charges.
- (c) Accommodation charges including patients diet.
- (d) Operation charges.
- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges and blood processing charges.
- (l) Pre-anesthetic check up and anesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.

13. Package rates also include to preoperative consultation and two postoperative consultation.

14. Cost of implants/stents/grafts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/graft or as per actual, whichever is lower in case there is no CGHS prescribed ceiling rate. In case a beneficiary demands specific brand of stent / implant and gives his consent in writing, difference in cost over and above the ceiling rate may be charged from the beneficiary which is non reimbursable.

15. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

16. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

17. Package rates envisage upto a maximum duration of indoor treatment as follows :-

- (a) 12 days for Specialised (Super Specialities) treatment.
- (b) 7 days for other Major Surgeries.
- (c) 3 days for Laparoscopic surgeries/normal deliveries/elective angioplasty.
- (d) 1 day for day care/minor (OPD) surgeries.

18. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

19. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

20. **The package rates are for semi-private ward.** If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

21. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

22. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

23. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

Entitlement of Wards

24. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their rank at the time of retirement as per Gol/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017. The entitlement is as follows:-

| Ser No | Category | Ward Entitlement |
|---------------|--|-------------------------|
| (i) | Recruit to Havs & equivalent in Navy & Air Force | General |
| (ii) | Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt) | Semi Private |
| (iii) | All officers | Private |

Indemnity

25. The empanelled HCO shall at all times, indemnify and keep indemnified ECHS/the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Empanelled HCO as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct.

26. The empanelled HCO shall pay all indemnities arising from such incidents without any extra cost to ECHS and shall not hold the ECHS responsible or obligated. It shall always be entirely at the cost of the hospital defending such suits.

Documents to be Submitted

27. Summary of documents to be submitted along with the application as below:-

- (a) Copy of certificate or memo of State Health Authority, if any recognizing the Hospital.
- (b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).
- (c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.
- (d) A copy of partnership deed/memorandum and articles of association, if any.
- (e) Affidavit of sole proprietorship on non-judicial stamp paper if medical facility is owned by individual.
- (f) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (g) Photocopy of PAN Card.
- (h) Name and address of their bankers.
- (j) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (k) Registration Certificate under PNDDT Act in case of Centres applying for Ultrasonography facility.
- (l) Copy of the license for running Blood bank.
- (m) If NABH accredited facility, Copy of certificate of NABH Accreditation with Scope duly attested by Public Notary.
- (n) If NABL accredited facility, Copy of NABL Accreditation with Scope duly attested by Public Notary.

(o) If CGHS empanelled medical facility, Copy of CGHS Office Memorandum regarding the empanelment of the HCO with CGHS, Valid MoA with CGHS and QCI Report.

(p) If Non NABH Accredited Hospital, Copy of QCI report to be submitted along with the application.

Note : Applications not containing the above particulars shall not be considered for empanelment.

28. **Certificate of Undertaking.** In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.
10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature
Head of Institution/Authorized Signatory

29. **Certificate for Acceptance of Rates.** A certificate given below will also be rendered by the Head of the Institution and attached with the application :-

CERTIFICATE FOR ACCEPTANCE OF RATES

1. It is certified that _____ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature
Head of Institution/Authorized Signatory

30. Check list for documents must be filled, signed by authorised signatory of the medical facility, checked and countersigned by Director, Regional Centre where applicable be submitted with application form. Check list is enclosed as Annexure to empanelment application.

PART II: BACK GROUND INFORMATION

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Eye Care Centre</u> | <u>Remarks of BOO</u> |
|----------------------|---|--|------------------------------|
| 1. | Historical Background | | |
| | Date of Establishment | | |
| | Registered/Not Registered* (with State Health Authorities) | | |
| | Type-Govt/Private/Corporate | | |
| | Management (Individual/Corporate/Trust or any other – please specify | | |
| | Recognition by other schemes – CGHS/ RIys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No | | |
| 2. | Location | | |
| | Distance from nearest ECHS Polyclinic | | |
| | Availability of public transport | | |
| | Distance from Railway station/Bus stand/Airport to Hospital | | |
| | Distance from nearest Military Hospital | | |
| | Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area | | |

(Note: Attach relevant documents/certificates for items marked *)

Signature of Presiding Officers_____

PART III: HOSPITAL INFORMATIONS

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Eye Care Centres</u> | <u>Remarks of BOO</u> |
|--|---|---|------------------------------|
| 1. | Building | | |
| | Total Area | | |
| | Floor Area | | |
| | Macro environments- | | |
| | External Ambience | | |
| | Parking Area | | |
| | Waiting Area | | |
| | Reception and waiting for Relatives (Specify approx area) | | |
| (Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may be included. | | | |
| 2. | Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary. | | |
| | | | |
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| | | | |

Signature of Presiding Officers_____

PART IV: FACILITIES APPLIED FOR

1. **Applied for Empanelment as (Specify)**

- (a) Cataract/Glaucoma
- (b) Retinal – Medical – Vitreo – retinal surgery
- (c) Strabismus
- (d) Oculoplasty & Adnexa & other specialized treatment

Remarks of BOO

2. **FOR IOL IMPLANT:-**

Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery

Yes No

Name and Qualification

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

(i) **Phacoemulsifier Unit IIIrd or IVth generation) - minimum 2 with extra hand pieces**

(ii) **Flash/rapid sterilizer – one per OT**

(iii) **YAG laser for capsulotomy**

(iv) **Digital anterior segment camera**

(v) **Specula microscope**

Remarks of BOO

- All Specialist employed on regular and visiting basis must possess M.C.I recognized qualification

Yes No

- Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications.

Yes No

Whether beds available

(General, Semi Private or Deluxe Room

Yes No

(If yes, specify the number)

Gl. Ward Semi-Pvt Ward Pvt Ward

Remarks of BOO

3. **OCULOPLASTY & ADENEXA.**

Specific for Oculoplasty & Adenxa :
Specialised Instruments and kits for :

- (a) Dacryocystorhinostomy
- (b) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery
- (c) Orbital surgery
- (d) Socket reconstruction
- (e) Enucleation/evisceration
- (f) Availability of Trained proficient Oculoplasty surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery

Remarks of BOO

Signature of Presiding Officers_____

4. (a) **INVESTIGATIVE FACILITIES**

| | | |
|--|--------------------------|------------------------------|
| (i) Syringing, Dacryocystography | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (ii) Exophthalmometry | <input type="checkbox"/> | |
| (iii) Ultrasonography – A & B Scan | <input type="checkbox"/> | |
| (iv) Imaging facilities – X-ray, CT Scan & MRI Scan | <input type="checkbox"/> | |
| (v) Ocular pathology, Microbiology service | <input type="checkbox"/> | |
| (vi) Blood bank services | <input type="checkbox"/> | |
| (vii) Consultation facilities fom related Specialties such as ENT, Neurosurgery, Haematology, Oncology | <input type="checkbox"/> | |

(b) **OPERATIVE (O.T.) FACILITIES**
Specialized instruments & Kits for the following surgeries should be available.

| | | |
|--|--------------------------|------------------------------|
| (i) Dacryo cystorhinostomy | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (ii) Lid surgery including eyelid reconstruction & Ptosis correction | <input type="checkbox"/> | |
| (iii) Orbital surgery | <input type="checkbox"/> | |
| (iv) Socket reconstruction | <input type="checkbox"/> | |
| (v) Enucleation & Evisceration | <input type="checkbox"/> | |
| (vi) Orbital & Abnexal Trauma including Orbital fractures | <input type="checkbox"/> | |

(c) **PERSONNEL**

| | | |
|--|--------------------------|------------------------------|
| (i) Resident Doctor Support | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (ii) Nursing care 24 hours) | <input type="checkbox"/> | |
| (iii) Resuscitative facilities | <input type="checkbox"/> | |
| (iv) Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery | <input type="checkbox"/> | |

5. **STRABISMUS SURGERY**

(a) Functional OT with Instruments needed for strabismus surgery

Yes No

(b) Availability of set up for Pediatric Strabismus – Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Less/Hess Chart

Yes No

6. **GLAUCOMA**

(a) Specific : Facilities for Glaucoma investigation & management.

| | | |
|---|--------------------------|------------------------------|
| (i) Applanation tonometry | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (ii) Stereo Fundus photography/OCT/Nerve fibre Analyser | <input type="checkbox"/> | |
| (iii) YAG Laster for Iridectomy | <input type="checkbox"/> | |
| (iv) Automated/Goldmann fields (Perimetry) | <input type="checkbox"/> | |
| (v) Electrodiagnostic equipments (VER, ERG, EOG) | <input type="checkbox"/> | |
| (vi) Colour Vision – Ishihara Charts | <input type="checkbox"/> | |
| (vii) Contrast sensitivity – Pelli Robson Charts | <input type="checkbox"/> | |
| (viii) Pediatric Vision testing – HOTV cards | <input type="checkbox"/> | |

Signature of Presiding Offrs_____

- (ix) Autorefractometers
- (x) Synaptophone (basic type with antisuppression)
- (xi) Prism Bars
- (xii) Stereo test (Randot/TNO)
- (xiii) Red – Green Goggles
- (xiv) Orthoptic room with distance fixation targets
(Preferably child friendly) may have TV/VCR)
- (xv) Less/Hess chart

| |
|--------------------------|
| <input type="checkbox"/> |

Remarks
of BOO

Signature of Presiding Officers_____

SECTION III**INSPECTION REPORT AND RECOMMENDATIONS OF BOARD OF OFFICERS****Recommendations of the BOO**

1.....(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note: Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

(a) **General Services**(i) Ophthalmology (b) **Specialised Services**(i) Cataract/Glaucoma (ii) Retinal – Medical – Vitreo – Retinal Surgery (iii) Strabismus (iv) Oculoplasty & Adneza & other specialised treatment

| |
|----------------------------------|
| <u>Remarks of BOO</u> |
|----------------------------------|

Signature of Presiding Officers_____

CHECK LIST FOR DOCUMENTS FOR EMPANELMENT APPLICATION OF _____

TELE

RC

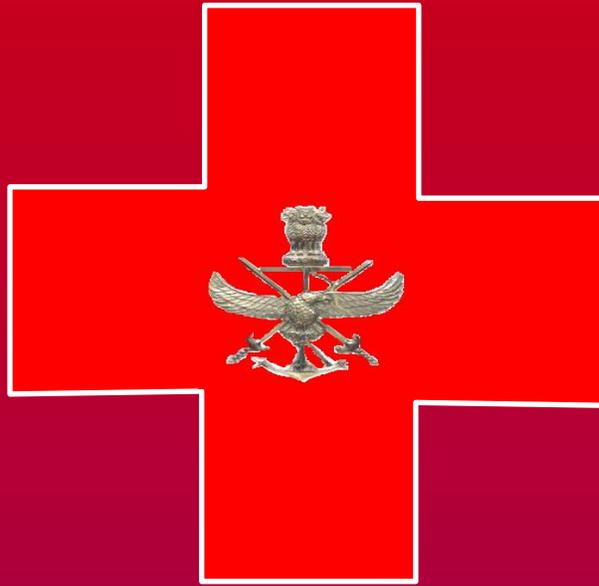
| Ser. No. | Name of Documents | Applicable (Yes/No) | Attached (Yes/No) | Date of Validity of Certificates | If attached then page number | | Remarks |
|--------------------------------------|--|---------------------|-------------------|----------------------------------|------------------------------|----|---------|
| | | | | | From | To | |
| 1 | CD CONTAINING SCANNED COPY OF APPLICATION | | | | | | |
| 2 | HARD COPY AND CD TO TALLY | | | | | | |
| 3 | PAGES OF APPLICATION/ANNEXURE TO BE SERIALY NUMBERED | | | | | | |
| 4 | AUTHENTICATION OF EVERY PAGE BY AUTHORIZED PERSON | | | | | | |
| 5 | DD FOR INSPECTION FEE- DD IN FAVOUR OF QCI (FOR NON NABH)/QCI REPORT | | | | | | |
| APPLICATION : PAGE 15 ONWARDS | | | | | | | |
| 6 | COPY OF MRO AND EMD (BANK GUARANTEE ONLY) | | | | | | |
| 7 | LEGAL STATUS (OWNERSHIP CLARIFICATION) | | | | | | |
| | SOLE PROPRIETOR - SELF AFFIDAVIT | | | | | | |
| | PARTNERSHIP - AGREEMENT/DEED | | | | | | |
| | PVT LTD - MEMO OF ASSOCIATION - CERTIFICATE OF INCORPORATION | | | | | | |
| | TRUST - DEED + INCOME TAX REGN | | | | | | |
| | SOCIETY - DEED + INCOME TAX REGN | | | | | | |
| 8 | VALID COPY OF REGISTRATION UNDER SHOPS ACT | | | | | | |
| 9 | COPY OF SUBSIDIARY STATUS FROM PARENT COMPANY, IF APPLICABLE. | | | | | | |
| 10 | STATE HEALTH AUTH REGISTRATION OF HOSPITAL (I) MUNICIPALITY (II) CMO OF DISTRICT (III) CLINICAL EST ACT (III) NURSING HOMES ACT | | | | | | |
| 11 | COPY OF CUSTOMS DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTION | | | | | | |
| 12 | VALID COPY OF BLOOD BANK LICENSE – OWN BANK OR OUTSOURCED BANK WITH UNDERTAKING | | | | | | |
| 13 | COPY OF EXISTING LIST OF RATES APPROVED BY HOSPITAL | | | | | | |
| 14 | REGISTRATION CERTIFICATE UNDER PNDDT ACT (FOR USE OF USG FACILITY) | | | | | | |

| <u>Ser. No.</u> | <u>Name of documents</u> | <u>Applicable (yes/No)</u> | <u>Attached (yes/No)</u> | <u>Date of validity of certificates</u> | <u>If attached then page number</u> | | <u>Remarks</u> |
|-----------------|---|----------------------------|--------------------------|---|-------------------------------------|----|----------------|
| | | | | | From | To | |
| 15 | COPY OF AERB CERTIFICATE FOR X-RAY, CT SCAN, C-ARM INCLUDING DENTAL X-RAY | | | | | | |
| 16 | COPY OF CERTIFICATE OF BMW AND AIR & WATER CLEARANCE FROM STATE POLLUTION CONTROL BOARD | | | | | | |
| 17 | COPY OF FIRE NOC | | | | | | |
| 18 | COPY OF REGISTRATION UNDER MTP ACT WITH DISTRICT/STATE GOVT AUTHORITES | | | | | | |
| 19 | CGHS | | | | | | |
| | (i) COPY OF COMPLETE MOA WITH CGHS | | | | | | |
| | (ii) COPY OF OFFICE MEMORANDUM WITH CGHS | | | | | | |
| | (iii) QCI INSPECTION REPORT | | | | | | |
| 20 | NABH/NABL | | | | | | |
| | COPY OF NABH ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION | | | | | | |
| | COPY OF NABL ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION | | | | | | |
| 21 | FINANCIAL STATUS | | | | | | |
| | 3 YEARS AUDITED BALANCE SHEETS/IT RETURN | | | | | | |
| | PAN CARD | | | | | | |
| | BANK DETAILS | | | | | | |
| 22 | CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM | | | | | | |
| 23 | CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM | | | | | | |

Note:-

- If any of the certificates mentioned in Sl. No 01 to 23 is not applicable to any applicant medical facility, a certificate to that effect needs to be attached. The check list & certificate to be countersigned by authorized signatory.
- Director, Regional Centres ECHS to scrutinize the Check list with the application and authenticate it. Remedial action, if any, to be taken before forwarding to Central Organisation ECHS.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME



APPLICATION FORM (ECHS-03)
FOR EMPANELMENT OF DIAGNOSTIC
LABORATORIES/IMAGING CENTRES

Registration No

Date of Receipt

Regional Centre.

INTRODUCTION

On behalf of the President of India, the Ex-servicemen Contributory Health Scheme (ECHS) invites applications for the purpose of Empanelment of Hospitals/Nursing Homes, Hospices/Rehabilitation Centres, Dental care facilities and Diagnostic Centres for specific treatment and diagnostic procedures of specialised nature, under the Ex-servicemen Contributory Health Scheme (ECHS).

Interested Hospitals/Nursing Homes, Hospices/Rehabilitation Centres, Dental care facilities and Diagnostic Centres may submit the completed application forms at the nearest Regional Centre, ECHS. The terms/conditions and requirements of empanelment for ECHS requirements are detailed in this application form.

CONTENTS

SECTION I

- Chapter 1 - General Information on ECHS.
- Chapter 2 - General Instructions and Eligibility Criteria.
- Chapter 3 - Terms and Conditions.

SECTION II

- Application format for Diagnostic Laboratories/Imaging Centres.

SECTION III

- Inspection Report and Recommendations of QCI (NABH).

SECTION I

CHAPTER 1

GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

Introduction

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was approved by the Government on 30 Dec 2002 and was launched on 01 April 2003, ECHS shall also be referred to as the "Scheme" in the text of this Brochure.

Aim

2. The aim of the Scheme is to provide **quality medical care** to Ex-Servicemen pensioners and their dependents for all known diseases.

ECHS Membership Cards

3. A 'Smart card' called "ECHS membership card" with inbuilt security features is issued to all members of the ECHS. The smart cards have the particulars of the pensioner in the front of the card and the particulars of the dependents on the reverse side. It contains a 64 Kb chip which will carry the details of the Ex-servicemen and dependents including their medical history. Production of this card is a mandatory requirement when availing medicare either at the ECHS Polyclinic or at Empanelled Hospital/Nursing Homes and Diagnostic centres. A person NOT producing his card for identification cannot be provided treatment.

4. An integrated software has been developed as a Management Information System for running the Scheme. In the first phase the information system will be networked between the ECHS Polyclinics, Station Headquarters, Regional Centre ECHS and Central Organisation ECHS.

Procedure for Availing Treatment

5. ECHS beneficiaries (An ESM or his dependants or a widow) who has enrolled into the ECHS scheme, can go to the nearest ECHS Polyclinic carrying his/her ECHS membership card. The doctors in the polyclinic will provide the required initial treatment and medicines. Should the disease require further/advanced treatment in a hospital, the patient will be referred to the nearest Service hospital/Empanelled facility.

6. At the Empanelled Hospital/Nursing Homes or Diagnostic Centre/Hospices, the ECHS member is mandatorily required to present his ECHS membership card or receipt of membership application and referral slip, before he/ she can avail treatment facilities. The ESM or his dependant does not have to clear any bills; this will be done by the ECHS.

7. Referrals except in Emergencies will always be made by ECHS Polyclinic. Empanelled Hospitals/Nursing Homes and Diagnostic centres/Hospices will forward their bills directly to the referring Polyclinic. The local/ Army/Navy/Air Force Station Commander in the town / city, under whose jurisdiction the ECHS Polyclinic is located will pay the Empanelled facility after approval of competent financial authority.

8. In Emergencies an ECHS member may be directly admitted to an Empanelled facility. However in all such cases the ECHS Polyclinic will be informed within a period of 48 hours and a formal referral done depending on the condition. Bills in such cases will be processed as above. The onus of providing the information shall be on the Empanelled Hospital/Nursing Home/Diagnostic Centre.

Organisation Structure

9. The scheme is executed through the existing command and control structure of the Armed Forces. Polyclinics are administered by concerned Armed Forces Station Headquarters in the city under supervision of respective Sub-Area/Area/Command HQs of the respective service/nearest city.

10. The Central Organisation ECHS is located at Delhi for laying down policy, planning, provisioning of funds and monitoring the scheme. There are 28 Regional Centres located across the country to ensure implementation of the scheme. The detailed addresses and location of the Central Organisation and Regional Centres located across the country is given below :-

(a) **Central Organisation ECHS**

- (i) Postal Address : Central Organisation ECHS
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 10
- (ii) Web site : URL www.indianarmy.gov.in/arechs/echs.htm
- (iii) Contact Telephone Number and E-mail :-
- (aa) Managing Director : 011-25684846 and mdechs-mod@nic.in.
- (ab) Dy MD : -01125683719 and dymdechs-mod@nic.in.
- (ac) Director (Operation & Coordination) :011-25684946 & dirops-mod@nic.in.
- (ad) Director (Complaint & Litigation): 011-20892332 & dircomplaints-mod@nic.in.
- (ae) Director (Medical): 011-25684945 and dirmedechs-mod@nic.in.
- (af) Director (Stats & Automation) : 011-25684645 & diritechs-mod@nic.in.
- (ag) Director (Procurement & Fund Control : 011-25682392 and dirpfcechs-mod@nic.in.
- (ah) Director Vigilance: 011-20892594 & dirvigilance@echhs.gov.in.

(b) **Regional Centres**

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------|-----------|---|--------------|
| (i) | Allahabad | Regional Centre ECHS, Allahabad, PIN – 900 479, C/O 56 APO | 0532-2420699 |
| (ii) | Ahmedabad | Regional Centre ECHS Ahmedabad, PIN – 936176, C/O 56 APO | 07923-241310 |
| (iii) | Ambala | Regional Centre ECHS Ambala, PIN – 900 241 | 0171-2600103 |
| (iv) | Bangalore | Regional Centre ECHS Bangalore, PIN – 937 410, C/O 56 APO | 080-28392178 |
| (v) | Bareilly | Regional Centre ECHS Bareilly, | 0581-2511157 |

| | | | |
|--|--|---------------------------|--|
| | | PIN – 900 469, C/O 56 APO | |
|--|--|---------------------------|--|

| S/No | Town/City | Name of Regional Centre | Telephone No |
|---------|--------------|--|--------------|
| (vi) | Chandimandir | Regional Centre ECHS C/O HQ Western Command Chandimandir | 0172-2589757 |
| (vii) | Chennai | Regional Centre ECHS Chennai Fort Saint George Chennai-600009 | 044-25673092 |
| (viii) | Coimbatore | Regional Centre ECHS Coimbatore PIN – 900 123 C/O 56 APO | 0422-2684331 |
| (ix) | Dehradun | Regional Centre ECHS Dehradun, PIN – 900 469 C/O 56 APO | 0135-2751676 |
| (x) | Delhi – 1 | Regional Centre ECHS Thimayya Marg Near Gopinath Circle New Delhi -110010 | 011-20892596 |
| (xi) | Delhi – 2 | Regional Centre ECHS Delhi Cantt Maude Lines New Delhi -110010 | 011-25672154 |
| (xii) | Guwahati | Regional Centre ECHS Guwahati , C/O HQ 51 Sub Area PIN 900328, c/o 99 APO | 0361-2642727 |
| (xiii) | Hisar | Regional Centre ECHS HisarPIN – 900 383, C/O 56 APO | 01662-223769 |
| (xiv) | Hyderabad | Regional Centre ECHS Golden Palm Sainik Bhawan (GPSB), Near Monda Market Secunderabad-500003 Telengana | 040-27797836 |
| (xv) | Jabalpur | Regional Centre ECHS 132 Robert Lines Near Manas Mandir Jabalpur-482001 | 0761-2608177 |
| (xvi) | Jaipur | Regional Centre ECHS Chinkara Marg Jaipur Cantt-302012 | 0141-2249159 |
| (xvii) | Jalandhar | Regional Centre ECHS Jalandhar, PIN – 908691 C/O 56 APO | 0181-2661920 |
| (xviii) | Jammu | Regional Centre ECHS Jammu Cantt, Jammu - 180 003 | 0191-2433139 |
| (xix) | Kochi | Regional Centre ECHS C/O Fleet Mail Office Naval Base, Kochi-682004 | 0484-2667285 |
| (xx) | Kolkata | Regional Centre ECHS C/O HQ Eastern Command Kolkata-700021 | 033-22130009 |
| (xxi) | Lucknow | Regional Centre ECHS C/O HQ Central Command Lucknow – 226002 | 0522-2296630 |

| S/No | Town/City | Name of Regional Centre | Telephone No |
|-------------|------------------|---|---------------------|
| (xxii) | Mumbai | Regional Centre ECHS Mumbai, C/O FMO Mumbai - 400001 | 022-27238701 |
| (xxiii) | Nagpur | Regional Centre ECHS Nagpur PIN – 900 419 C/O 56 APO | 0712-2510135 |
| (xxiv) | Patna | Regional Centre ECHS C/O HQ JOB Sub Area Danapur Cantt Patna – 801503 | 06115-222276 |
| (xxv) | Pune | Regional Centre ECHS C/O HQ Pune Sub Area Pune-410001 | 020-26344459 |
| (xxvi) | Ranchi | Regional Centre ECHS Ranchi C/O 56 APO PIN 900200 | 0651-2360330 |
| (xxvii) | Trivandrum | Regional Centre ECHS Trivandrum C/O 56 APO PIN 900 113 | 0471-2352355 |
| (xxviii) | Visakhapatnam | Regional Centre ECHS, Visakhapatnam, C/O 56 APO PIN 900 455 | 0891-2813131 |

CHAPTER 2

GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA

General Instructions

1. **Collection of Application Forms.** Application form be downloaded from the website of Ex-Servicemen Contributory Health Scheme (ECHS). The form along with scanned copy in a CD should be submitted with an application fee of Rs 1000/- (Rupees One Thousand only) in favor of Regional CDA through MRO (Military Receivable Order) at any SBI Branch conducting Treasury business or the RBI under the Code Head 405/03(Misc Receipt) towards application fee. Original to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

2. **Categories of Cities.** As per the concentration of patients the country may be divided into 4 regions as follows:

(a) The Tri city (Chandigarh, Panchkula and Mohali) that covers patients from entire Punjab most of Haryana, entire Jammu and Kashmir, and entire Himachal Pradesh.

(b) Delhi & NCR where the number of beneficiaries taking treatment include a very large number of temporary / transitory ECHS beneficiaries from all over the country who prefer to take treatment in Delhi / NCR in view of the best medical facilities available here and also because of their kith & kin / acquaintances being located in Delhi/NCR.

(c) Other metros like Chennai, Kolkata and Mumbai and big cities like Bangalore, Hyderabad, and State Capitals where the patients from entire state, and neighboring areas/states come for taking treatment.

(d) Other cities and towns.

(e) The categories of hospitals would be general hospitals, and other centres viz., eye hospitals\ dental hospitals, diagnostic centres, physiotherapy centres and prosthesis centres.

3. **Categories of Health Care Facilities.** ECHS would consider the following categories of health care facilities for empanelment :-

(a) Hospital.

(b) Cancer Hospitals.

(c) Diagnostic Centre.

(d) Dental Centre/Lab.

(e) Imaging Centre.

(f) Exclusive Eye Centre.

(g) Nursing Home.

(h) Hospices.

(j) Rehab Centre.

(k) Physiotherapy Centre.

Eligibility Criteria For Hospitals/Cancer Centres/Exclusive Eye Centres/Exclusive Dental Clinics/Stand Alone Dialysis Centre.

4. Hospitals/Cancer Hospitals/Exclusive Eye Centres/Exclusive Dental Centres/Stand Alone Dialysis will adhere to the following guidelines:-

- (a) The Health Care Organizations must fulfill the requirements as detailed in the following paragraphs depending on the category under which the hospital/exclusive eye hospital/centre, exclusive dental clinic, cancer hospital/unit/ is seeking empanelment and submit copies of the required documents.
- (b) The Health Care Organization must have been in operation for at least one year, Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet).
- (c) Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
- (d) Copy of QCI recommendation in case of Non-NABH accredited Health Care Organization.
- (e) List of treatment procedures/investigations/facilities available in the applicant Health Care Organization.
- (f) State registration certificate/Registration with Local bodies, wherever applicable.
- (g) Compliance with all statutory requirements including that of Waste Management.
- (h) Fire Clearance certificate and details of Fire safety mechanism as in place in the Health Care Organization. Exclusive Eye Centres, exclusive Dental Clinics, have to enclose a certificate regarding fire safety of their premises issued by State Fire Department.
- (j) Registration under PNDT Act, if Ultrasonography facility is available.
- (k) AERB approval for imaging facilities/Radiotherapy, wherever applicable.
- (l) An Applicant Health Care Organization must have the capacity to submit all claims/bills in electronic format to the bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (m) An applicant Health Care Organization must submit the rates for all treatment procedures/investigations/facilities available with them and as charged by them.
- (n) Applicant Health Care Organizations must certify that they shall charge as per existing CGHS rates. They shall also certify that in case lower rates are charged to any Government/private organization in future, they shall also charge the reduced rates from ECHS beneficiaries.
- (o) Applicant Health Care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

- (p) Applicant Hospitals, Cancer Hospital/unit must have minimum annual turnover of Rs 2.00 Crores for Metro cities and Rs 1.00 Crore for Non-Metro cities. Exclusive Eye Hospitals/Centres. Exclusive Dental Clinics, must have a minimum annual turnover of Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.
- (q) Photo copy of PAN Card.
- (r) Name and address of the bankers.
5. A minimum of 100 beds are required for multispeciality hospitals (for single speciality there is no restriction on bed strength) in all major cities to include Delhi & NCR, Tri city Chandigarh, Metro and State capitals. Screening Committee may waive off / review this stipulation on case to case basis depending on factors such as remoteness of a place, non availability of sufficient multispeciality Hospitals for consideration etc.
6. **NABH Accredited Hospitals.** The hospitals applying under **this category** must be accredited by **National Accreditation Board for Hospital and Health care providers (NABH)** or its equivalent such as **Joint Commission International(JCI) /AHCS (Australia)/International Society for Quality in Health Care (ISQua).**
7. **Non-NABH Accredited Hospitals.** All eligible Non NABH/Non NABL new HCOs shall be inspected by QCI and they shall be consider for empanelment only after receiving recommendation from QCI. Application form alongwith QCI report to be submitted at respective Regional Centre, ECHS.
8. **CGHS Empanelled Hospitals.** Hospitals/ Eye Centres/Dental Clinics/Diagnostic Labs/Prosthesis Centres which are empanelled with CGHS are eligible to apply for ECHS empanelment. Following documents will be required to be submitted along with the application:-
- (a) Valid Office Memorandum issued by CGHS.
- (b) QCI Report as undertaken for CGHS empanelment.
- (c) Memorandum of Understanding as signed between CGHS and Hospital.
9. **Cancer Hospitals.** Cancer Hospitals/Units (NABH/Non-NABH) having all treatment facilities for cancer surgery, chemotherapy and radiotherapy approved by AERB.
10. **Exclusive Eye Hospitals/Eye Centres.** Exclusive Eye Hospitals/Eye Centres (NABH/Non NABH) are eligible for ECHS empanelment. No minimum bed strength for Eye Hospitals/ Eye Centres.
11. **Exclusive Dental Clinics.** Exclusive Dental clinics (NABH/Non-NABH) are eligible for ECHS empanelment. No minimum bed strength is specified. However, there shall be a minimum of '2' Dental Chairs for Dental Clinics applying for ECHS empanelment.

Eligibility Criteria for Diagnostic Laboratories/Imaging Centres.

12. ECHS would consider the following categories of Diagnostic Laboratories and Imaging Centres for empanelment :-

- (a) The Diagnostic Laboratory/Imaging Centres must fulfill the Criteria as specified above and must submit the copies of the required documents.
- (b) The Diagnostic Laboratory/Imaging Centre must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet) are to be submitted.
- (c) Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims/bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (d) Copy of NABL/NABH Accreditation in case of NABL/NABH Accredited Diagnostic Laboratory/Imaging Centres.
- (e) Copy of QCI recommendation in case of Non-NABH/Non-NABL Accredited Laboratories/Imaging Centres
- (f) Lists of investigation facilities available with Diagnostic Lab/Imaging Centre are to be submitted.
- (g) Diagnostic Lab/Imaging Centre must have been registered with State Government/Local bodies, wherever applicable.
- (h) Compliance with all statutory requirements including that of Waste Management.
- (j) Documents to establish that fire safety mechanism is in place issued by State Fire Department.
- (k) Registration under PNDT Act, if Ultrasonography facility is available.
- (l) AERB approval for imaging facilities wherever applicable.
- (m) Diagnostic Lab/Imaging Centre must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
- (n) Minimum annual turnover of Diagnostic lab/imaging centre must be Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Diagnostic Lab/imaging centre.
- (o) Photo copy of PAN Card.
- (p) Name and address of the bankers.
- (q) In addition, the Imaging Centres shall meet the following criteria:-
 - (i) **MRI Centre**. Must have MRI machine with magnet strength of 1.0 Tesla and above.

(ii) **CT Scan Centre.** Whole Body CT Scanner with scan cycle of less than one second (sub-second). Must have been approved by **AERB**.

(iii) **X-ray Centre/Dental X-ray/OPG Centre.**

(aa) X-Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.

(ab) Portable X-ray machine must have a minimum current rating of 60 MA.

(ac) Dental X-ray machine must have a minimum current rating of 6 MA.

(ad) OPG X-ray machine must have a current rating of 4.5-10 MA.

(ae) Must have been approved by AERB.

(iv) **Mammography Centre.** Standard quality mammography machine with low radiations and biopsy attachment.

(v) **USG/ Colour Doppler Centre.** It should be of high resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz. Should have minimum three probes and provision/facilities of Trans Vaginal/Trans Rectal Probes. Must have been registered under PNDT Act.

(vi) **Bone Densitometry Centre.** Must be capable of scanning 3 sites (that includes Spine) and whole body.

(vii) **Nuclear Medicine Centre.** Must have been approved by AERB/BARC.

Instructions to Applicants

13. Hospitals must agree to accept and abide by the terms and conditions spelt out in the Memorandum of Agreement.

Last Date for Applying

14. There is no cut off date prescribed for filling of empanelment applications. The application can be submitted at ECHS Regional Centre any time on a working day.

Earnest Money Deposit

15. All the hospitals applying for empanelment will deposit Rs 1,00,000/- (Rupees one lac only) as EMD in the form of EMD Bank Guarantee in favour of respective Regional Centre, ECHS. The EMD is surety to sign MoA and will be refunded at the time of signing of MoA. Original Bank Guarantee to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

Earnest Money Refund

16. In case the application is rejected on technical grounds, Earnest Money would be refunded in full.
17. In case, the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the Earnest Money would be forfeited and the balance would be refunded in due course.
18. In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50 % of the Earnest Money would be forfeited. Authority to order for forfeiture of the EMD is MD, ECHS.

Submission of Application Forms

19. The application must be submitted at the following places :-
- (a) **NABH Accredited Hospitals.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application.
 - (b) **CGHS Empanelled Hospital.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application. These hospitals must submit the copy of Office Memorandum issued by CGHS along with a copy of valid MoA and QCI report undertaken for CGHS Empanelment.
 - (c) **Non NABH Accredited Hospitals.** At Concerned Regional Centre after the QCI inspection has been undertaken by the Hospital.
20. Hospitals which have successfully underwent QCI inspection will submit their Application forms in one sealed envelope superscribed as 'Application for empanelment of hospital' with respective Regional Centres, ECHS.
21. All the pages of Application and Annexures (each set) shall be serially numbered and spiral binded.
22. Every page of application form and Annexures need to be signed by the authorised signatory of medical facility. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
23. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as '**not available**'; it should not be mentioned as '**not applicable**'.
24. The application is liable to be ignored if the information given on eligibility criteria is not complete.

Scrutiny of Applications

25. The Director/Joint Director, Regional Centre will examine the application to determine the following:-

- (a) They are complete.
- (b) Whether any computational errors have been made.
- (c) Whether Earnest Money Deposit and MRO has been furnished. Retain originals and attach photocopies duly authenticated by Director, Regional Centre with application.
- (d) Whether the documents have been properly signed and serially numbered.
- (f) Whether the application is generally in order.
- (g) Check list to be filled up, signed by authorised signatory of applicant and countersigned by Director, Regional Centre.

26. Defects / shortcomings will be corrected/ authenticated on the spot and the application processed further. Specific advice would be rendered by the Director, Regional Centres for rectification of incomplete applications. If the hospital wishes to submit fresh application, the MRO of Rs 1000/- (Rupees one thousand only) can be reused.

27. Applications that are found to be complete in all respects shall be forwarded to Central Organisation ECHS for consideration for empanelment.

Acceptance of Rates

28. Hospitals shall have to furnish an undertaking to ECHS accepting the rates notified by CGHS or the negotiated rates which under no circumstances will exceed the applicable CGHS rates or the rates being charged by the hospital from their normal patients who are not ECHS beneficiaries.

Screening Committee

29. The Screening Committee Meeting under the Chairmanship of MD ECHS shall examine the applications for their eligibility and subsequently will be forwarded to MoD (DoESW) for further issue of Govt Letter Note.

Memorandum of Agreement

30. The Private hospitals which are selected for empanelment after the issue Govt Letter Note will have to enter into an agreement with ECHS Regional Centre for providing services at rates notified by ECHS or lower negotiated rates. This MOA has to be executed on Rs.100/- (Rupees One hundred only) non judicial stamp paper.

Performance Bank Guarantee

31. HCO's on signing the MoA with Regional Centre, ECHS shall furnish a Performance Bank Guarantee valid for a period of 30 months i.e. six months beyond empanelment period at the time of signing MoA with the Regional Centres to ensure efficient service and to safeguard against any default :-

| | | |
|-----|---|------------------|
| (a) | Empanelled Hospitals/Cancer units | - Rs 10.00 Lakhs |
| (b) | Eye Centre | - Rs 2.00 Lakhs |
| (c) | Dental Clinics | - Rs 2.00 Lakhs |
| (d) | Physiotherapy Centres | - Rs 2.00 Lakhs |
| (e) | Rehabilitative Centres and Hospices | - Rs 2.00 Lakhs |
| (f) | Diagnostic Laboratories / Imaging Centres | - Rs 2.00 Lakhs |

The value of PBG can be enhanced as approved by MoD. PBG for charitable hospital, will be 50% of normal rates.

32. In case of hospitals already empanelled under ECHS, on renewal of MoA they shall prepare a new Performance Bank Guarantee for the period of next 30 months. The old performance bank guarantee will be discharged after its validity is over.

CHAPTER 3

TERMS AND CONDITIONS

Cashless Services

1. The Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.
2. The Hospital will not be at liberty to revise the rate suo moto.

Treatment in Emergency

3. In grave emergency, patient shall be admitted and life & limb saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic and BPA about the admission within 02 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection of Aorta etc.
- (b) Vascular Catastrophies including Acute Limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute Poisonings monkey/dogs and Snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/miliary tuberculosis.

(m) Acute Manifestation of Psychiatric disorders . (Refer Appx 'D' of Central Org letter No. B/49778/AG/ECHS/Policy dated 13 Nov 2007)/

(n) Dialysis treatment.

(o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with Empanelled hospital.

Corrupt and Fraudulent Practices

4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.

5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers designed to hike the bills or misguide the beneficiaries or any such practice adhered to.

6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

Interpretation of the Clauses in the Application Document

7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

Right to Accept any Application and to Reject any or All Applications

8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

Monitoring and Medical Audit

9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.

10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

Exit from the Panel

11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

Package Rates

12. Package rate as issued by CGHS/ECHS/AIIMS shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) :-

- (a) Registration charges.
- (b) Admission charges.
- (c) Accommodation charges including patients diet.
- (d) Operation charges.
- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges and blood processing charges.
- (l) Pre-anesthetic check up and anesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.

13. Package rates also include to preoperative consultation and two postoperative consultation.

14. Cost of implants/stents/grafts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/graft or as per actual, whichever is lower in case there is no CGHS prescribed ceiling rate. In case a beneficiary demands specific brand of stent / implant and gives his consent in writing, difference in cost over and above the ceiling rate may be charged from the beneficiary which is non reimbursable.

15. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

16. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

17. Package rates envisage upto a maximum duration of indoor treatment as follows :-

- (a) 12 days for Specialised (Super Specialities) treatment.
- (b) 7 days for other Major Surgeries.
- (c) 3 days for Laparoscopic surgeries/normal deliveries/elective angioplasty.
- (d) 1 day for day care/minor (OPD) surgeries.

18. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

19. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

20. **The package rates are for semi-private ward.** If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

21. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

22. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

23. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

Entitlement of Wards

24. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their rank at the time of retirement as per Gol/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017. The entitlement is as follows:-

| Ser No | Category | Ward Entitlement |
|---------------|--|-------------------------|
| (i) | Recruit to Havs & equivalent in Navy & Air Force | General |
| (ii) | Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt) | Semi Private |
| (iii) | All officers | Private |

Indemnity

25. The empanelled HCO shall at all times, indemnify and keep indemnified ECHS/the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Empanelled HCO as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct.

26. The empanelled HCO shall pay all indemnities arising from such incidents without any extra cost to ECHS and shall not hold the ECHS responsible or obligated. It shall always be entirely at the cost of the hospital defending such suits.

Documents to be Submitted

27. Summary of documents to be submitted along with the application as below:-

- (a) Copy of certificate or memo of State Health Authority, if any recognizing the Hospital.
- (b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).
- (c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.
- (d) A copy of partnership deed/memorandum and articles of association, if any.
- (e) Affidavit of sole proprietorship on non-judicial stamp paper if medical facility is owned by individual.
- (f) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (g) Photocopy of PAN Card.
- (h) Name and address of their bankers.
- (j) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (k) Registration Certificate under PNDDT Act in case of Centres applying for Ultrasonography facility.
- (l) Copy of the license for running Blood bank.
- (m) If NABH accredited facility, Copy of certificate of NABH Accreditation with Scope duly attested by Public Notary.
- (n) If NABL accredited facility, Copy of NABL Accreditation with Scope duly attested by Public Notary.

(o) If CGHS empanelled medical facility, Copy of CGHS Office Memorandum regarding the empanelment of the HCO with CGHS, Valid MoA with CGHS and QCI Report.

(p) If Non NABH Accredited Hospital, Copy of QCI report to be submitted along with the application.

Note : Applications not containing the above particulars shall not be considered for empanelment.

28. **Certificate of Undertaking.** In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.
10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature
Head of Institution/Authorized Signatory

29. **Certificate for Acceptance of Rates.** A certificate given below will also be rendered by the Head of the Institution and attached with the application :-

CERTIFICATE FOR ACCEPTANCE OF RATES

1. It is certified that _____ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature
Head of Institution/Authorized Signatory

30. Check list for documents must be filled, signed by authorised signatory of the medical facility, checked and countersigned by Director, Regional Centre where applicable be submitted with application form. Check list is enclosed as Annexure to empanelment application.

PART II: BACK GROUND INFORMATION

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Hospital</u> | <u>Remarks of BOO</u> |
|----------------------|--|---|------------------------------|
| 1. | Historical Background | | |
| | Date of Establishment | | |
| | Registered/Not Registered* (with State Health Authorities) | | |
| | Type-Govt/Private/Corporate | | |
| | Management (Individual/Corporate/Trust or any other – please specify | | |
| | Recognition by other schemes – CGHS/KBS/AGIF/Rlys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No | | |
| 2. | Location | | |
| | Distance from nearest ECHS Polyclinic | | |
| | Availability of public transport | | |
| | Distance from Railway station/Bus stand/ Air port to Hospital | | |
| | Distance from nearest Military Hospital | | |
| | Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area | | |

*(Note: Attach relevant documents/certificates for items marked *)*

Signature of Presiding Offrs _____

PART III: HOSPITAL INFORMATIONS

| <u>Ser No</u> | <u>Subject</u> | <u>Information given by Hospital</u> | <u>Remarks of BOO</u> |
|---|---|---|------------------------------|
| 1. | Building | | |
| | Total Area | | |
| | Floor Area | | |
| | Macro environments- | | |
| | External Ambience | | |
| | Parking Area | | |
| | Waiting Area | | |
| | Reception and waiting for Relatives (Specify approx area) | | |
| <i>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may please be included.</i> | | | |
| 2. | Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary. | | |
| | | | |
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| | | | |
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Signature of Presiding Offrs_____

PART IV: FACILITIES APPLIED FOR

1. Applied for empanelment as:-

(a) Laboratory Services

(b) Radiology and Other Imaging Services

(Please tick the appropriate column)

2. Whether NABL Accredited

3. Details of NABL Certification and Validity Period
(Enclose a scanned copy of Certificate)

LABORATORY DIAGNOSTIC CENTRE

4. Services applied for _____

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PART V : CRITERIA FOR LABORATORY SERVICES

1. Type of Laboratory Services :
 ...
 (Specify services for Hematology, Biochemistry, Microbiology, Immunology etc)

2. Services - Inhouse/Outsources.

3. Laboratory Statics

| | | |
|-----------------------------------|---------------------------|----------------------------------|
| (a) Timing of sample collection | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) Workload (Samples per day) :- | | |
| (i) Clinical Path | <input type="checkbox"/> | |
| (ii) Biochemistry | <input type="checkbox"/> | |
| (iii) Micro-biology | <input type="checkbox"/> | |
| (iv) Others (Specify) | | |
| (c) Emergency Services | - Available/Not Available | |

4. Staffing

| | | | |
|--|--------------------------|--|----------------------------------|
| (a) Consultants | | | <u>Remarks of BOO</u> |
| (i) Total number of consultants | <input type="checkbox"/> | | |
| (ii) Number of consultants on Permanent Roll | <input type="checkbox"/> | | |
| (iii) Number of Visiting Consultants | <input type="checkbox"/> | | |

(Attach list of consultants with qualifications and experience, detailing whether consultant is on permanent roll or visiting)

| | | | |
|--------------------------------|--------------------------|--|----------------------------------|
| (b) Lab Technicians | | | <u>Remarks of BOO</u> |
| (i) Total Number | <input type="checkbox"/> | | |
| (ii) Speciality trained nurses | <input type="checkbox"/> | | |
| (iii) Special Technical Staff | <input type="checkbox"/> | | |
| (c) Others (Specify) | | | |

Signature of Presiding Offrs _____

5. Equipment. Specify major equipment, if present (attach list) (**Indicate make, type and vintage of equipment**)

(i)

(ii)

6. Quality Audits

(i) Internal Audit

(ii) External Audit

**Remarks
of BOO**

7. Package Rates : (Specify)

8. Whether Laboratory is Accredited by CMC, Vellore.

Signature of Presiding Offrs_____

**PART VI: CRITERIA FOR RADIOLOGICAL DIAGNOSIS
AND IMAGING CENTRE**

1. **Criteria for MRI Centre :-**

| | | | |
|-----|--|--------------------------|----------------------------------|
| (a) | MRI machine minimum 1.0 TESLA (Enclose a scanned copy of Supporting Document) | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) | Qualified Radiologist – with minimum 3 years post degree experience | <input type="checkbox"/> | |
| (c) | Technicians – full time, holding degree/diploma (2 years) from recognized institutions. | <input type="checkbox"/> | |
| (d) | Equipment for resuscitation of patient should be MRI compatible. | <input type="checkbox"/> | |
| (e) | Facilities for computer printer reports. | <input type="checkbox"/> | |
| (f) | Backup of Generator, UPS, Emergency light | <input type="checkbox"/> | |
| (g) | Automatic Film Processor Unit | <input type="checkbox"/> | |
| (h) | Adequate workload – minimum 100 MRI per month | <input type="checkbox"/> | |

2. **Criteria for of CT Scan Centre:-**

| | | | |
|-----|--|--------------------------|----------------------------------|
| (a) | Whole body CT Scan with scan cycle of less than 1 second (sub second) (Enclose a scanned copy of supporting Document) | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) | Installation shall be as per AERB guidelines (Enclose a scanned copy of Supporting Document) | <input type="checkbox"/> | |
| (c) | Waiting area separate from the radiation area | <input type="checkbox"/> | |
| (d) | Provision for changing room. | <input type="checkbox"/> | |
| (e) | Provision of Radiation protective devices like Screen Lead Apron, Thyroid & Gonads protective shield | <input type="checkbox"/> | |
| (f) | Equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium. | <input type="checkbox"/> | |
| (g) | Provision for sterilized instrument, disposable syringes & needles, catheter etc | <input type="checkbox"/> | |

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| | | | |
|-----|--|--------------------------|------------------------------|
| (h) | Provision for washed clean linens | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (j) | Qualified Radiologist – having post degree experience of 3 years | <input type="checkbox"/> | |
| (k) | Qualified Radiographer – holding diploma (2 years)/ degree in Radiography from recognized Institution | <input type="checkbox"/> | |
| (l) | Provision of nursing staff/female attendant for lady patient | <input type="checkbox"/> | |
| (m) | Provision for radiation monitoring of all technical staff & doctor through DRP/BARC | <input type="checkbox"/> | |
| (n) | Coverage by Anaesthetist during procedures involving contrast media | <input type="checkbox"/> | |
| (o) | Disposal of waste | <input type="checkbox"/> | |
| (p) | Backup of Generator, UPS, emergency light | <input type="checkbox"/> | |
| (q) | Center should be easily approachable | <input type="checkbox"/> | |

3. **Criteria of Mammography Centre:-**

| | | | |
|-----|---|--------------------------|------------------------------|
| (a) | Standard quality mammography machine with low radiations and biopsy attachment (Enclose a scanned copy of Supporting Document) | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) | Automatic/Manual film processor | <input type="checkbox"/> | |
| (c) | Provision for hard copy & computer print out reports | <input type="checkbox"/> | |
| (d) | Adequate working space | <input type="checkbox"/> | |
| (e) | Provision for changing room. Privacy for patients | <input type="checkbox"/> | |
| (f) | Female Radiographer/attendant | <input type="checkbox"/> | |
| (g) | Backup of Generator, UPS, Emergency light | <input type="checkbox"/> | |

4. **Criteria for USG/Colour Doppler Centre :-**

| | | | |
|-----|--|--------------------------|------------------------------|
| (a) | Registration under the PNDDT Act and its status of implementation (Enclose a scanned copy of Supporting Document) | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) | Machine should be permanently housed in the Diagnostic Center. It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz | <input type="checkbox"/> | |
| (c) | Should have minimum three probes and provision/facilities of trans Vaginal/trans Rectal Probes | <input type="checkbox"/> | |
| (d) | Facilities for print out & hard copies of the image | <input type="checkbox"/> | |

Signature of Presiding Offrs _____

| | | |
|---|--------------------------|------------------------------|
| (e) Qualified Radiologist, having experience of three year after Post Graduate qualification. | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (f) Full time Nurse/Female attendant for female patients | <input type="checkbox"/> | |
| (g) Size of the room should be adequate 12'x10' | <input type="checkbox"/> | |
| (h) Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc with infrastructure for the procedure. | <input type="checkbox"/> | |
| (j) Anesthetics coverage during such procedures. | <input type="checkbox"/> | |
| (k) Availability of clean linens & disposable consumable & sterilized instruments | <input type="checkbox"/> | |
| (l) Backup of Generator, UPS, emergency light | <input type="checkbox"/> | |
| (m) Center should be easily approachable | <input type="checkbox"/> | |

5. **Criteria for Diagnostic X-ray Centre/Dental X-Ray/OPG Centre :-**

| | | |
|---|--------------------------|------------------------------|
| (a) X-ray machine should be of minimum 500 MA with the Image intensifier TV system. | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) The Portable X-ray machine should be minimum of 60 MA. | <input type="checkbox"/> | |
| (c) The dental X-ray will be of 6 MA and OPG 4.5 to 10 MA | <input type="checkbox"/> | |
| (Enclose a scanned copy of Supporting Document in respect of above three wherever applicable) | | |
| (d) Automatic film processor. | <input type="checkbox"/> | |
| (e) Installation should be approved by AERB | <input type="checkbox"/> | |
| Building plan as per the guidelines of BARC Deptt of Radiation protection. Approval should be taken from BARC for building plan and the certificate should be on the board. (Enclose a scanned copy of Supporting Document) | | |
| (f) Separate room for portable X-ray machine, equipment, dark room | <input type="checkbox"/> | |
| (g) Patient trolley should be able to go to equipment room | <input type="checkbox"/> | |
| (h) Boyles trolley should be in X-ray room | <input type="checkbox"/> | |
| (j) Room size approximately 14 X 14 feet for housing the X-ray Machine & dark room size 8X8 feet waiting area, separate from the radiation area. | <input type="checkbox"/> | |
| (k) X-ray tube should not be facing the inhabited area | <input type="checkbox"/> | |

Signature of Presiding Offrs _____

| | | | |
|-----|---|--------------------------|----------------------------------|
| (l) | Provision for changing room | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (m) | Provision of Radiation Protective devices like screen, lead apron Thyroid & gonads protective shields. Equipment for resuscitation of patients like Boyle trolley, suction machines, emergency drugs, to combat any allergic reactions. | <input type="checkbox"/> | |
| (n) | Manpower :- Radiologist – Post Graduate qualification of Radiology from Recognized University. | <input type="checkbox"/> | |
| (o) | Qualified Radiographer, holding diploma/degree in radiography from recognized institution. Provision of nursing staff for lady patients | <input type="checkbox"/> | |
| (p) | Provision for Radiation monitoring of the technical staff & doctor through DRP/BARC | <input type="checkbox"/> | |
| (q) | Anesthetics Coverage during procedures involving IV contrast media use. | <input type="checkbox"/> | |
| (r) | Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc. | <input type="checkbox"/> | |
| (s) | Disposal of waste | <input type="checkbox"/> | |
| (t) | Backup of Generator, UPS, Emergency light | <input type="checkbox"/> | |
| (u) | Centers should to be easily approachable | <input type="checkbox"/> | |

6. **Criteria for Bone Densitometry Centre:-**

| | | | |
|-----|--|--------------------------|----------------------------------|
| (a) | Bone densitometry equipment ultrasound/x-ray based with color printer (Enclose a scanned copy of Supporting Document) | <input type="checkbox"/> | <u>Remarks of BOO</u> |
| (b) | Room size 14’X14’ feet | <input type="checkbox"/> | |
| (c) | Separate waiting area | <input type="checkbox"/> | |
| (d) | Qualified Radiologist with at least 3 years experience after postgraduate qualification. | <input type="checkbox"/> | |
| (e) | Qualified Radiographer from recognized institution. | <input type="checkbox"/> | |
| (f) | Radiation safety measures | <input type="checkbox"/> | |
| (g) | Disposal of waste | <input type="checkbox"/> | |
| (h) | Backup of Generator, UPS, Emergency light | <input type="checkbox"/> | |
| (j) | Workload 50 per month | <input type="checkbox"/> | |
| (k) | Desirable: Capable of performing 1-3 sites and whole body | <input type="checkbox"/> | |

Signature of Presiding Offrs_____

SECTION III**INSPECTION REPORT AND RECOMMENDATIONS OF BOARD OF OFFICERS****Recommendations of the BOO**

1.(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

| (a) General Services | | <u>Remarks of BOO</u> |
|--|--|------------------------------|
| (i) Pathology | (ii) Radiology & other Imaging Services | |
| (aa) Hematology <input type="checkbox"/> | (aa) X Ray <input type="checkbox"/> | |
| (ab) Biochemistry <input type="checkbox"/> | (ab) Dental X Ray <input type="checkbox"/> | |
| (ac) Microbiology <input type="checkbox"/> | (ac) OPG <input type="checkbox"/> | |
| (ad) Immunology <input type="checkbox"/> | | |
| (ae) Others (Specify) | | |
| (b) Specialised Services | | |
| (aa) Onco Pathology <input type="checkbox"/> | (aa) MRI <input type="checkbox"/> | |
| (ab) Transfusion Medicine <input type="checkbox"/> | (ab) CT <input type="checkbox"/> | |
| (ac) Transplant Pathology <input type="checkbox"/> | (ac) Memmography <input type="checkbox"/> | |
| (ad) Others (Specify) <input type="checkbox"/> | (ad) USG/Colour Doppler <input type="checkbox"/> | |
| | (ae) Bone Densitometry <input type="checkbox"/> | |

Signature of Presiding Offrs _____

CHECK LIST FOR DOCUMENTS FOR EMPANELMENT APPLICATIONS OF

TELE NO _____

RC, _____

| Ser | Name of Documents | Applicable (Yes/No) | Attached (Yes/No) | Date of Validity of Certificates | If attached then page number | | Remarks |
|-----|--|------------------------|----------------------|--|---------------------------------|----|---------|
| | | | | | From | To | |
| 1. | CD CONTAINING SCANNED COPY OF APPLICATION. | | | | | | |
| 2. | HARD COPY AND CD TO TALLY. | | | | | | |
| 3. | PAGES OF APPLICATION/ ANNEXURES TO BE SERIALY NUMBERED. | | | | | | |
| 4. | AUTHENTICATION OF EVERY PAGE BY AUTHORISED PERSON | | | | | | |
| 5. | PARTNERSHIP AGREEMENT AND DEED DULY AUTHENTICATED BY NOTARY. | | | | | | |
| 6. | PHOTOCOPY OF MRO FOR APPLICATION FEE- RS. 1,000.00 DULY AUTHENTICATED BY DIRECTOR, REGIONAL CENTRE ECHS | | | | | | |
| 7. | PHOTOCOPY OF BANK GUARANTEE FOR EARNEST MONEY- RS 1,00,000.00 DULY AUTHENTICATED BY DIRECTOR, REGIONAL CENTRE ECHS. | | | | | | |
| 8. | DD FOR INSPECTION FEE- DD IN FAVOUR OF QCI (FOR NON NABH) | | | | | | |
| 9. | COPY OF CERTIFICATE OF STATE HEALTH AUTHORITY RECOGNISING THE HOSPITAL. | | | | | | |
| 10. | COPY OF AUDITED BALANCE SHEET FOR LAST THREE YEARS. | | | | | | |
| 11. | COPY OF LEGAL STATUS FOR CONDUCTING BUSINESS UNDER GOVT AGENCY (REGISTRATION & PLACE OF BUSINESS OF HOSPITAL). | | | | | | |
| 12. | COPY OF CUSTOMS DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTION. | | | | | | |
| 13. | PHOTOCOPY OF PAN CARD. | | | | | | |
| 14. | NAME AND ADDRESS OF BANKERS. | | | | | | |
| 15. | COPY OF EXISTING LIST OF RATES APPROVED BY HOSPITAL. | | | | | | |

| <u>Ser</u> | <u>Name of Documents</u> | <u>Applicable</u> (Yes/No) | <u>Attached</u> (Yes/No) | <u>Validity of</u> <u>Certificates</u> | <u>If attached then</u> <u>page number</u> | | <u>Remarks</u> |
|------------|---|-------------------------------|-----------------------------|---|---|-----------|----------------|
| | | | | | <u>From</u> | <u>To</u> | |
| 16. | REGISTRATION CERTIFICATE UNDER PNDDT ACT (FOR US FACILITY) | | | | | | |
| 17. | COPY OF LICENSE (FOR BLOOD BANK FACILITY)/IF OUTSOURCED – UNDERTAKING AND LICENSE OF OUTSOURCED BLOOD BANK | | | | | | |
| 18. | COPY OF NABH ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION ATTESTED BY NOTARY PUBLIC (FOR NABH ACCREDITED HOSPITAL) | | | | | | |
| 19. | COPY OF NABL ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION ATTESTED BY NOTARY PUBLIC (FOR NABL ACCREDITED LABS/DIAGNOSTICS CENTRE) | | | | | | |
| 20. | COPY OF CGHS OFFICE MEMORANDUM FOR CGHS EMPANELLED MEDICAL FACILITIES DULY SIGNED BY AUTHERISED SIGNATORY | | | | | | |
| 21. | COPY OF MOA WITH CGHS DULY SIGNED BY AUTHERISED SIGNATORY | | | | | | |
| 22. | CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM. | | | | | | |
| 23. | CERTIFICATE OF ACCEPTANCE OF RATES PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM. | | | | | | |

Note :-

1. If any of the certificates mentioned in SI No 01 to 23 is not applicable to any applicant medical facility, a certificate to that effect to be attached. The Check List & certificates to be countersigned by authorized signatory.
2. Director, Regional Centre ECHS to scrutinise the Check List with the application and authenticate it. Remedial action, if any, to be taken before forwarding to Central Organisation ECHS.

Appx-E
 (Refer CO ECHS letter No
 B/49771/AG/ECHS/Emp/Gen dt Jan
 2023)

**EMPANELMENT OF HEALTH CARE ORGANISATION IN REMOTE AREAS NOT
 HOLDING QCI/NABH CERTIFICATION**

| Ser. No. | Name of Documents | Remarks |
|-----------------|--|----------------|
| 1 | CD CONTAINING SCANNED COPY OF APPLICATION | |
| 2 | HARD COPY AND CD TO TALLY | |
| 3 | AUTHENTICATION OF EVERY PAGE BY AUTHORIZED PERSON | |
| 4 | COPY OF MRO AND EMD (BANK GUARANTEE ONLY) | |
| 5 | LEGAL STATUS (OWNERSHIP CLARIFICATION) | |
| | SOLE PROPRIETOR - SELF AFFIDAVIT | |
| | PARTNERSHIP - AGREEMENT/DEED | |
| | PVT LTD - MEMO OF ASSOCIATION - CERTIFICATE OF INCORPORATION | |
| | TRUST - DEED + INCOME TAX REGN | |
| | SOCIETY - DEED + INCOME TAX REGN | |
| 6 | VALID COPY OF REGISTRATION UNDER SHOPS ACT | |
| 7 | STATE HEALTH AUTH REGISTRATION OF HOSPITAL (I) MUNICIPALITY (II) CMO OF DISTRICT (III) CLINICAL EST ACT (III) NURSING HOMES ACT | |
| 8 | COPY OF CUSTOMS DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTION | |
| 9 | VALID COPY OF BLOOD BANK LICENSE – OWN BANK OR OUTSOURCED BANK WITH UNDERTAKING | |
| 10 | COPY OF EXISTING LIST OF RATES APPROVED BY HOSPITAL | |
| 11 | REGISTRATION CERTIFICATE UNDER PNDDT ACT (FOR USE OF USG FACILITY) | |
| 12 | COPY OF AERB CERTIFICATE FOR X-RAY, CT SCAN, C-ARM INCLUDING DENTAL X-RAY | |
| 13 | COPY OF CERTIFICATE OF BMW AND AIR & WATER CLEARANCE FROM STATE POLLUTION CONTROL BOARD | |
| 14 | COPY OF FIRE NOC | |
| 15 | COPY OF REGISTRATION UNDER MTP ACT WITH DISTRICT/STATE GOVT AUTHORITES | |
| 16 | FINANCIAL STATUS | |
| | 3 YEARS AUDITED BALANCE SHEETS/IT RETURN | |
| | PAN CARD | |
| | BANK DETAILS | |
| 17 | CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM | |
| 18 | CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM | |

